

FOCUS ON FAMILY PLANNING

FAMILY WELFARE CENTRES MARKETING RESEARCH

PERCEPTIONS, ATTITUDES & KNOWLEDGE ABOUT
FAMILY PLANNING & FAMILY WELFARE CENTRES

BY
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ISLAMABAD

1991

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THE HISTORY OF

the city of London, from its first settlement to the present time, as far as the same can be ascertained from authentic records, and the most accurate and complete description of its present state, and the manner in which it is governed, and the manner in which it is improved, and the manner in which it is to be improved.

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FOREWORD

Pakistan has 1250 Family Welfare Centres besides clinical centres, Non Governmental Organization (NGO) outlets and line departments.

During decades of programme implementation no significant dent has been made towards declining the number of children.

One of the major reasons have been the lack of in depth studies to find out the causes for the non use of contraceptives. Most of the studies done so far has been of micro level, which do not give the real and individual attitude towards family planning.

Ms. Khaleda Manzoor with the help of her research associates and some foreign donors has undertaken this important task. Perhaps for the first time, we will have answers to the intimate causes of use and non use of contraceptives in relation to socio economic variables and environment prevailing in different communities.

The data are so interesting and a number of new variables have been covered that I am sure that the book will not sit on the shelves of the officers getting dust rather every serious researcher will keep it handy. In spite of all said in favour of the study, there will be problem areas. The National Institute of Population Studies (NIPS) will be grateful for the comments to improve the future surveys in order to yield more useful data and incorporate what could be included in the present edition.

M.S. JILLANI
(Ph.D)
Executive Director

Islamabad
1991

FOREWORD

Published by the U.S. Bureau of Census, Washington, D.C. 20543
O. J. Johnson (1960) and his associates

During the past 10 years, the Bureau of Census has been making
progress in the field of statistics.

One of the major reasons for the lack of progress in the past
has been the lack of cooperation. Most of the studies done in the past
have not given the full and complete picture of the situation.

Mr. Johnson's book will be of help to the Bureau of Census and
to the public. It is a book that is needed for the Bureau of Census
and for the public. It is a book that is needed for the Bureau of Census
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Washington, D.C. 20543

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the United States of America

EXECUTIVE SUMMARY

The Population Welfare Programme of the Ministry of Population Welfare has been in existence for over three decades. It has been instrumental in the provision of delivery of family planning services. The Family Welfare Centres (FWCs) are programme's main service outlets. Family planning consciousness for inculcating small family norm is being created through its Information, Education and Communication (IEC) programme. One of the major problem of the programme has been the under coverage of the target population by its FWCs. Due to this and other problems, the programme has often failed to achieve its targets set in the past Five Year Development Plans. The scale of the programme remains small and the mass media messages are still indirect. However, even where FWCs exist the number of family planning clients who use the Centres is relatively small (an average of 152 for the 1254 Centres in March 1991, MPW:p.4 & Table 1-4). Consequently, the current rate of population growth is around 3.0 percent per annum and the Total Fertility Rate (TFR) remains as high as six.

These statistical facts necessitated the investigation into the perceptions, attitudes and behaviour of the various segments of population towards family planning in general and the FWCs in particular. The main object of the present study is to explore reasons which prohibit the use of Family Welfare Centres and the adoption of family planning at a larger scale. This is done through using the Focus Group Discussions (FGD) approach to obtain qualitative evaluation of the FWCs and aspects relating to family planning. Through this approach in-depth responses and reactions of the various target groups within the vicinity of FWCs are elicited towards family planning, Population Welfare Programme (PWP) and Family Welfare Centres (FWCs).

The field research was conducted between October 1990 and February 1991. The market research was originally proposed by World Bank consultants as part of the Sixth Five Year Plan Population Welfare Programme. UK-ODA agreed to fund it, and their consultant included focus group study as part of comprehensive scheme for FWC market research (Thomas:1988). NIPS accepted a contract to undertake the study in May 1990. A team of five researchers carried out the investigation and conducted the field work in the vicinity of selected FWCs in eight districts of three provinces: Sindh, Punjab and N.W.F.P. The following report gives a detailed description of the key findings on various issues related to knowledge of family planning, use

and non use of family planning and FWCs services and perceptions and suggestions about PWP publicity as indicated by the views and opinions of the various target groups in the focus group discussions.

The objectives of this research study were to explore the reasons of use/non use of family planning and FWCs, investigate into the practical difficulties people face in using the FWCs and extract views and opinions on the PWP publicity for designing improved strategies for IEC and service delivery. The major population segments that were considered as critical for the purpose were:

- * Young rural/urban women (users/non users)
- * Older rural/urban women (users/non users)
- * Young rural/urban men (users/non users)
- * Older rural/urban men (users/non users)
- * Mothers in law (rural/urban)
- * Programme personnel of FWCs (Male/Female)

The sampling and discussions were conducted strictly according to the standard focus group discussion research methodology. A total of 43 focus group discussions were conducted among urban/rural males and females including family planning users and non users from different age groups. All groups were selected from lower and middle lower income groups. The sampling technique was used so as to represent the target audience of the family planning programme. The wealthy segments of the population were not included in the sampling frame because: i) Majority of our population consists of people from lower and middle lower income groups. ii) Population problem relatively concerns this majority.

Three sets of focus group discussion guides were drafted separately for males, females and programme personnel. The same guides were used for both users and non users groups as questions were built around issues pertinent to both users and non users groups. The discussions with males were mostly held in homes in the neighbourhoods of the FWCs. The discussions with the females were mostly held at the FWCs due to the unavailability of neutral places in the vicinity of the FWCs. Most discussions were conducted in Urdu in which the participants felt comfortable whereas some in rural areas were conducted in the local languages. All discussions were taped.

A verbatim transcript was prepared after each discussion. The analysis was based on aggregating the various views and opinions and identifying the differences and similarities across the different groups broadly classified. The final synthesis involved highlighting the similarities and differences among various population segments.

The results of this qualitative research study supplement and expand the results of previous quantitative studies. They give a detailed picture of the existing problems and issues in terms of knowledge, perceptions and attitudes and use of family planning. This, in turn gives basis for improved strategy development for dissemination of information on family planning, increasing family planning consciousness, provision of services and creating better and improved images of family planning and its effective use. The main highlights from the results of this study relating to the design of the communication are:-

- * Both males and females in general want to have fewer children but fewer does not necessarily mean two children.
- * Most people in urban areas consider four to be the desirable family size, ideally with two sons and two daughters. In rural areas people desire five to six children with three to four sons.
- * Son preference is a dominant factor behind couples desiring more children because sons are a perceived source of economic and social security for parents in the old age.
- * Many people in general and rural men particularly have a fatalistic attitude towards family size and the number of children. Therefore, in general no deliberate decision were taken on the number of children by couples. With increasing economic pressures however, they are gradually realizing the need to have fewer children.
- * Similarly, many women want to have fewer children but they are constrained by the will of their husbands and in-laws who have desire for more sons.
- * There is considerable willingness among women to adopt family planning if they get correct information, counselling and good quality of services.
- * For many children are considered a blessing of God and they are assumed to bring their own fate.
- * Both males and females have a genuine concern about the future of their children and have a strong desire to educate their children both in urban and rural areas so that they can have a better future.

- * The non users in general feel that they should have the freedom of choice in deciding their family size if they want to have a large number of children.
- * Elders in the family and particularly mothers in law interfere the most in the decision making about children. In general, they want their daughters in law to have more children and particularly sons. However, an increasing number of mothers in law are supporting their children in the adoption of family planning. But in many areas it is uncommon for parents to talk to their grown up children directly about family planning.
- * Men in general do not consult their wives regarding the number of children particularly in the early years of marriage. The role of women is to produce children and for men to provide bread and butter. So men think that women should have no concern about the number of children.
- * The main sources of information about family planning are radio and TV. People also get information on family planning from friends, neighbours and relatives. These are less important in the rural areas especially for women.
- * Men's attitudes towards family size are gradually changing with the increasing economic pressures.
- * Some mothers in law are supportive of their daughters in law using family planning.
- * People do not practice family planning because they do not have enough information about it and they do not understand the advantages of family planning.
- * Both men and women have various misconceptions about family planning and they do not have clear concepts about methods of spacing births and limiting births.
- * Fear of side effects and various misconceptions about contraception are major factors prohibiting the use of family planning by most people.
- * Some people know about family planning, want to space their children and limit their family size but they do not want to use the modern methods either on religious grounds or they consider the modern methods to have negative health implications.
- * Men in general are against tubal ligation because they consider it a sin and also harmful for women's health. Men in general are not familiar with vasectomy so they consider Contraceptive Surgery (CS) to be tubal ligation only.
- * People in general do not agree with the present TV advertisements on family planning which says " two children - happy family." They feel that the TV advertisements should demonstrate the disadvantages of having a large family and the advantages of having a small family instead of propagating a two child family only. The economic and health

implications of family size should be clearly demonstrated.

- * Satisfied users act as best motivators for FP.

RECOMMENDATIONS

The key findings of the study lead to the following recommendations:

GENERAL RECOMMENDATIONS

1. A balanced approach needs to be adopted by the PWP in terms of focus on Information, Education and Communication (IEC) and service delivery in order to fulfil the dual responsibility of FP service delivery as well as demand generation. The existing FWCs facilities need to be fully utilized by extension and outreach services and by intensifying motivational efforts. In the long run, the coverage for service delivery need to be expanded through establishment of more FWCs.

SPECIFIC RECOMMENDATIONS

I. INFORMATION, EDUCATION AND COMMUNICATION (IEC)

1. A nationwide campaign on FP needs to be launched for increasing FP awareness through audio, visual and printed media as well as interpersonal communication. Institutions at the community level should be involved in this effort.
2. The interpersonal communication field activities should be coordinated with the national mass media efforts.
3. Instead of propagating the two child concept, the mass media particularly TV should be strategically utilized for population education and use of family planning. Mass media should be more specifically utilized for : i) acceptability - i.e. How to make acceptable for couples to discuss family planning in the confines of their own homes and to use the FWCs. ii) accessibility - i.e. How to make people to know where the services are available.
4. A focussed mass media approach should be adopted and FP messages should be built into various TV and radio programmes as a priority issue in national development.
5. A new logo should be developed to give a new and more acceptable image to the family planning programme.

6. Specific and explicit messages for various target groups should be designed.

II. SERVICE DELIVERY

1. The utilization of existing FWCs facilities should be increased.
2. The quality of service delivery should be improved by providing counselling services to remove misconceptions and fears about FP.
3. The clinical component of the FWCs should be improved by providing doctors, necessary equipments and better quality medicines.
4. Transportation facilities should be provided in rural areas for outreach services.
5. The community linkages with the FWCs should be increased to evoke greater participation.

1. INTRODUCTION

Pakistan launched a formal Family Planning (Now Population Welfare) Programme in 1960 as a part of the Second Five Year Plan (Planning Commission, 1960-65) for regulating the size of family through fertility limitation. Since then the programme has been experiencing various ups and downs including reorganization of its management structure and changing strategies from one programme period to the other. Despite all efforts, the programme performance has demonstrated limited progress.

The various quantitative surveys including National Impact Survey (TREC, 1968-69), Pakistan Fertility Survey (TREC, 1975), Population, Labour Force and Migration Survey (PIDE, 1979-80) and Pakistan Contraceptive Prevalence Survey (PWD, 1984-85) have generated demographic indicators the magnitude of which points to the numerous problems mostly relating to the implementation of the programme.

These surveys have constantly shown that a large percentage of the eligible women/couples have the knowledge, want no more children but their contraceptive prevalence rate is very low. Why is this gap between their knowledge and behaviour. What is their perception/attitude towards family planning? What do they and their communities think about the Family Welfare Centres (FWCs) which are the principal service outlets of the Population Welfare Programme. Are they making use of these centres or not? If not, why not? The quantitative surveys so far undertaken have not explored these and other related questions in sufficient depth.

In this study attempt is made to explore these and other related issues through utilizing the Focus Group Discussion (FGD) method which is one of the principal component of Market Research Study (Thomas, 1988).

Through the FGD method qualitative information is obtained from the discussions of small groups which are randomly selected from the target population. This method is recently becoming popular to supplement the interpretation of data which are being obtained through quantitative enquiries such as censuses, demographic surveys and more recently Demographic Health Surveys.

In the present study FGD method has been used to obtain insight into perceptions, attitudes, knowledge and behaviour of various groups selected from the communities living in the vicinity of the Family Welfare Centres. The general objectives of the Study are:

- * to discover the level of awareness of the objectives of the Population Welfare Programme and of the role and purpose of the Family Welfare Centres.
- * to determine the extent of use of the FWCs and the reasons of non use.

The ultimate aim of the study is to feedback its results for improving the efficiency, use and performance of the FWCs and to strengthen the Population Welfare Programme.

1.1 FAMILY WELFARE CENTRES - MARKETING RESEARCH FRAMEWORK

Marketing Research Study was designed to explore the responses and reactions of the communities to the FWCs in their vicinity through both qualitative approach and quantitative survey. The present study comprises the first component and the second component includes a FWC Household Vicinity Survey to be conducted later.

The Family Welfare Centres (FWC) Project and the Information, Education and Communication(IEC) Programme were two core components of the Pakistan Population Welfare Programme (PWP) included in the Sixth as well as Seventh Five Year Plans. The PWP is presently operating 1250 centres throughout Pakistan which provide family planning, maternal and child health care and simple curative medical services to the surrounding population. The centres are located in both urban and rural areas and are meant to have a coverage of some 20,000 to 30,000 people. In practice, they probably cater to the needs of 3,000-5,000 people.

Another core component of the Population Welfare Programme was the arrangement of a mass media campaign and the stimulation of interpersonal communication in support of the small family norm. A supplementary project is the campaign for population education. The IEC project emphasizes six basic population themes:-

- | | |
|------------------------------|-------------------------------|
| 1. Lactation, Breastfeeding | 2. Nutrition of growing child |
| 3. Late Marriage | 4. Responsibility of Father |
| 5. Maternal and Child Health | 6. Status of Women |

These themes are expected to support the small family norm and are supplemented by the following messages:

1. Birth Spacing
2. Literacy for Women
3. Contraceptive Use
4. Ante natal checkups
5. Sanitation, health education

The six IEC themes are mostly for general public, and the five messages are mainly directed to the pregnant and lactating women. Some of these messages are transmitted through the materials published by the Ministry of Population Welfare and affiliated agencies. The messages on spacing and small family norm are transmitted through TV, radio and newspapers.

(The FGD component of the FWC Marketing Research Study is an attempt to study the consumers (target groups) reactions to these products that the PWP is marketing which can be listed as follows:

- * Motivating people to develop small family norm.
- * Increasing their knowledge and use of contraceptives.
- * Inducing them to use FWCs and other contraceptive outlets.)

1.2 OVERVIEW OF RESEARCH DESIGN

The Government of Pakistan has been actively involved for over the past three decades in attempting to control its population growth rate which currently is around 3.0 percent per annum. In Pakistan Contraceptive Prevalence Survey (PCPS) a Total Fertility Rate (TFR) of 5.9, a Contraceptive Prevalence Rate (CPR) of 9.1 percent and the overall knowledge of at least one method of FP to be 61.5 percent are reported. It was however, quite surprising and alarming that despite a high level of knowledge about family planning, the CPR remains as low as 9 percent. These statistical facts have necessitated further exploration of the perceptions, attitudes and beliefs of the various segments of the population to gain qualitative and in-depth insight into the various socio-cultural factors that explain and validate these quantitative survey results. A quantitative survey generally, does not provide such an in-depth explanation.

A qualitative research approach was chosen using the focus group discussion method to develop greater understanding of the problems and obtain more in-depth responses of the various segments of the population towards Family Planning (FP) in general and the FWCs and PWP publicity in particular. The greater flexibility and broader scope of the qualitative research approach allows the respondent to respond to probing questions and discuss issues in greater detail. The information given by respondents provide the basis for further exploration. The information on insight into the attitudes and beliefs about family planning, FWCs and PWP publicity obtained through the qualitative research can be linked with the current practice to provide better understanding of the decision making process regarding family planning. The findings of the study can then be used by policy makers and programme managers in designing and modifying the communication and service delivery strategies in order to be more effective.)

Taking this into consideration, various target groups were identified according to the contraceptive use status, region, gender and socio-cultural variations so as to capture the attitudinal and behavioural differences. The target groups were selected mostly from the lowest and middle lower income groups with no education or lower level of education, given the overall objectives of the research. (The target groups included the following:)

- * Young women(age 20-29 years) with 2-3 children (FP users/non users)
- * Older women(age 30-45 years) with 4-7 children (FP users/non users)
- * Young men(age 20-29 years) with 2-3 children (FP users/non users)
- * Older men(age 30-45 years) with 4-7 children (FP users/non users)
- * Programme personnel i.e. Family Welfare Assistants (males/females)
- * Mother-in-laws(urban/rural).

1.3 SAMPLE DESIGN

Focus group discussion research requires a carefully selected sample that is representative of the population being studied, although not statistically representative. The selection of participants were based on the identified target groups from the vicinity of the FWCs. The selection of sites were based on where differences in opinions or attitudes were expected. Such differences in opinion were linked with urban/rural differentiation, religious or cultural variations. Once the basic characteristics of the participants were decided; for instance, rural women aged 20-29 with 2-3 children who were FP users, sampling areas were selected

using the 1981 census frame. (A total of forty FWCs were selected in eight districts in the three provinces of Sindh, NWFP and Punjab.)

Originally, the study was designed to conduct 28 focus group discussions, however, a total of 43 discussions were conducted in order to capture the differences across various socio-cultural boundaries. The sampling distribution of the focus groups is presented in Table - 1.

TABLE - 1
CHARACTERISTICS OF THE FOCUS GROUPS

	Urban		Rural		Total
	Male	Female	Male	Female	
Users	4	6	3	4	17
Non Users	5	7	3	5	20
Programme Personnel	1	1	1	1	4
Mothers in law	-	1	-	1	2
Total	10	15	7	11	43

Table - 2 presents the total number of focus groups conducted for major target groups.

TABLE - 2
TOTALS FOR MAJOR TARGET GROUPS

Target Group	No.	Target Group	No.
Urban	25	Young	21
Rural	18	Old	22
Men	17	Users	21
Women	26	Non Users	22

The provincial, district and rural urban distribution of the focus groups are presented in Table - 3.

TABLE - 3
REGIONAL DISTRIBUTION

	Male		Female		Programme Personnel		
	Users	Non Users	Users	Non Users	Male	Female	Total
<hr/>							
<u>Sindh</u>							
Urban Karachi	1	1	1	3	1	1	8
Rural Thatta	-	1	1	1	-	-	3
<u>NWFP</u>							
Urban Peshawar	1	1	1	1	-	-	4
Rural Mansehra	-	1	1	1	-	-	3
<u>Punjab</u>							
Urban Lahore	1	1	1	2	-	-	5
Rural Rawalpindi	1	2	3	2	-	-	8
Sheikhupura	1	1	1	2	-	-	5
Gujar Khan	1	-	-	-	1	1	3
Faisalabad	1	-	1	2	-	-	4
<hr/>							
Total	7	8	10	14	2	2	43

2. FOCUS GROUP DISCUSSION METHODOLOGY

2.1 OBJECTIVES OF THE FOCUS GROUP DISCUSSIONS

Focus group discussions involved conducting discussions with six to eight members of specified target groups selected carefully according to their socio-economic background, literacy level, status of contraceptive use, number of children etc. (The discussions were conducted by well trained moderators to elicit views about the FWC services, the basic IEC themes, the publicity messages for FWCs and family planning and the problems associated with the attendance for ante and post-natal services and family planning) (The specific objectives of the were to explore into the following issues:

- * Reasons for use and non-use of Family Planning and Family Welfare Centres.
- * Views and reactions to the Population Welfare Programme publicity and suggestions for improvement.)

2.2 FOCUS GROUP DISCUSSION METHOD

Focus group discussions is one of the principal techniques of qualitative research and has been conventionally used for investigating consumer reactions and responses in the private sector commercial marketing. In recent years, it has become immensely popular among the social scientists as a viable tool for exploring attitudes and behaviour and gaining qualitative insight into areas such as public health and population that can not be easily obtained through quantitative surveys and structured interviews. It provides greater depth of response from various communities and a look beneath the socio cultural framework, consequently generating understanding of the issues pertaining to the subject under consideration.

Despite the limitations that are common to qualitative research and focus group discussions being no exception, this approach has been successfully applied by programme planners in the developing countries, for instance, Thailand (Knodel, et al., 1988) to form a basis of their social marketing and public communication strategies in the field of population, family planning and public health. (The pre-requisites for the proper application of focus group discussion technique (Debus, 1986) are as follows:)

- * Well trained moderators/researchers with a clear concept of the objectives and use of the findings through understanding of the subject matter for discussion, the inter-related issues and questions to be probed.
- * Carefully selected discussants so as to typically represent the characteristics of the various identified target groups of the population in terms of socio-economic background, age, gender, cultural and regional variations and contraceptive use status to form homogenous groups.
- * Moderators should preferably share as many characteristics as the discussants as possible. For instance, common gender, ethnicity, social status and language are fundamental for establishing rapid rapport with the group.
- * Place and time of discussion must be convenient for the discussants and the environment congenial to discussion.
- * Moderators to be adept in communication skills in conducting discussions, maintaining the flow and possess the ability to be inquisitive learners rather than teachers or authoritative leaders. The discussants on the other hand act as teachers.

2.3 TRAINING OF THE RESEARCH TEAM

A research team of five staff members were responsible for conducting the study which included the Principal Investigator whose responsibilities included the following:)

- * Master trainer for the research team in moderating, verbatim note taking, transcript writing, recruitment of discussants and field coordination.
- * Conducting focus group discussion with female groups and act as moderator.
- * Preparation of FGD guides and recruitment forms with the team
- * Overall supervision and coordination of field activities
- * Final editing of all transcripts, and analysis of focus group discussions, and
- * Preparation of the final report.)

(The male team consisted of three members which included: a moderator, an observer and a field coordinator, whereas the female team consisted of the moderator (principal researcher) and an observer. Due to shortage of female staff, various female field coordinators were hired in every district.)

The reason these discussions are called focus groups is because they are both selected individuals with pre determined characteristics and then they are guided towards discussion of particular topics of interest to the researchers.

The moderator requires to possess special characteristics and communication skills which are as follows:

- * Must feel comfortable with other people and be able to put others at ease.
- * Must not appear judgmental, but rather empathetic towards people.
- * Must be able to build rapport with the group.
- * Must have good verbal and listening skills.
- * Must be able to think fast and conceptually organized to ensure that ideas are fully explored and the discussions follow a proper thematic flow.

A four week training session was held which included the following:

- * Theoretical background of qualitative research; its principal techniques with main emphasis on Focus Group discussions.
- * Practical guidelines and techniques for moderators and observers for guiding discussion.
- * Practical guidelines for verbatim note preparation and transcript writing from recorded tapes.
- * Preparation of discussion guides and recruitment forms.
- * Field coordination, selection of sites and participants recruitment.

During the training sessions, the following special skills were practiced with moderators through a series of mock discussions:

- * Opening the discussion through establishment of rapport with the discussants.
- * Guiding the discussion without leading or prompting it, i.e. asking clarifying and open ended questions.
- * Using projective techniques that allow participants to discuss their feelings without identifying them as their own but rather those of others using reference of third persons.
- * Linking the various themes and issues of interest during the discussion without losing control and disruption.

- * Dealing with overly verbal, shy and hostile respondents.
- * Closing the discussion.

The mock discussions were recorded, verbatim notes taken and transcripts preparation from recorded discussions were practised quite thoroughly. Four sessions of mock discussions were held to provide opportunity to the research team for ample practice in all techniques which were evaluated by the principal researcher/trainer using checklists prepared from various theoretical/practical guides on Focus Group discussions. The performance of each researcher was analyzed after the mock discussions in a team, so as to provide proper guidance in moderating, transcript writing and observing etc.

2.4 THE FOCUS GROUP DISCUSSION GUIDES

Three sets of guides were developed for males, females and programme personnel by the research team through a series of brain storming sessions on the objectives of the discussions and identification of the key areas and issues to be explored. In order to avoid researcher bias, the questions were left open ended with suggestions for probing wherever, necessary to get to the underlying reasons. The same guide was used for both users and non-users with special instructions to moderators to use it diligently with special focus on different sets of issues in case of each group. Each guide started with a standard introduction and contained the list of topics, questions and issues from general topics to specific ones with suggestions on probing (See Annexures-2).

2.5 PRETESTS OF FGD GUIDES AND DISCUSSIONS

A series of six discussions were held including four female groups and two male groups in Rawalpindi and Sheikhpura to pretest the FGD guides and practically train the research team before starting the main field work in other provinces. Minor changes were subsequently made to the FGD guides and recruitment forms, e.g. on selection criteria by contraceptive use status, number of children and income level. Detailed sessions were held with the research team after each pretest discussion on the improvement of moderating style and techniques to be used for the next discussions to be more revealing, practice in techniques of note taking and verbatim transcript preparation, summary of each discussion, the ability to cover all key issues in the guide within reasonable time frame and guide the discussions without loss of flow and control.

2.6 RECRUITMENT OF DISCUSSANTS

All participants representing various target groups were selected from within the vicinity of the Family Welfare Centres covering a maximum distance of three to five kilometers from the FWCs. The district population offices were often used as the base for field activities. The participants for the users group, both males and females were selected from the clients registers and included those who have been using FP for over three to six months or more. Users of various methods were included in the female users groups including contraceptive surgery users as well. For males, the users group included condom users or those whose wives were using family planning. They were selected with the help of the male FWAs as they were able to identify the male users who purchased condoms from them. The male non users were selected from the vicinity of the FWCs by door to door visit.

The non users were selected by home visits prior to the day of discussions. The field coordinators spent ample amount of time in the communities in rapport building and ensuring through cross questioning that the participants selected were non users. The field coordinators were often assisted by the male and female Family Welfare Assistants (FWAs). Six to seven participants were selected with few stand by for each group who were given dates and time for discussions according to their convenience. The discussions with the females were held between 11 a.m. to 2 p.m. whereas the male discussions were held during various times depending on the availability of the participants. Often the male discussions were held in evening hours particularly in the urban areas.

Recruitment forms were used for various groups which included basic information about the participants socio economic background and contraceptive use status. A checklist was given to determine the economic status of the participants which was also to be based partially on the judgement of the field coordinators (See Annexure-3). According to the research design, all participants were to be selected from either lower income or mid lower income groups.

2.7 THE FOCUS GROUP DISCUSSIONS

Most of the discussions with the males were held in residences in the neighbourhoods of the FWCs; some were held at the FWCs. The discussions with the females were held at the FWCs due to the non availability of other sites in the neighbourhood of the FWCs where the

participants could conveniently assemble. In order to keep the discussions manageable, six to seven participants were selected for each group. Programme personnel groups which included Family Welfare Assistants (FWAs) met at the district population welfare offices. All FWC staff and their family members were asked to leave before the beginning of the discussions. The individuals present were the moderator, the note taker, the discussants and translators only in the rural areas. Each discussion continued for an hour to an hour and a half. All discussions were taped with simultaneous note taking to identify the statements made by various participants, the non-verbal reactions to specific issues and observers comments on whether there was conflict or agreement on different issues.

Discussions with the males were conducted in Urdu both in the urban and rural areas across all provinces as the males were able to comfortably express themselves in Urdu. The discussions with the females were however, conducted in Urdu in the urban areas only across all provinces and in the local languages in the rural areas wherever, the participants were not comfortable with Urdu. In Sindh and NWFP, translators were used to facilitate the discussion in the local languages whereas in rural Punjab the discussions were held in Punjabi by the moderator and was assisted by the observer wherever, was necessary because of her limited understanding of the rural Punjabi dialects.

Reasonable length of time was spent by the research team with every group to establish rapport with the participants and to put them at ease in order that they could be more expressive and revealing during the discussions. Almost all discussions went well and participants were quite revealing in expressing their feelings and discussing attitudes. However, it was observed that the non users groups, illiterate and very poor women and rural women were not as expressive as compared to users groups, educated and urban. Men in general, were quite expressive and discussed various issues quite openly.

After the first and second series of discussions held in Sindh and NWFP, discussion sessions were held with the research team for identifying the key impressions and observations and comparison of the basic findings on key issues in terms of similarities and differences across rural and urban areas and the variation across regions. Since the similarities in the attitudes and beliefs were more dominant in case of most issues vis-a-vis the differences across the two regions that led to certain general conclusions regarding the perceptions, attitudes and beliefs, it was thought necessary to include additional list of issues for further investigation in

the next series of discussions. Based on this decision, additional topics and issues were included that were identified during the previous rounds of discussions and were not yet explored, for instance, use of traditional FP methods, knowledge about male FP methods and knowledge about safe period etc.

2.8 VERBATIM TRANSCRIPTS

The moderator and observer jointly prepared the verbatim transcripts after each discussion by listening and relistening the recorded tapes and using the notes taken during discussions. The transcripts included word for word conversation, statements and remarks of every discussant with the name of the speakers. All the verbatim transcripts were written in Urdu and later translated into English.

2.9 KEY CHARACTERISTICS OF THE PARTICIPANTS

A total of 266 individuals participated in forty three discussions which included 106 males and 160 females. The maximum, median and quartile values of the key characteristics of the participants according to major target groups in terms of gender, contraceptive use status and age are presented in the following section (See Annexure-1 for details):

FEMALES

YOUNGER NON USERS

The key characteristics of the younger female non users are summarised in Table - 4.1. Most of the urban and rural women were illiterate; some urban and rural women were educated upto primary or middle level and only some urban women had higher level education.

TABLE - 4.1
Key Characteristics of Non Users, Younger Females

	AGE	NO. OF CHILDREN	INCOME(Rs)
Median Value	27	2	1500
Maximum Value	34	6	5000
Quartiles			
Q1	25	1	1200
Q3	28	4	2000

YOUNGER USERS

The key characteristics of the younger female users are summarised in Table - 4.2. Some urban and most of these rural women were illiterate; some urban women and a few rural women were educated upto primary or middle level and only some urban women had higher level education.

TABLE - 4.2
Key Characteristics of Users, Younger Females

	AGE	NO. OF CHILDREN	INCOME(Rs)
Median Value	27	3	1800
Maximum Value	32	8	3000
Quartiles			
Q1	25	2	1200
Q3	29	5	2400

On average, the younger female users appear to have a higher parity as compared to the younger non users. The younger users have either accomplished their desired family size and want no more children or want to space their births whereas the non users appear not to have completed their desired family size which can be a possible explanation for their non use of family planning.

OLDER, NON USERS

The key characteristics of the older, non user females are presented in Table - 4.3. Most of these women, both urban and rural, were illiterate; some urban and a few rural women had primary or middle level education and very few urban women had higher education. Two groups of mothers in law were also included among these women, one urban and one rural.

TABLE - 4.3
Key Characteristics of Non Users, Older Females

	AGE	NO. OF CHILDREN	INCOME(Rs)
Median Value	40	5	1500
Maximum Value	55	11	700
Quartiles			
Q1	32	3	1200
Q3	46	7	2000

OLDER, USERS

The key characteristics of older, user females are presented in Table - 4.4. Most of these urban women and almost all rural women were illiterate; some urban women had higher education and a few had education upto primary or middle level. Almost all these urban women and most rural women were not working for wages except a very few who were earning for maintaining their households because their husbands were drug addicts or to supplement their husbands' incomes.

TABLE - 4.4
Key Characteristics of Users, Older Females

	AGE	NO. OF CHILDREN	INCOME(Rs)
Median Value	35	4	2000
Maximum Value	45	7	3000
Quartiles			
Q1	32	3	1200
Q3	40	5	3000

On average, the older female non users have a higher parity as compared to the older users. A possible explanation for the older females with higher parity not using family planning could be their lack of exposure to and awareness about family planning and dominance of will of their husbands relative to the older female users.

MALES

YOUNGER, NON USERS

The key characteristics of younger non user males are summarised in Table - 4.5. A few of these urban men and most of the rural men had higher level education; most urban and some rural men had education upto primary or middle level; some urban and a few rural men were illiterate. Most of the urban men and some rural men were employed in lower level jobs, for instance, clerical, peons, etc. and as skilled workers; some were in semi skilled jobs and a few were unskilled labourers.

TABLE - 4.5**Key Characteristics of Non User, Younger Males**

	AGE	NO. OF CHILDREN	INCOME(Rs)
Median Value	35	4	2000
Maximum Value	45	7	3000
Quartiles			
Q1	32	3	1200
Q3	40	5	3000

YOUNGER, USERS

The key characteristics of the younger male users are presented in Table - 4.6. Most of the urban men had higher education; most rural and a few urban men had education upto primary or middle level; some rural men were illiterate. Most of these men were in low level jobs and a few were in semi skilled and unskilled jobs.

TABLE - 4.6
Key Characteristics of User, Younger Males

	AGE	NO. OF CHILDREN	INCOME(Rs)
Median Value	26	2	1200
Maximum Value	31	4	2000
Quartiles			
Q1	24	2	1000
Q3	28	3	1500

On average, the younger male non users appear to belong to higher age group relative to the younger users. The younger male non users have higher parity on average relative to the younger users. The difference in the age could be a possible explanation for the difference in parity.

OLDER, NON USERS

The key characteristics of the older, non user males are presented in Table - 4.7. Most of them had higher education, some had education upto primary and middle level and a few were illiterate. Most were employed in low level occupations; some had skilled jobs while a few were unskilled labourers.

TABLE - 4.7
Key Characteristics of Non User, Older Males

	AGE	NO. OF CHILDREN	INCOME(Rs)
Median Value	36	4	1800
Maximum Value	50	8	3100
Quartiles			
Q1	31	2	1100
Q3	37	5	2000

OLDER, USERS

The key characteristics of the older, user males are summarised in Table - 4.8. Most of them were educated upto higher level; some upto primary and middle levels and some were illiterate. Most of them were in low level jobs; some in skilled jobs and some in unskilled jobs.

TABLE - 4.8
Key Characteristics of User, Older Males

	AGE	NO. OF CHILDREN	INCOME(Rs)
Median Value	36	4	1800
Maximum Value	47	8	2500
Quartiles			
Q1	34	2	1500
Q3	41	6	2000

On average, there appears no difference in the parity of the older male users and non users.

2.10 PROGRAMME PERSONNEL

All the female Family Welfare Assistants (FWAs) were trained from the Regional Training Institutes (RTIs). Their duration of employment at the present FWC varied between 3 months to 10 years. Some of them had 1-3 children; some had 4-5 children and some had no children. Although not reported, most of the FWAs were FP users.

Most of the male motivators were trained and some were not. The duration of their employment at the present FWCs varied between 8 months to 10 years. Most of them were contraceptive users and their number of children varied between 2-7; however, most of them had 2-4 children.

2.11 METHOD OF ANALYSIS

The analysis was conducted in three main steps for each broad target group, i.e. urban males, rural males, urban females, rural females. For specific topics, the findings related to FP users and non users were discussed separately. In case of more general topics a brief discussion follows on users versus non users and younger versus older females/males. The key findings related to mothers in law and programme personnel are discussed separately.

First, all discussions and opinions from each transcript was summarised for broader target group i.e urban males, rural females, etc. for each theme/topic in the discussion guides. The discussion on each theme/topic was thoroughly reviewed for all target groups. The predominant as well as less dominant views were identified and listed from these discussions for each target group. In order to indicate the strength of feeling of the target group for particular opinion the expressions used are "most felt that...." "some felt that ..." or "a few felt that". Also when the majority of the discussants in a target group had a similar feeling or opinion on an issue or had an agreement, it was indicated by the expression "most felt or indicated that", if there was two or more opinions or controversy on an issue within a target group then the expression "some felt that" was used; and those opinions indicated by a small minority of discussants within each target group were denoted by the expression "a few felt that....". The reasons participants gave for their opinions were also identified.

The relevant or particularly salient verbatims were incorporated to support the key findings (See Annexure-4 for transcript index). The comments, observations or intuitive explanations of particular beliefs or attitudes of various target groups by the principal researcher were also incorporated.

Second, the similarities and differences in opinions of the various target groups were identified along with intuitive explanations for the differences in opinions i.e users vis-a-vis non users, younger vis-a-vis older females/males.

The final step in the analytical process was to indicate for whom the research was done and what the findings meant for programme design.

The following sections present the major findings of the study in terms of various target groups relating to the topics listed as follows:

- i. Desire and decision making about children
- ii. Population Welfare Program objectives, family planning and Family Welfare Centres ---
Information, Knowledge and Awareness
- iii. Use and non use of contraception
- iv. Perceptions and suggestions of programme personnel
- v. Perceptions of mothers in law
- vi. Recommendations

The comparisons between the various target groups i.e. users vs non users and younger vs older females/males are presented at the end of particular sections where these target groups are not separately dealt.

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3. DESIRE AND DECISION MAKING ABOUT CHILDREN

3.1 FACTORS CONTRIBUTING TO A HAPPY FAMILY

FEMALES

1. Fewer children make a happy family and adequate spacing is necessary for mother's and children's health, yet, a family should have reasonable number of children with desired number of sons.

Women emphasized the need for fewer children in order to have a happy family. The role of spacing and family planning was also stressed upon even by women who were non-users. Nevertheless, women had a large number of children due to various socio-cultural and economic reasons.

2. Proper food and clothing, adequate shelter and education are the basic needs of children that the father has to provide which is possible only with fewer children.

Almost all women feel that proper upbringing of children with sufficient food and clothing, proper education and training, good health, adequate accommodation and peace and harmony in the family environment are necessary for happiness. It is only possible to provide these facilities to the children when they are fewer in number. Suitable jobs and arrangement of marriages and dowries are additional responsibilities of parents when children grow up.

"In this high inflation period Rs. 2000-2500 is nothing. I meet my expenses by borrowing money. Income is low and expenses are high so we can not fulfil the educational requirements of our children." (DOC5)

3. Regular and adequate income is necessary for maintenance and prosperity of the family.

Men earn and women manage the household expenses with limited incomes. With high inflation and meager incomes including daily wages it is extremely difficult to manage household and provide the basic needs to children. A large number of children can not be afforded by low and middle income families. Poverty and deprivation damages the peace of the family by restraining the relationships and children are neglected and deprived of physical and

emotional needs and this situation is worsened with a large number of children.

"High income and fewer children makes a happy family, the needs of a large number of children can not be fulfilled." (DOC3)

4. Adequate shelter and food, co operative and understanding husbands, supportive in-laws, participation in financial matters, freedom to visit their parents' homes, peaceful home environment and communication between couples are the basic needs of wives.

In addition to the basic needs like food, adequate shelter, clothing etc, women emphasized the need for psychological and emotional support from husbands and in laws, freedom of expression, at home and participation in financial matters. Most women felt that their peace of mind is disrupted due to a large number of children and domestic responsibilities, difficulties in managing household expenses with limited incomes, lack of communication with husbands who refuse to listen and pay attention to their concerns regarding the well being of the family and are either too busy in earning bread and butter or busy with other matters outside home.

"Happiness depends on income and husband's good attitude, the role of male is very important, he should be co-operative and give good and healthy atmosphere to children." (DOC4)

"Harmony is needed, it is not necessary to practice FP but a small family is good. If both earn and live in harmony then it does not matter whatever the number of children, only harmony should be there." (DOC6)

5. Women have to produce children and particularly a desirable number of sons, despite that they do not want to do so, due to the fear that their husbands would revert to other women and due to the pressure of the in laws.

Women particularly, in rural areas strongly feel that their social credibility and status depends on their childbearing roles. If they fail to produce three to four sons and do not produce children at regular intervals, their husbands would remarry. Therefore, despite that they do not want to have more children, they have to continue as childbearing machines to be

socially acceptable. Failure to give birth to sons and having a large number of daughters make them extremely unhappy and affects their self esteem and status and restraints their family life.

"My husband says it should not be my concern even if we have a child every day". (DOC8).

6. Husband's incomes are not enough to maintain households and need for women to be gainfully employed to supplement husband's incomes.

Women emphasized that with increasing inflation and meager incomes it was difficult for them to manage the household expenses and bring up their children properly and give them education. Some women were supporting their families by stitching clothes or selling vegetables either to supplement their husband's income or because their husbands were physically handicapped or addicted to drugs and they had no social or governmental support for provision of basic needs. They felt the need to have employment opportunities to be gainfully employed to supplement their husband's incomes.

"I have to work because I have eight daughters and it is difficult to fulfil their needs. I am uneducated and do embroidery to earn money. It will be good if my husband finds a proper job." (DOC7a)

7. With limited incomes and a large number of children, only the sons can be educated and the daughters are left for taking care of the siblings and help mothers in domestic chores because daughters are a liability as they would be married and go to their husbands' homes.

Women expressed their concerns about their children's future. The sons had to be educated upto a level that was affordable but due to meager family incomes the daughters' education was unaffordable. Daughters were considered a liability and parents had to worry about their dowry so that they could be married respectably.

"If there are few children then it will make a happy family because children will get proper training." "More sons are required for a happy family. Two or three sons are needed that they can work and earn." "Spacing is necessary for a happy family." (DOC4a, 9a)

URBAN VS RURAL FEMALES

Almost all urban women linked happiness with income, better quality life and small family size. All rural women linked happiness with income and provision of basic necessities but some were not able to link it with family size. The rural thinking was that whether rich or poor it is necessary to have a certain number of children as children provide farm labor and are blessing of God and perceived source of old age security. Happiness was also linked with the number of sons which was more pronounced in rural areas.

The need for education of children was associated with happiness and prosperity of family by both urban and rural women but was more emphasized by urban women. In addition, the need for proper up bringing of children, proper training of children, mental peace and harmony between couples and better family atmosphere as factors contributing to happiness was emphasized by urban women only.

YOUNGER VS OLDER FEMALES

The younger females emphasized the need to have fewer children i.e two or three as a major factor towards happiness, better health and prosperity. The older women emphasized the need for more income as a major factor for happiness regardless of number of children. Some younger females had strong desire for sons and associated it with happiness whereas the older women were more concerned about their children's education and future. The older woman also emphasized the need for harmony among family members, cooperation and understanding among couples as contributory factors to happiness besides income regardless of the number of children.

USERS VS NON USERS FEMALES

Almost all users and non users females linked fewer children and income with happiness. The non users however, did not specify fewer to be two or three children where as most users did. Almost all non users expressed their helplessness and lack of control over their situation due mainly to economic problems and excess of children. Most users who have adopted family planning after two or three children expressed their satisfaction and contentment in being able to provide at least basic necessities and education to their children. The non users emphasized on the material and basic necessities for happiness. The users emphasized on health and

psychological factors as harmony in the family, understanding among couples to be contributing factors towards happiness besides a reasonable living standard.

MALES

1. Fewer children make a good family because parents can remain healthy and children can get proper education.

Fewer children are desirable in order to provide them with the basic needs and proper education. Nevertheless, people have large number of children due to various socio-cultural and economic reasons particularly, in the hope of having more sons. Most men feel that fewer children does not necessarily mean having two children. Four to five children are desirable in our socio-cultural milieu.

"I think fewer children are desirable because one can give them both education and food easily." (DOCM1, DOCM8, DOCM9).

"Children should be educated and have proper jobs." (DOCM2)

"Income of a household makes a happy family; one can give proper education to his children if they are few." (DOCM3, DOCM4, DOCM5)

2. It is the responsibility of wives to bear children and for husbands to earn living for them.

Women have the responsibility to bear children and bring them up whereas men are providers and earn bread and butter for them. It is undesirable for women particularly, in the rural areas to refuse to produce children as this is thought to be her most productive and socio-culturally acceptable role. Every other role is considered subsidiary. The family environment is restrained if women do not fulfil there responsibilities.

"Suppose a married person has two children as the TV advertisement shows, but after two children, a man can not throw his wife out of the house." (M12)

3. The number of children should be according to one's income and easily affordable.

It is difficult to bring up a large number of children with limited resources, high inflation and meager incomes. Due to high illiteracy, lack of awareness regarding a better quality of life

and other socio-cultural reasons, people want a large number of children. It becomes too late when they feel the economic pressures of having a large number of children. The provision of basic needs of the children and the improvement in the living standard of the family is only possible if the number of children are planned according to the income level of the family so that the number of children are affordable.

"The number of children should be in accordance with the economic status of a family. The problem is that children are not according to the income of an individual." (DOCM9, DOCM11)

"We should think about a good family keeping in mind the new generation, this matter has no concern with the economic status of a person. A millionaire can feed twenty children but they would be a burden on the nation." (DOCM5).

4. Fewer children, own house, reasonable income, thriving business and peaceful home environment creates happy family for men.

Fewer children, but not necessarily two, with regular and adequate income to provide basic needs and amenities of life to children are essential for happiness. Family peace is disturbed with a large number of children and limited space therefore, it is desirable to have fewer children.

"With fewer children, the parents will remain healthy and there will be no noise." (DOCM2, DOCM12)

5. Children are a blessing of God.

Most men believe that children bring their own fate and God provides them food. They are considered a blessing of God and create happiness in the family.

"We are illiterate and think that children are God gifted." (DOCM2).

"I think whoever comes to this world brings food with him. This is according to the Islamic philosophy." (DOCM4).

"We village people feel happy with many children. We have rivalry with other families so we feel satisfied if we have five or six sons." (DOCM2)

URBAN VS RURAL MALES

The urban males emphasized the need for having fewer children and strongly associated the well being of family to family size and income whereas the rural men emphasized income as a major factor for well being regardless of number of children. Some however, did indicate the need to have fewer children and that number of children should be in accordance with one's income.

Fatalism was pronounced among rural men whereas urban men indicated the need to plan family size. The rural men strongly expressed their desire to have children as a source of happiness and social support. The urban males emphasized the need to educate their children and their proper upbringing for well being and happiness of the family. Although the rural men expressed their concern about children's education it was not as pronounced as in the case of urban males.

USERS VS NON USERS MALES

Both male users and non users indicated that a large number of children can not be given education and other basic needs with limited incomes. The urban males also indicated that it affects the health of women and it becomes difficult to look after them and they go astray. A large number of children also create tension and worries for parents.

The users emphasized the need for having fewer children i.e two to three for the economic well being and happiness of the family so that children could be educated and brought up properly. They emphasized the need for spacing and planning family size for better health, mental peace and happiness.

The non users however, emphasized income as a major factor for happiness regardless of family size. Their attitude was fatalistic and religious arguments were used against planning family size and use of family planning.

It is notable that there appears no distinct attitudinal difference between male users and non users in terms of the non desirability of a large family as both equally emphasized the

disadvantages of having a large family. The non users however, appear to be more fatalistic in terms of family size and have limited consciousness regarding the need to plan family size due to son preference.

YOUNGER VS OLDER MALES

Both the older as well as younger males stressed upon the need to have fewer children and linked happiness with adequate income. The younger men however, specified fewer children to be two to three only whereas older men did not indicate any specific number. They expressed equal concern regarding the education and proper upbringing of their children and their future well being.

3.2 DESIRED NUMBER OF CHILDREN

URBAN FEMALES

1. The desirable number of children is four, two sons and two daughters.

Most urban women felt that the ideal number of children is four: two sons and two daughters. A few felt that two to four children are enough and they did not want to give birth to more. Most women however, did not want to give birth to more children in addition to whatever the number they had. Most of their husbands agreed to their proposition if they had at least two sons whereas a few said that their husbands wanted more children. Women who had actual family size above their ideal family size, had rationale explanations which primarily included son preference.

"My husband wants four children which he thinks is the best family size." (DOC11)

2. Women want fewer children because they are solely responsible for looking after them.

Most women expressed their desire that they did not want to give birth to more than two to three children if they had at least one son and if they had to decide for themselves because they had to manage the household and look after the children. Frequent births affected their physical health which in turn affected their psychological and mental health.

"I wish that I have two children only but my husband does not agree. He says that their should be more children." "My husband wants that there should be two more sons." (DOC10)

"My husband wants children even if the number of children increases to six or seven." "I have no opinion, it is God who gives children." "My husband does not agree with fewer children, he says God gives us children." (DOC3)

"My husband says to produce more children. My husband says to produce sons only." (DOC10a)

3. If the number of children are not adequate enough to keep a women occupied then she would indulge in some unacceptable activities.

Some women who had one or two children felt that they had more leisure time vis-a-vis those women who had a large number of children and were fully occupied. These women felt that they were often bored and had no other activities to utilize their time productively. A few also felt that a large number of children were desirable to keep a women occupied so that they do not indulge in unacceptable activities in their leisure time like visiting neighbours frequently, backbiting, interference in other's affairs etc.

"If a woman has only one child then she has a lot of leisure time and she can be involved in some unacceptable activities so it is good to have more children." "I want four children, two sons and two daughters so that they can share their feelings with one another." (DOC11, DOC1D, DOC12, DOC13)

USERS VS NON USERS FEMALES

The female non users desired four to six children whereas the users desired two to four children only. Fatalism was stronger among non user females. Husbands will was more dominant among the non user females relative to users. The husbands of the user females appeared much more supportive towards their wives using family planning and conscious of family size relative to non user females husbands.

YOUNGER VS OLDER FEMALES

The younger women emphasized that two to four children were desirable. Most of these women had not yet completed their desired family size and desired at least one or two more children as their husbands wanted so although they themselves were not willing so. Some however expressed their own desire to have a son or even daughter if they did not have one. Most of the users among these younger women were using family planning for spacing births.

The older women emphasized that two to five children were enough. Most of these women did not want to have more children. Some wanted to have a son since they did not have one. Most of their husbands also did not want more children and it appears that older women are more effective in convincing their husbands. Among the users most of these older women who have completed their family size had either got ligated or had IUD insertions.

RURAL FEMALES

1. Most men believe that God gives children and is responsible for their food and shelter so, they do not plan their family size. It is God's blessing to have children.

Most women expressed that their husbands believe that God gives children and hence the number of children one gets is not in their own hands. Even if one desires fewer children it is up to God to give fewer or more children.

2. Five to six children are desirable with at least three to four sons.

Most rural women indicated their desire for having at least five to six children. Less than four children were considered too few and ten to twelve children too large to be manageable except for the rich. Almost all women and their husbands wanted three to four sons and not more than two daughters. Sons are considered assets by both rich and poor; an addition to their manpower for farming for the poor and a source of prestige and strength for the rich whereas daughters are considered a liability and burden by both rich and poor whose marriage and arrangement of dowry is a problem particularly for the poor.

USERS VS NON USERS FEMALES

Both the female users and non users expressed that they wanted fewer children i.e four to five but son preference was a major factor in wanting to have more children among both users and non users rural females. They wanted at least two to three sons. Most of the users had three to five children and they were spacing their births. Some users and their husbands wanted to have at least one more son. The husbands of most of the users wanted fewer children i.e three to four. Most female users were satisfied with their family size which varied from three to eight with majority having two children and they did not want more children.

Most female non users indicated they did not want more than four to five children. But majority of the husbands of non user females wanted to have more children. Fatalism was much stronger among non users rural females compared to the users and husband's will was also very dominant among non users. It was strongly emphasized by non users females that children were God gifted. Son preference was equally emphasized by both users and non users. Most of the non user women however, expressed that they did not want more children but they were constrained by their husband's will. Only few husbands of the non users did not want more children than what they already had. There appears to be a lack of desire and deliberate action for limiting family size among rural non users given the existence of strong fatalism and the dominance of will of husbands.

YOUNGER VS OLDER FEMALES

The younger rural females indicated that they wanted fewer children i.e two to four and that their husbands also did not want more than two to four children. Most older females had five to seven children and they wanted at least five children with at least two to three sons. Most husbands still wanted to have more children. Fatalism is much stronger among older females and their husbands relative to younger females and their husbands. Son preference is equally stronger among older and younger females. The husbands of the younger females appear more supportive of having fewer children than the husbands of the older females as indicated by these women.

URBAN MALES

1. The desirable family size is four with at least four sons: Son preference is a dominant factor for men in wanting to have more children.

Most men in urban areas indicated that the ideal or desirable family size was four with at least two sons. They emphasized that fewer children were desirable given low incomes and high inflation in order to bring up the children properly but yet son preference was a strong factor in terms of couples having a large number of children as sons are a perceived source of economic and social support for parents in their old age. A few men in the urban areas indicated that they did not want more than two children, ideally a girl and a boy.

"I think two children are enough for low income group people. I have four daughters but now my concern is a son." "Actually everybody wants a son in the beginning. Both of us are in favor of three children. Now we want a girl (MI).

2. Men are realising the need to have fewer children and limiting family size due to increasing economic pressures.

Most urban men emphasized that they did not want more than two to three children and that there was increasing need to limit family size and have fewer children due to rising inflation and economic pressures. A few urban men however had fatalistic attitude towards family size.

"It is very difficult to manage four children in low income." "It is in the interest of laborer to have few children, they can not manage ten children in their low income (M11)

" I just earn 40 or 50 rupees per day. I can not take care of a large family" (M15)

USERS VS NON USERS MALES

Most users and some non users indicated that they want two to four children. Son preference was indicated to be a strong factor in wanting to have more children. Some male users indicated that their wives wanted only two children. Fatalism was stronger among non users and they do not realize the need to plan their family size. Most users and some non users

emphasized that more children can not be afforded due to rising inflation and that the economic pressures were increasing. Although most non users did not want more children yet they were not in favor of using family planning.

YOUNGER VS OLDER MALES

Some younger men indicated that they wanted fewer children. Most younger men emphasized the need to have two to three children under the present inflationary pressures. A few younger men indicated that they can not figure their future family size. Some urban men both younger and older had a fatalistic approach and considered that children were God gifted. A few younger men however, indicated that they wanted many children.

Most older males had four to five children but they emphasized the need to have more sons. There was no strong attitudinal difference between younger and older urban males.

RURAL MALES

1. Men want to have five or six children with at least three to four sons. Son preference is much stronger among rural males.

Most men in rural areas want to have five to six children with at least three to four sons. According to them a large number of children means ten or twelve. Some men indicated that they wanted four children with at least two sons. They however expressed the need to have fewer children which according to them means at least four or five given the rising economic pressures. Some males wanted at least two to three sons as they are considered a source of economic and social support in old age and they become earning hands and work on the farm when they are younger. More sons are also wanted because they increase the family and clan size which strengthens the family status and the land ownership remains within the family.

"I have four daughters but now my concern is a son." "Actually everybody wants a son in the beginning. Both of us are in favour of two children. Now we want a girl." (M1)

"I think four children are enough. It is a matter of life and death for my wife to bear a child." (M7)

"The birth of a girl or a boy is the will of God, but usually there is a greater desire for a male child because he becomes the earning hand." (M9)

"I need at least fifty boys, I have so many enemies, I am alone in the family, I can not tackle issues of courts, jails and police stations." (M15)

2. Men have a fatalistic attitude towards the number of children. In general it appears that are not much conscious of planing and limiting family size.

Most rural men have a fatalistic attitude and believe that children are God gifted and bring their own fate. They think they can not do much about the member of children and their sex as it is interference into God's decision yet they all want to have more sons.

USERS VS NON USERS MALES

Most male users indicated that they wanted at least four children with at least two sons. The non users had a strong fatalistic approach towards family size. Most of the non users said that they do not have the time to think about family size and that children are God gifted so they do not bother about their future family size. Son preference was strong among both users as well non users. The users had some consciousness about family size and emphasized the need to limit family size.

YOUNGER VS OLDER MALES

There was no distinct attitudinal difference between younger and older rural males. Son preference, fatalism and lack of consciousness regarding planning family size was prevalent among both younger and older rural males but it appeared rather stronger among the older males.

3.3 REASONS FOR DESIRING/NOT DESIRING A LARGE NUMBER OF CHILDREN

URBAN FEMALES

1. It is difficult to manage a large number of children with limited incomes hence large number of children are not desirable.

Most urban females expressed that a large number of children can not be managed with limited incomes and growing inflation and hence it is not desirable. It creates problems and worries for parents and a sense of deprivation for children.

"Mothers are continuously worried if they have large number of children" (DOC10a).

2. Large number of children are problem when they are younger but sons become a source of economic and social security when they grow up.

Most women indicated that a large number of children are problematic when they are younger but when the sons grow up and start earning and take care of their parents then they become a source of security for parents. Women expressed their strong concerns and worries about marriages of their daughters and arrangement of dowries for the purpose. Some women however, felt that it was not advantageous to have sons because when they grow older, they get married and leave with their wives while the parents are left on their own.

"There is no advantage of a large number of children at their early stages but they are beneficial after growing up". (DOC8a)

3. Couples should have freedom of choice in deciding their family size if they want to have a large number of children.

Some women, particularly, non users expressed that they themselves felt and their husbands as well that there should not be any interference by the government or any one else in terms of the number of children they want to have. If they want to have a large number of children they should have the freedom of choice to do so because they are responsible for feeding and bringing them up.

USERS VS NON USERS FEMALES

Both female users as well as non users indicated that it was difficult to manage a large number of children and give them proper food, education, and clothing with limited incomes. The non users however, emphasized that there were advantages of having more children and particularly having sons after they are grown up. The users mostly said that a large number of children create continuous problems whether they are younger or older and that even sons get married and leave their parents in old age.

The need for higher income was emphasized by the non users to bring up large number of children. The users emphasized the importance of the health of mothers and children and their proper training and upbringing which was only possible with fewer children. They also emphasized that when more daughters are born in the expectation of sons then it multiplies the problems because the marriage of daughters and arrangement of dowries become a tremendous burden on the parents.

YOUNGER VS OLDER FEMALES

The younger females emphasized that it was difficult for them to look after a large number of children and provide them proper training. It creates continuous worries for the mothers. In earlier times, the mothers in law helped in looking after the children. They however, indicated their expectation that when the children grow up they might become a source of support for the parents. The older females emphasized that it was difficult to manage the expenses of a large number of children with limited incomes and rising prices. They indicated that it was difficult to give proper education to their children and only a few children and particularly sons can be educated if they are large in number. The older women also indicated that even the sons get married and leave their parents.

RURAL FEMALES

1. More sons are desirable because they are expected to earn and support their parents in old age for the poor class, and the property and land remains in the family in case of the richer ones.

Most rural women particularly from low income groups indicated that they desire fewer children which according to them is four to five because they can not afford a number larger than that. All women however, expressed their desires for having at least two to three sons who could earn and support them in their old ages. More sons were desired because they could work on the farms and when they grow up, the land and property would remain within the family.

"Due to a large number of children and low income a person becomes frustrated. One does not know what to do." (DOC7a)

"If one has more sons then the income is high. My brother is the only one and I know that there is no one with my parents. There is an advantage of having sons and I wish that God gives us a son." (DOC2a)

2. If daughters are educated and are gainfully employed then they can also support their parents in old age, only under this situation daughters are desirable.

Most women considered daughters to be a burden and therefore, not desirable. They expressed their desire for having one or two daughters. A few women indicated that in case one had daughters and they are educated and get proper jobs, they can support their parents in their old age and can be as good as sons.

"There is no need of a daughter but in case of a daughter if she gets education and gets a job and earns money then she is useful also." "Sons leave after marriage and there will be nobody who will give water at the time of death." (DOC2a)

3. A large number of sons are desired to expand family and clan size so that the family can have its own leadership.

Some women who particularly belonged to families holding agricultural land expressed that they preferred to have a large number of sons because that would expand and strengthen their family status and would enable to take a leadership role.

"If there are sons, there will be no need of outsiders to interfere in the family affairs. The family becomes large and they will have their own leadership." (DOC6a)

USERS VS NON USERS FEMALES

Most users indicated that if the incomes are low and number of children are large then it creates problems. They indicated that even sons leave after marriage and do not look after their parents which creates frustration. The rural women indicated that the advantage of large number of children is that it expands the family size and strengthens their social status. The non users indicated that children generate manpower for farm labor. Some non users indicated that proper food, clothing and education can not be provided to a large number of children. They however, expected that children particularly sons would become a source of support when they grow up.

YOUNGER VS OLDER FEMALES

The younger females emphasized that they were not able to provide proper food, clothing and education to a large number of children which causes frustration. It is also difficult to look after a large number of children and train them properly. The older females however, emphasized that large number of children were required for farm work and for support of parents in their old age.

URBAN MALES

1. A large number of children are unaffordable and unmanageable with limited incomes and hence undesirable.

Most men indicated that large families were undesirable because they can not be afforded nor can be managed well. Most couples had a large number of children exceeding three or four in the hope of one or two sons. Some males expressed a fatalistic attitude that children are God gifted and hence they did not care about planning their family size yet, they had strong desires for having more sons.

"We are not creating children rather we are creating problems for ourselves." "If we have a large number of children then there is no peace" "If we have a large number of children then there is no peace of mind. Then we would indulge in malpractices to increase our incomes." (M11)

2. It is difficult for parents to look after a large number of children. Quarrel and tension becomes a part of family life and children particularly sons join bad company.

Large families create more troubles than comforts. It becomes extremely difficult for parents to look after a large number of children and give them proper training whether they are rich or poor. Children are neglected and often join bad company. Tension and quarrel becomes a part of family life because children can not be easily managed and looked after.

"Although it is a natural process, but large family creates more trouble than comforts."
(M4)

"It is difficult to handle a large number of children." (M5)

"We can not educate our children. We will send them to cobbler or mechanic to learn some technical work and bring money for the family." "A large number of children can not be controlled. In large families some children get addicted to narcotics." (M15)

3. Women's health deteriorates due to repeated pregnancies and men have to work hard to meet the needs of a large family.

A few men expressed their concerns that a large number of children are undesirable because of the negative impact it creates on women's health and they become unable to manage and look after the children. Men themselves have to work hard to provide the basic needs to the children.

"A woman's health is badly affected due to repeated pregnancies." "If we have a large family, children always quarrel with each other and sometimes they join bad company." (M1)

"Wife's health deteriorates due to a large number of children and husband has to work hard. One can not provide the basic needs of his children." (M10)

4. In large families, mothers have a lot of pressure on their minds due to their daughter's marriages.

Most men expressed their feelings that despite daughters were God gifted as well yet, it was difficult to arrange their marriages and dowries and most parents and particularly mothers were under continuous pressures regarding their daughters marriages.

"In large family, mothers have a lot of pressure on their minds due to daughters' marriages." (M3)

5. A large family is desirable with only a large number of sons because of the economic and social support they provide to their parents. More sons means more earning hands.

Despite that most urban men considered a large family to be undesirable and the desirable family size was considered to be four yet, the son preference was quite strong and a major reason behind having large families, as sons were considered to be the source of economic and social support for parents in their old age.

6. A large number of children induces people to indulge in malpractices to increase income for supporting them.

In order to support the needs of a large number of children, men often have to indulge in malpractices to earn extra income which disrupts mental peace and a smooth life.

7. Rich people can afford a large family, poor can not.

Only the rich and affluent can afford and manage a large number of children. It is difficult for the low income group to afford children beyond a certain number.

USERS VS NON USERS MALES

Both the male users and non users emphasized that a large number of children can not be given education with limited incomes. It affects the health of women. The users emphasized that it is difficult to control and look after a large number of children and they often go astray due to lack of guidance. There is always tension in the family if the number of children is large. The non users indicated that a large family create more problems than comforts.

It is however, notable that there appears no distinct attitudinal difference between urban male users and non users as both equally emphasized the disadvantages of having a large family. The difference however, appears to be in the attitude towards number of children and

family size. The non users appear more fatalistic and had large number of children due to son preference or lack of knowledge and consciousness about limiting family size.

YOUNGER VS OLDER MALES

Both younger and older males indicated that it was difficult to manage a large number of children with limited incomes. It was difficult to educate the children and particularly marriage of daughters was a major problem which vested lot of pressures on mothers. No distinct attitudinal difference appears among urban younger and older males.

RURAL MALES

1. In case of a large number of children, they remain naked and dirty.

Since most rural women have to work on the farms as well as look after the domestic chores and children, the children are neglected. They remain dirty and naked and are deprived of their basic needs including food, education and health.

"Parents can not fulfil the requirements of their children. They remain dirty." (M2)

"Large number of children often remain naked and dirty." (M7)

"Quarrelling is always a part of life in a large family." "If you have more sources of income then a large number of children creates manpower." "In villages, people keep their animals along with their children due to less space at home. In this way diseases break out." (M8)

2. Due to joint family system, sons have to support their parents and younger brothers and sisters, therefore, the needs of a large number of children can not be met.

Most men particularly from lower and middle income groups have to support their parents and dependent brothers and sisters given the joint family structures and lack of any state or other support system, therefore, the needs of their own children are sometimes neglected particularly, in case of a large number of children.

"In our village, a laborer earns Rs. 30 or 35 daily and if he has five or six children then he can not feed them properly. His young children also work in the farms and in the hotel and earn little money after very hard work." "We are also ten members and my mother is suffering from paralysis, so I have to spend a lot of money on her treatment. We are living in a difficult situation. I have to feed seven persons in a very low income." (M14)

3. A large number of children with more sons are desirable because they create manpower and increases the source of income.

Son preference and the desire to have a large number of sons at least two or three is a dominant factor behind men having large families. The sons start earning even at a younger age in low income families and become a source of both economic and social support in old age.

USERS VS NON USERS MALES

Both male users and non users indicated the difficulties that arise due to a large family and limited incomes. The users however, emphasized the implications and intensity of the problems of having a large family to a much greater extent than the non users. The non users indicated that a large number of children can not be provided with proper food, education, clothing and housing with limited incomes. The young children have to work also, in the farms and in other odd jobs in order to earn meagre amounts to support their families. The users emphasized that besides, the provision of the basic needs that becomes difficult to provide to a large family, it creates tension and becomes a constant source of trouble for parents. Health care can not be provided to the children and the living conditions deteriorate due to limited space and over crowding. The health of the women and children are badly affected and husbands have to work hard to support the large families.

YOUNGER VS OLDER MALES

There appears no distinct difference in opinion between the younger and older males on this issues as both the groups emphasized on the disadvantages of having a large family. A few younger men however, indicated that a large number of children are desirable only if there are more and sources of incomes as it creates manpower.

3.4 DECISION MAKING ABOUT CHILDREN, COUPLES PARTICIPATION AND INFLUENCE OF OTHERS

URBAN FEMALES

1. Women can give better opinion about the number of children.

Some women particularly FP users and older women felt strongly that they had the ultimate say in the decision making about children and it depended on them whether they want to give birth or not to the next child. Their husbands discussed the number of children and the birth of the next child with them and mutual understanding was involved in the decision. Some women including non users and younger women with one or two children said that they were shy to discuss the matter with their husbands and their husbands never discussed it with them. Decision about the number of children and next child birth depended on the husband's will or the will of God.

"Women can give better opinion about the number of children. My husband takes my opinion about the number of children." "Children are God's gift. What can we do, it is God who gives children. If the husband and wife are both illiterate, who can give them proper guidance." (DOC1a)

"It is a mutual decision of both partners. After having our first child, we started planning about children. As far as the number of children is concerned, I am the authority because I have to take care of them. Couples should discuss before pregnancy." "My mother in law says, you have only one child and there is no chance of having more. She insists that her son should get married again." "Today, nobody listens to their mothers in law because every one has their own will." "Every one asks about the number of children and reasons of having more and less children. Only the relatives ask these type of questions. Friends and neighbours do not ask such questions." (DOC 3a).

"I decide it and me and my husband decide it mutually. I want four children and this was my own decision. My husband does not say anything. Giving birth to children depends on a woman. He says, have as many as you want." "My husband asks me to have more children. My mother in law wants more." (DOC5a)

"We husband and wife discuss it. These six children were born with our mutual understanding and will." (DOC9)

2. Mothers in law interfere the most in the decision making about children. They want their daughters in law to have a large number of children particularly sons.

Most women expressed that the mothers in law had the greatest interest in the matter of children and they interfered the most in the number of children. Some men are easily influenced by their mothers and pressurize their wives to give birth to children and particularly sons after regular intervals. Sometimes, sisters in law and brothers' wives also interfere in the matter of children. Some women however, expressed that their mothers in law did not interfere. Few indicated that their in laws advised them to have fewer children and exercise spacing.

"My mother in law wants more children." (DOC1a, 3a)

"No body else gives decision. Every one in our neighbour wants fewer children. Every one says that there should be fewer children. It is the decision of both husband and wife." (DOC1a)

"We wanted to have four children but my mother in law wants six children." (DOC8a)

"My in laws say that stop producing children" "My in laws say that have children but with gaps" "My sister in law says to have more children" "My in laws say that produce sons only." (DOC9a)

"Women want to limit family size and decide about it but men want to keep on having more children." (DOC10a)

"If a woman does not become pregnant then in laws become anxious about why she is not having a child. Yes! they say this. Neighbours also criticise about why she is not having a child. People ask that why their daughter in law is not having a child. Is she a barren woman? People say all these things on having only one child. If the number of children is two to three then no one says anything." (DOC3)

"My husband takes all decisions about the birth of the next child." "In most of the families, mothers in law and sisters in law impose their decision on couples and force them to have a large number of children." (DOC11)

3. The number of children and family size is not planned and no rational decision is made, it is rather left to God's will and a fatalistic approach is taken.

Some couples and particularly men, mostly illiterate, have a fatalistic approach towards family size and the number of children. They lack the awareness and the sense of responsibility to take a rationalistic approach to decide about the number of children and a family size that they can afford and manage.

"My husband says that this is the will of God. If I know the pain, I would never produce any children" "My husband says that God is the provider not you. If God gives us children it is alright." (DOC9a)

"We leave it to God" "If the husband is willing then a woman can talk. When I tell my husband that we should not have more children he becomes quite" "My mother in law says that she gave birth to twelve children so why should I have fewer children." (DOC13)

4. Husbands say, "we are the providers" and it is their responsibility to earn for the family and children. Women should have no concern regarding the number of children and no role in this decision. They should keep on giving birth.

Some women expressed that their husbands do not discuss the family size and involve them in this decision. They neither listen to their wives if they do not want to produce more children. They believe that it is the wife's responsibility to bear children and since they are the earner of bread and butter therefore, the decision about the number of children is their own entirely.

"When my first son was born, my husband demanded a daughter as the next child. Then I got a daughter. He again wished for a son and we got it. I used to say that these children are enough but he wants more children" "Nobody has concern with this because it is my personal matter." (DOC12)

5. Relatives and friends sometimes discuss and try to influence couples in terms of the number of children.

Some women expressed that sometimes relatives, friends and neighbours discuss the number of children and family size with couples particularly younger couples. Mostly they advise younger couples that children should be fewer but if a woman has less than two or three children she is considered barren and it affects her social credibility. Relatives and friends are

however, not as influential in the decision making.

USERS VS NON USERS FEMALES

Most female users indicated that their husbands discussed the number of children with them and mutual consent was involved in determining the family size. A few urban women felt strongly that the number of children should be their own decision as they have to take care of them, whereas a few others indicated that their husbands had a fatalistic attitude towards the number of children. Most users emphasized that their husbands did not want more children and were supportive of their use of family planning methods.

Most users indicated that the mothers in law interfered the most in the matter of the number of children and most mothers in law wanted that their daughters in law should have more children and particularly sons. A few mothers in law wanted that their sons should remarry in case the daughters in law failed to have children particularly sons. The users indicated that their brothers' wives and sisters in law also sometimes interfere in this matter.

On the other hand some mothers in law were supportive of their sons having fewer children and even supported that their daughters in law exercise spacing and use family planning methods.

Some urban females however, emphasized that they exercise their own will and that the mothers in law influence on the decision making about children is at present not as strong as it used to be in the past. Most couples do take their own decisions regarding their family size even within the existing social system.

Most non users indicated that their will of their husbands were dominant and they wanted more children either because they wanted sons or because they considered children to be the blessing of God. Some non users indicated that their husbands discussed the number of children with them and that children were given birth by mutual consent. Some of these women emphasized that they were presently not using family planning because they wanted more children and their husbands agreed to their use of family planning in the future. Some of these women indicated that they would be able to convince their husbands, while others indicated that their husbands and mothers in law were against the use of family planning.

Most of the non users indicated that their mothers in law interfered in the matter of family size and wanted that their daughters in law should have more children. Some of the non users indicated that their mothers in law advised them to have fewer children and exercise spacing.

YOUNGER VS OLDER FEMALES

Most younger females including both users and non users indicated that their husbands discussed the number of children with them and children were giving birth by mutual constant. Some younger women indicated that their husbands did not take their advice on family size.

The younger female users appear to have a greater level of awareness and motivated towards having fewer children relative to the younger non users. Most younger users indicated that although their mothers in law interfered in the matter of children, yet, they were able to convince their husbands and take independent decisions as their husbands discussed the matter with them and were in favour of having fewer children.

A few users indicated that they were using family planning secretly without the knowledge of their husbands but with the support of their mothers in law and sisters in law. Some younger users indicated that their mothers in law were in support of their having fewer children and use of family planning for spacing. A few however, indicated that their mothers in law pressurized their sons for remarriage in case their wives had one child and particularly if they had no sons.

The influence of husbands and mothers in law appears to be relatively stronger in case of non users. Some younger non users however, indicated that they would be able to convince their husbands after completing the desired family size of four to five children with at least one to two sons on the adoption of family planning. Some younger women emphasized that neighbours and relatives also interfered in the matter of children, particularly, if a women had only one child and she was considered barren.

RURAL FEMALES

1. Couples mostly do not discuss about children as God gives children and some couples discuss after they have had a certain number of children.

The number of children and family size is left to God and no decision is taken by couples. Most husbands do not discuss it with their wives but some do. Women feel scared of their husbands and do not discuss it as they earn and feed the children. Some women however, said that after having a certain number of children, usually five to six, and having sons, husbands' attitudes change and they start discussing with their wives.

"No body discussed it." "My husband was pleased when I became pregnant." "People give opinion that do not produce more children." (DOC2a)

"I never discussed it with my husband because we thought children are given by God." (DOC7a)

2. Mothers in law want daughters in law to have more children and give birth to sons.

Mostly mothers in law interfere in the decision making about children and expect that their daughters in law should produce more children particularly sons. However, a few women said that their mothers in law ask them to exercise spacing and stop having children.

"My mother in law says that exercise spacing and stop having more children." (DOC4a)

"Nothing is done without the will of a husband. Mother and father in law want more children." (DOC6a, 7a).

3. Husband's will is dominant and they want more children.

Most women said that they have to listen to their husbands and they want their wives to give birth to more children. A few husbands however, consider and take their wives' opinion on the number of children.

USERS VS NON USERS FEMALES

Most rural users indicated that their husbands did not discuss the number of children with them. The husband's will appear dominant and they want more children particularly sons. Most users indicated that their mothers in law were in favor of fewer children given the limited family incomes and supported their daughters in law in use of family planning for spacing and even contraceptive surgery. Some users however, indicated that their mothers in law were against the use of family planning and wanted them to have more children.

Most non users indicated that their husbands did not discuss the number of children and the next child birth with them. They themselves were scared and shy to discuss it with their husbands. Husband's will appear most dominant in case of rural non users. Some women and most husbands feel that this matter does not need to be discussed as children are God gifted and no one should interfere in God's decision. Husbands want more children and particularly sons. Some women indicated that fathers in law, brothers in law, sisters in law and neighbours also interfere in the matter of the number of children.

YOUNGER VS OLDER FEMALES

There appears to be no distinct difference in opinions between the younger and older rural females on the issue of decision making between couples and influence of other family members on family size. For both younger and older females, in most cases husbands will appear dominant and there appears lack of communication between couples in general.

The influence of the in laws and particularly, the mothers in law appear stronger in case of rural females and appear more binding in case of younger females.

In general, the rural females appear more passive in terms of the decision making about family size despite their awareness however, limited about the linkage of family size to the socio-economic conditions and health implications. Fatalism, son preference and women's social credibility being based on child bearing role remain major factors for explaining the observed attitudes and behaviours.

URBAN MALES

1. During early years of marriage couples do not discuss about the number of children.

Most men indicated that the number of children and family size is usually not discussed among the couples in the case of first few children. The husbands start consulting their wives after two or three children when they start feeling the family pressures.

"During early years of marriage one does not think of such issues. I did not consult my wife in the past but now time has come that I discuss it with my wife." "I did not consult my wife for the first child but for the second I consulted her. Now it is our mutual decision that we will have three children." (M1)

"I want two more children but my wife does not agree. I have five daughters and two sons, I want two more sons." (M4)

"We never discuss with each other during my married life of thirty years." "In the past we never discussed but now we have decided that five children are enough." (M13)

2. Men discuss with their wives about family size.

Some men said that they discussed their family size and the next child birth with their wives and the total number of children was discussed and mutually agreed upon. A few men indicated that they never discussed the issue with their wives. Some men also indicated that their wives agreed with them in terms of limiting the family size and having fewer children.

"We consult each other, it is our mutual decision that we will not produce more children." (M7)

"It is obvious that there is understanding between husband and wife. Both should respect each others views." "I consult my wife regarding the gap between the next child." "My wife advises me on this issue." (M11)

3. Elders in the family, relatives and friends influence couples on family size.

Some men indicated that the elders in the family including fathers, uncles etc directly or indirectly advised them to have fewer children and limit their family size. A few men

indicated that elders in the family wanted more children. Some men also indicated that friends and relatives often advise on limiting the number of children. A few men however, indicated that family size and number of children was not discussed and no one gave any suggestions or advice.

"My father is in favour of five children." "Actually elders say these words indirectly, children are the source of entertainment in the home." "My mother has been cursing me that I am producing a child every year." "I do not discuss private affairs with my friends." "My friends cut jokes with me that I should stop producing children." (M1)

"My parents and friends give advice." (M11)

"I only discuss with my wife." "All my relatives say that produce as many children as you can because you are alone." (M15)

"In our society, parents do not discuss with us on this matter." "Father can not talk to his son nor to his daughter. Only mother can talk to her daughters." (M5)

"Now a days elders tell us to have fewer children." (M13)

4. Wives have a desire for more children.

Few men indicated that often wives desire to have more children and do not want to limit family size. A few men also indicated that wives sometimes do not have an opinion of their own in terms of the number of children. This particularly, holds for illiterate and younger women.

"I told her about small family, she follows my advice, she does not have any opinion of her own." "During the delivery she says no more children, although she has a desire for even fifty children." (M3)

USERS VS NON USERS MALES

Most urban male users indicated that they discuss and consult their wives on the number of children and mutual consent are involved in the decision making about children. A few men however, indicated that they discuss the matter with their wives but do not act upon their will.

Most male non users indicated that they do not discuss the family size with their wives whereas some do involve their wives in decision making. Some males indicated that their wives wanted more children whereas a few men indicated that their wives had no opinion of their own. Most non user males indicated that their elders do not interfere in the matter of children whereas some indicated that they were advised by their elders and friends to have fewer children.

YOUNGER VS OLDER MALES

Almost all younger males indicated that they discussed the matter with their wives and that children were given birth with mutual consent. Most younger men indicated that their elders particularly, fathers and uncles advised them to have fewer children whereas most older males indicated that they started discussing this matter with their wives after having a few children. A few older males indicated that their wives did not agree with their opinions of having fewer children and a few indicated that they never discussed it with their wives. Most older males indicated that elders in the family indirectly influence in this matter but friends give advise on family size.

RURAL MALES

1. Wife has to follow whatever the husband says. Men consult their wives but do not act upon their will. It is not the tradition to discuss with wives.

Most men expressed that since male opinion is honoured in our society therefore, a wife has to follow whatever the husband says. Moreover, children are considered to be a man's need that is why male opinion is honoured. Men also expressed that they consulted their wives but did not act upon their will as often there were conflicting opinions in terms of the number of children and family size. Some men felt very strongly that it was against the tradition to discuss the number of children and family size with wives.

"After having our first child we thought about spacing, after second child we decided that three are enough." "Male opinion is honoured in our society. Wife has to follow whatever the husband says." "Children are a male's need that is why male opinion is honoured." (M8)

"It is obvious that children are given birth with the wife's consent." "My wife does not desire children, she says that one is enough." "We definitely consult our wives." "I do not consult my wife." "No wife wants more than two children because she has to face the child's problem right from pregnancy to the growth of the child." "I asked my wife for one more child but she denied." (M10)

2. Childbearing is natural and unplanned. It does not involve any decision making between couples. God gives children.

Some men mostly illiterate expressed that they do not discuss about children with their wives because children are God gifted. Childbearing is unplanned because it is considered natural and birth of children can not be stopped. It is a continuous process and does not involve any decision making or consultation therefore, men do not discuss the number of children with their wives.

"In villages, people think that children are a blessing of God." "My mother in law has advised both me and my wife for few children." "They do not say anything on this topic. It is a matter of shame." "My mother in law advised for two children." "My friends are in favour of two or three children." (M8)

"We do not discuss with each other." (M2)

"We do not discuss with our wives. Childbearing is all unplanned." "We think this is all natural. We can not stop children." "We do not consult each other. The process continues and new children are born regularly. Then we realize the problem when it is too late." "We never discuss with each other. It is not our tradition to discuss with wives." "In the past, our parents and relatives felt happy by having many children. But in today's situation, everyone is thinking for a small family size." (M12)

3. Men's attitude are changing and they have started consulting their wives on the number of children and the need to limit family size.

Some men indicated that the attitudes of men in general are changing. Men have started consulting their wives on the number children and they have started realizing the need to limit family size due to the economic pressures.

4. Wives do not want more children, so men have to impose their decision.

Most men indicated that since wives refuse to have more children when they are consulted and the number of children is discussed as they have to look after them, men have to impose their decision as they want more children.

"We consult our wives but we do not act upon their will. We both have different opinions." "We have mutually decided the size of our family." "One can produce children when she is willing." (M9)

5. Parents do not talk directly about family size of their children but they have the desire for a large family.

Some men indicated that family size and the number of children is not openly discussed by elders of the family but indirectly they try to influence couples to have children as they have the desire for a large family. Some men on the other hand, indicated that the elders in the family particularly, mothers in law often influence couples on family size. A few men indicated that they were advised to have fewer children by their elders particularly their mothers in law.

6. In villages, it is a matter of shame to discuss about the number of children. Educated people can discuss on this matter.

Some men indicated that it was considered shameful to talk about the number of children and family size in front of parents and elders and the elders never discussed this matter. It was upto the couples to take their own decision about the number of children.

"My father wants five or six children so that he can play with them." "My parents do not say anything in this regard." "My parents are satisfied that I have few children. They advise me to make their future secure." "My parents realise the problem of having a large number of children, as we are five brothers and sisters." (M7)

7. Mothers in law often advise and influence couples on family size.

Some men indicated that mothers in law mostly took interest in the family size and number of children. They have often been asked by their mothers in law to limit their family

size and have fewer children.

8. The attitudes of elders are changing. Every one is thinking about small family.

Some men indicated that the attitudes of the elders are also changing in general. Now they realize that couples can not afford a large number of children as during their times due to the present economic pressures. Therefore, they have started realizing the need for small families and sometimes advise the couples to limit their family size and have fewer children.

"Old parents want us to produce more children but they do not desire for twelve." "This is a rural environment, people look at their past history, our parents think that their only son should have five or six children." "Our parents do not talk on this issue with us." "Parents do not talk directly about family size of their children but they desire for a large family." (M9)

9. Friends, relatives and neighbours sometimes influence couples on family size.

A few men indicated that friends, relatives and neighbours sometimes gave suggestions and advise to couples on family size and try to influence them. Sometimes neighbours discuss the number of children with their wives and advise them to limit family size.

"When my friends come to know about any delivery case, they tell me to stop having children." "My wife was asked by a neighbour for more children, but she refused to do so." (M10)

USERS VS NON USERS MALES

Most male users indicated that they discussed the number of children with their wives. A few men however, emphasized the importance of male opinion given the male dominated social structure. Some men also emphasized that their wives did not want more children. Some users males indicated that their parents did not interfere in this matter and were satisfied with the existing number of children. Some men indicated that their mothers interfered and planned their family size. A few men indicated that it was considered a matter of shame for elders to discuss this matter particularly in the rural areas. A few men indicated that friends interfered in this matter and ridiculed them if they had two children only and advised them to stop having children in case they had too many.

Most male non users indicated that they do not discuss the matter with their wives and that children were considered to be God gifted and it was against the tradition to discuss it with wives. The non users indicated that elders in the family do not discuss this matter with couples except for mothers and sisters.

YOUNGER VS OLDER MALES

Both younger and older rural males indicated that it was shameful to talk about children with couples in the traditional set up. A few older males indicated that only the mothers and sisters took interest in this matter. There appears no distinct attitudinal difference however, between the younger and older rural males.

4. PWP OBJECTIVES, FAMILY PLANNING AND FWCs ---- INFORMATION, KNOWLEDGE AND AWARENESS.

4.1 SOURCES OF INFORMATION ABOUT FP, ROLE OF MEDIA, SUGGESTIONS.

URBAN FEMALE USERS

1. Women are familiar with the PWP logo and understand its meaning. "Two children make a happy family".

Almost all female urban users were familiar with the logo of the PWP and understood its meaning that "Two children make a happy family". They had seen it in clinics, Family Welfare Centres, hospitals and railway stations.

"I have heard and watched this logo on TV, radio and in the hospital. Two children make a happy family. Now every household has its own TV set. So they watch on TV about FP. Actually, they do not want to practice FP." (DOC8a)

2. FP messages are telecast through TV every day on the need to have fewer children and on the need for spacing births.

Most women users indicated that they had seen family planning messages on TV about small family and need for spacing births. They referred to the TV advertisement on "Two children make a happy family" and the advertisement of "Sathi". Some women also indicated that they had heard FP messages on radio and a few had seen it in newspapers.

A few women objected to the TV advertisements on FP. They said that such advertisements arouse the curiosity of children and they enquire about spacing. It gives children an early exposure to such facts of life which is not permissible in our socio-cultural milieu. A few women also indicated that people do not watch TV and do not take the TV advertisements seriously. People are mostly interested in dramas. Messages of family planning should be communicated through dramas and discussions on TV.

"The government says that there should be fewer children. Only two children are enough. Messages about small family are shown on TV everyday. It is shown on TV that the number of children should be two. Both spacing and contraceptive surgery should be exercised." (DOC8a)

"The FP messages should not be telecast on TV because our children ask us: what is spacing?" "People have no time for TV advertisements, they only watch dramas. Women have many misconceptions." "Two children make a happy family, I have seen this picture everywhere, in the railway stations, on the roads, and in the hospitals and dispensaries. We come to know from each other." (DOC3a)

3. Women do not agree with the PWP message of having two children.

Most women indicated both directly and indirectly that although the PWP message was meant for the benefit of the people and motivating them to adopt the small family norm and have fewer children, they however, did not agree with the message of having two children only, due to various socio-cultural reasons. The major reason for not agreeing with two child family was the high rate of infant mortality. If a couple has two children only and both die then they would be left childless. The other important factor was son preference.

4. Government should convince men for having fewer children. Women understand the advantages of small family.

Most women emphasized the need to educate and convince men on the advantages of having a small family. Men are conditioned to think in a certain way either due to religious beliefs or other socio-cultural factors and desire more children. They do not plan their family size and leave it to the fate. Women generally do not want more children and understand the advantages of small family because they have to manage their households with their husbands' limited incomes and have to look after the children. Childbearing also affects their physical health. But women can not do much without their husbands' consent, support and understanding.

"I think the government wants people to have more children so that the size of the armed forces can increase." "Two children are enough but one should have four. The government tells us that small family is happy family. It is not true." "Government should convince men. I was bold, other women are not. They are scared of different things like mothers in law. I really took a bold step. Everyone discouraged me and I was even told that I would be divorced, but I was determined and ready to face whatever came and will not have any more children. People should talk to men and explain to them and tell them the advantages of having fewer children. Men do not know anything except making women have more children. Women understand the advantages of a small family." "My youngest son is five years old, he asks me about the

advertisement (referring to Sathi's advertisement) on TV. I tell him ask your father, it is for him." "Most of the people do not have information and do not know about family planning. They are not scared. Men need to talk to men. Male doctors should talk to men. Men do not respect women who talk of FP, so women should not talk to them." (DOC10a)

5. Most people do not understand the advantages of having a small family. They do not have information and do not know about family planning.

Most people do not have enough information and knowledge on the advantages of having a small family and the importance of family planning. They have various misconceptions about family planning. They often feel threatened that they are being forced to stop producing children which creates negative implications of family planning in their minds. They need to be educated on family planning, the concept of voluntariness in adoption of FP and the short term and long term benefits of having a small family to raise their level of awareness and consciousness about family planning.

"The government says there should be two children. I have heard on TV and radio. The government has introduced FP methods for birth control." "The government should provide other methods rather than providing contraceptive surgery to stop childbirth. We commit a sin by having contraceptive surgery." (DOC9a)

YOUNGER VS OLDER FEMALES

Both younger and older female users are well aware of the family planning messages telecast through TV and both emphasized the need for more information on family planning. There appears no distinct attitudinal difference between the younger and older females in terms of their perceptions of the family planning messages except that some younger females objected to the advertisements of condoms (Sathi) on TV as it raises the curiosity of children. The younger females also emphasized the need to motivate and educate males on the advantages of small family and use of family planning.

URBAN FEMALE NON USERS

1. Women not using family planning know about family planning and have the concept of spacing through TV, radio and newspaper.

Most urban female non users indicated that they knew about family planning and had seen or heard its messages on TV, radio and elsewhere. Some of them were aware of the concept of spacing and advantages of having fewer children. These women were however, neither motivated themselves nor were their husbands to be willing to adopt family planning. These women had limited knowledge about family planning and often had various misconceptions about FP.

"Messages should be telecast on TV about family planning. My husband also watches this message on TV." "The advertisement of Sathi is also telecast on TV. Spacing is necessary." (DOC3)

"Fewer children make a happy family." (DOC4, DOC10)

2. The main source of knowledge about family planning is TV and radio. Friends and neighbours are the other sources of information.

Most women indicated that they came to know about family planning through messages on TV and radio and by talking to friends and neighbours. Women who know about family planning or use family planning often talk to other women and disseminate information. Therefore, both media and interpersonal communication are major sources of dissemination of FP information and sources through which people learn about family planning.

"FP methods should be telecast on TV. In the same way as it is shown on TV that what a women should do during pregnancy, the FP methods should also be advertised on TV." "Government says that two children make a happy family but four children make a good size." "The main source of knowledge about FP is TV and our surroundings." "Radio, friends and neighbours are the other sources of knowledge and information." "Now we can see the sign everywhere, on the corner of every street." "It also appears on the TV. When I see the logo I think that two children make a happy family and spacing is an important and necessary factor which I had ignored. It would have been good for me to practice spacing." (DOC11)

3. Women do not agree with the message of having two children. They agree with having fewer children but fewer should not mean two necessarily.

Most non users indicated directly or indirectly that although the government's family planning messages were directed towards their own benefit but they did not agree with having two children only due to various socio-cultural reasons. A few women however, agreed with the message and wanted two children only.

"Children should be two, I have heard. If there are only two children and both are dead then what will be left for us. Now the government should announce for four children instead of two." "If people are told about four children then they will have more than four." (DOC12)

4. Women need more information on family planning, concept of spacing and limiting family size and various FP methods.

Most female non users indicated that they had limited knowledge of family planning. They wanted to know more about various family planning methods and their advantages. They emphasized the need to provide more information on family planning which was identified as a major factor for non use. Some women have the concept of spacing and are aware of at least one or two methods but are not using FP either due to their own fear or because their husbands do not allow them.

"Government gives its message on TV and radio, there are posters also. People should cooperate. People need more and more information." (DOC13)

5. Spacing and limiting family size is only possible if husbands want it. Men need to be educated on advantages of small family and importance of family planning.

Most women indicated that they were unable to adopt family planning and space and limit births because their husbands did not allow them. The husbands do not know much about family planning and consider family planning to be contraceptive surgery only of which they are often against. There is an immense need for educating men about family planning, various methods and the advantages of having a small family. Women are constrained by their husbands' will and hence they can not do much about family size without their husband's consent.

6. Most people perceive FP as birth control.

Some women indicated that their husbands only knew about contraceptive surgery and considered family planning to be a campaign against giving birth to children and stop having children. They were not aware of spacing, various family planning options available and the voluntariness in using the options.

YOUNGER VS OLDER FEMALES

Most younger and some older female non users were well aware of the family planning messages disseminated through TV, radio and newspapers about spacing and small family. Some non users are misinformed about the number of children propagated in the messages. Some younger women expressed that they did not agree with the message of two children. Both younger and older women emphasized that the major source of FP information was TV. The other sources were radio, friends, neighbours and video films. The younger non users appear to have a greater awareness about spacing and family planning as compared to older non users.

RURAL FEMALES

1. Women have not seen FP messages on TV, they have heard on radio and seen the logo in the FWCs. Husbands do not like radio and TV.

Most women indicated that they had not seen FP advertisements on TV as they had no TV. Some women said they had heard FP messages on radio and a few had seen on TV. A few women were familiar with the message of "Two children make a happy family". Some women also indicated that their husbands disliked TV and radio. A few women had seen the logo in railway stations, clinics and dispensaries etc. Some women mostly users had seen the logo outside the Family Welfare Centres.

"Government says that there should be fewer children. Only two children are enough." "Messages about small family are shown on the TV everyday." "Lectures should be given to the people that fewer children are good and that they should space their births." "I have never seen an advertisement on TV." "If there is TV in all homes then women can come to know about it." (DOC1a)

"I do not have TV but I have heard on radio about FP, I never pay attention. Only we listen to news at night on radio." (DOC6a)

"I have never heard of any message of FP anywhere." "My husband does not like TV." "Our husbands do not like radio and TV." "It is the own will of the public to give birth to children." "I do not know about FP methods. I do not want to use any method. I think that FP is a sin and creates diseases. I have lot of fears. My husband says that FP methods should not be used." (DOC2)

2. The villagers should have more knowledge and information on FP, they do not have clear concept of spacing and family planning.

Most women expressed that there was need to disseminate more information on FP in order that couples adopt it. Most women and men in rural areas do not have clear concepts about spacing, limiting births, family planning and its various methods. There is immense need to disseminate information on family planning and to educate people in order that they understand its advantages and adopt it.

"We came to know from TV, radio and from this Family Welfare Centre." "We came to know from TV and radio that the number of children should be three or four." "The villagers should have more knowledge. When the neighbouring people gather, we tell them that by using FP methods their home atmosphere will become pleasant and healthy." (DOC4a)

3. Women come to know about FP through Family Welfare Assistants (FWAs) and through other women.

Most women particularly the users and some non users come to know of family planning through the Family Welfare Assistants and also through other women who have used family planning and have been satisfied with its use.

"The Family Welfare Assistant gives us suggestions to practice family planning. It depends on us. Their (husbands and mothers in law) minds can not change. Everything depends on husband's will. If husband wants then spacing can be possible." (DOC14)

4. Women do not know about FP methods. FP is a sin and it creates diseases so women dislike it and is considered a bad thing.

Most women indicated that they did not know much about FP methods and that they considered it a bad thing because it was a sin and caused diseases. Most non users expressed strong negative feelings against the use of family planning. There is therefore, a strong need

to educate these women on the concepts of family planning and its advantages in the interest of their own and their children's health.

"I have the knowledge about FP but I am helpless. I know about spacing. God gives spacing and my youngest child is five years old." (DOC1)

"In my neighbourhood, not a single woman practice it. All say that family planning is a bad thing." (DOC2, DOC7)

"God knows how spacing takes place." "I practice spacing by not sleeping with my husband." "We think that spacing is good and natural spacing is better." (DOC7)

"I have heard that ear drops are used for spacing." (DOC8)

USERS VS NON USERS FEMALES

Most users and non users indicated that they did not have access to TV but had heard FP messages on radio. Some users and non users were however, well aware of TV messages. FWCs were a major source of disseminating information on FP. Some non users indicated that their husbands were against their watching TV and also against the use of FP due to religious and cultural reasons. Most users and some non users were well aware of the messages and agreed to having fewer children but the non users indicated that they were helpless against their husbands' will.

YOUNGER VS OLDER FEMALES

Both younger female users and non users appear well aware of spacing and need to have fewer children through their exposure however, limited to the media, through FWCs and their interaction with others. The non users however, appear to be constrained by their husbands' will. The younger users emphasized the need for more information on family planning. The older women appear less aware of the need to limit family size and had limited information about family planning messages.

URBAN MALES

1. Men come to know about FP through TV, radio, newspaper, and sometimes through group discussions.

Most men including users and non users indicated that they come to know about family planning through TV, radio and newspapers. A few men said that they had attended group discussions on family planning which added to their information. Most of these men were familiar with the PWP logo and understand its meaning that "fewer children make a happy family". A few men particularly non users indicated that they had never seen any family planning advertisement and had no knowledge about family planning.

"TV advertisement shows that fewer children means a happy family." "In fact they can not show it on TV in detail. I understand this message. I really enjoy this advertisement that fewer children make a good life." "The duration of the advertisement must be increased and it should show the advantages of family planning. This advertisement should be telecast five or six times daily." (M1)

"We sit together and some one says that there is a hospital, go there, the doctor is a good person, consult him." (M9)

"Newspaper carry the message to public at larger scale. Educated people can read it for illiterate people." (M5)

"It is presented on TV that people should have two children but no one acts upon it." "There was a man along with a woman, they visited door to door, they emphasize that there will be prosperity if you have fewer children." (M4)

2. TV messages are not clear and are too brief. "Two children makes a happy family" this is all they say. Very few people are able to follow the TV advertisements.

Some men particularly non users expressed that the TV messages were too brief and not clear. The only message they convey is "two children make a happy family". They feel that the duration of the advertisements must be increased. The messages should be telecast more frequently and they should demonstrate the advantages of family planning. They felt that the TV advertisements should emphasize the negative economic and health implications of a large family and propagate that the number of children desired by couples should be financially affordable so as to give a reasonable standard of living. TV programme should also include discussions on family planning methods.

"Our TV should show some discussion programme. People ignore the TV advertisements as a simple song." "We will adopt FP if we get proper information." "They should properly educate us." (M3)

"Nobody is familiar with family planning in this locality. I when a man meets with his wife, there is no control." "TV messages are not very clear. Two children make a happy family, this is all they say. The theme of the TV message should be that one should produce children according to one's income. We did not understand it that's why we did not act upon it. Please tell us what is the message and how it can be applied. Advertisements appear on TV but how many people have TV." (M5)

"Very few people follow the TV advertisement." (M13)

3. Men do not know about family planning. There is need to disseminate more information through various channels. Men will adopt family planning if they get proper information.

Some men indicated that men often do not know enough about family planning and its methods. There is need to disseminate more information on family planning through nation wide communication campaigns. If men are properly educated and have proper knowledge about family planning, they will sooner or later adopt it. Most men are not aware of the male sterilization method either.

"I have no knowledge about family planning, I have never heard about it." "This is not a good programme." "Newspapers, TV advertisements introduces me to the FP programme." (M3)

4. Men often get information on family planning through their wives who visit the FWCs.

Some men indicated that their wives tell them about spacing births and the various family planning methods about which they are mostly unaware. Their wives visit the FWCs from where they get these information or by talking to users.

"I was told by my wife that there is a programme of four to five years spacing between children started by the government. Women visit the centres and then they talk to their husbands. Moreover, there is a FWC in our street." (M15)

USERS VS NON USERS MALES

Both the male users and non users are well exposed to and aware of family planning messages, TV being the major source of information. Both indicated the need for more information on family planning. The users indicated that the TV messages are very brief and emphasized the need to provide more information through plays and discussions on TV. The non users emphasized that the TV messages were not clear and they were not able to follow them.

RURAL MALES

1. TV, radio, newspapers, films, group discussions and FWAs are the basic channels for dissemination of FP information.

Some men mostly users indicated that they were familiarized with family planning through TV, radio and newspapers. Some men indicated that they came to know of family planning through group discussions held occasionally by visiting teams or through discussions with the FWAs at times. A few men indicated that they had seen films on family planning but these films were not liked by people because of their religious beliefs. On the other hand, most men felt that such films should be shown regularly.

Some men were familiar with the PWP logo and understood its meaning. Some men indicated that the TV message is not effective as it is too brief and not understandable. They felt that details on family planning concepts and methods and clinical programmes should be presented on TV. A few men felt that male sterilization should be focussed in the advertisements. Some men mostly illiterate indicated that they were not familiar with the logo, did not understand the message and did not know about family planning.

"I got the knowledge of family planning through TV and radio." "They had shown a film a few years ago." "I got the knowledge about family planning through the male motivator Mr. Nasir but I did not care." "I have seen the signboard but I do not know about the programme." "There should be fewer children so that our country will progress." "The programme personnel had shown a film in our village which was about a small family, the welfare of the parents and the country." "Fewer children are good for a happy family but if one of them dies then what will we do." (M2)

2. The PWP programme is considered a programme to stop children and not a welfare programme.

Some men felt very strongly that the PWP was just meant to stop producing children and did not mean the welfare of the people. Except for offering some simple medicines for general ailment the programme did not have much to offer to people.

"In my opinion, there is no welfare programme but there is a programme to stop children. We did not see any welfare programme." "Now a days, we are watching something on TV. Government is thinking about family welfare, but they have not done anything so far." "The FP officials ask us to adopt FP but they themselves have four to five children." (M12)

3. In the absence of electricity in villages, TV has limited coverage. Therefore, radio, pamphlets and brochures and interpersonal communication channels should be used to disseminate information and educate people on family planning.

Some people expressed that dissemination of messages through TV has limited coverage given the lack of electricity in rural areas. They felt therefore, that radio, pamphlets and brochures, door to door visits and group meetings were viable channels for disseminating information on family planning, educating and motivating people in rural areas.

4. The knowledge of males is limited on family planning. If males are educated and motivated their wives will follow given the tradition.

Some men indicated that they did not know about family planning and just had heard its name and most men did not have adequate information. They felt that there is a strong need to educate and motivate the men in order that they allow their wives to practice it since wives could not independently practice it, without the permission of their husbands.

"Today I saw this logo for the first time." "I have seen this photo but I am illiterate." (M2)

"I have no knowledge about the programme." "I have seen on TV." "I heard the name of FP but do not have the knowledge." (M14)

5. Men understand that fewer children are good for a happy family but they do not agree with this message.

Some men indicated that they knew and understood the family planning message that fewer children make a happy family but they did not agree with it due to the fear that if they had two children only and both died given the high rate of infant mortality then they would be left childless.

6. The TV commercials on family planning are meant to earn money. They do not educate people on use of various methods.

A few men indicated that the TV commercials (referring to advertisement of Sathi) were just gimmicks for earning money and were not meant to educate or motivate people to adopt family planning. The various FP methods and their use are not discussed in TV programmes.

"There is an advertisement on TV saying that "Sathi" is for good family. This is all for earning money. They did not tell us how to use condoms. They only say that two children make a happy family." (M12)

7. FP messages through the electronic and printed media should be communicated in regional languages to have a widespread impact for those who are illiterate and have limited understanding of Urdu.

Some men felt strongly that the family planning messages should be communicated to the various segments of the population in their regional languages because mostly people in rural areas were illiterate and had limited understanding of Urdu.

"I am illiterate, I do not understand Urdu, I only understand Punjabi. I have never seen TV because I do not have TV." "They arrange film shows, but in our village people do not like this, they are religious." (M1)

"TV advertisement is not successful." (M10)

8. Men come to know about FWCs through their wives.

Most men particularly the users indicated that they came to know about FWCs and its facilities through their wives who visit the centres either for family planning services or for the treatment of general ailments.

USERS VS NON USERS MALES

The male users indicated that they come to know of family planning through male assistants and their wives who visit the FWCs. Some male non users indicated that they were familiar with the TV messages on FP but most non users did not agree with the TV advertisements due to various socio-cultural factors.

4.2 AWARENESS OF PWP OBJECTIVES FOR FAMILY PLANNING AND FWCs. URBAN FEMALES

1. Women are generally familiar with the PWP logo.

Most women in urban areas were familiar with the PWP logo and understood its meaning that "two children make a happy family". They had seen it in clinics, FWCs, hospitals, railway stations, radio and TV. Some women in urban areas were not clear about the meaning and said that the government wanted couples to have three to four children. A few women had not seen the logo at all and did not know what it meant.

2. Women are generally familiar with the TV messages.

Most women said that messages about small family are shown on TV every day. It is shown on TV that the number of children should be two. Most women said that fewer children make a happy family and that FP is a good thing but only some agreed with the message of two child family. Most women in urban areas wanted four children, two sons and two daughters and considered it to be their ideal family size.

"Fewer children make a happy family, one boy and one girl." "Children should be two, I have heard. If there are only two children and both are dead then what will be left for us. Now the government should announce for four children instead of two." "In the early morning a programme on FP is broadcasted on radio in the village. On TV, the famous TV actor Firdous Jamal says "a home having fewer children is a happy family." (DOC9)

"Prime Minister Nawaz Sharif has said that children should be fewer." (DOC10)

"Government says that two children make a happy family, but four children make a good size."

"The main source of knowledge about FP is TV and our surroundings. Radio, friends and neighbours are the other sources of knowledge and information. Video films are also helpful

for disseminating information." "Now we can see the FP sign everywhere, on the corner of every street. It also appears on the TV. When I see the logo I think that two children make a happy family and spacing is an important and necessary factor which I had ignored. It would have been good for me to practice spacing." (DOC11)

RURAL WOMEN

1. Knowledge and awareness of FP is rather limited in rural areas.

In rural areas, only few women had seen the logo on TV, FWCs and elsewhere. Most of the rural women particularly, the non users were not familiar with it and had not seen it. Most rural women did not agree with the message of "two children make a happy family." They desired five to six children with at least three to four sons.

"The government wants people to have two children. Yet the government says that there should be two sons. Without having two sons they do not do contraceptive surgery." (DOC8)

SUGGESTIONS

The following suggestions were made by urban and rural women for improving the PWP publicity:

1. Women indicated that the knowledge of FP was limited due to lower literacy rate hence there was need for disseminating information on FP and mobile groups can play an important role in such interpersonal communication campaign. Group meetings should be organized and lectures should be given to people on advantages of small family and importance of spacing. The programme personnel should visit door to door and tell people about the location of FWCs.

2. Some women suggested that FP methods should be advertised on TV in the same way as programmes are presented on what women should do during pregnancy. A few women on the other hand, suggested that FP messages should not be telecast on TV because it arouses the curiosity of children. Most women however, indicated that there was need for more information on FP and various methods.

"People come to know about FP from conversation with each other." (DOC3a)

3. Women emphasized that men need to be motivated and educated about the advantages of small family and family planning. Some women emphasized the need to telecast more messages on TV about FP. They referred to the advertisement of "Sathi" and the need for spacing.

4. Video films should be made on FP and showed in various group meetings.

5. It was suggested that the addresses of FWCs should be advertised on TV with guides for the bus routes.

6. Small brochures should be distributed to every house with the addresses, location of FWCs and bus routes.

7. Some older women suggested that young girls should not be employed as FP motivators as they consider older women to be more suitable for this purpose.

"It is better that elderly women motivate other women. We can not listen to a girl of our daughter's age. Those women who are poor and their husbands are dead should be employed for this programme." (DOC6)

8. In order to motivate people effectively it was also suggested that for motivation of different ethnic groups, men/women from the same ethnic group should be hired as motivators.

"It is good to employ Pathan female motivators for pathan non users. Even if they are uneducated they can work properly." (DOC6)

9. The need to establish more FWCs with proper staff was also emphasized along with outreach services.

URBAN MALES

1. Urban males are in general familiar with FP.

Most urban men including both users and non users indicated that they were familiarised with FP through TV, radio, newspapers, group discussions and through the male FWAs. They were familiar with the objectives of the Population Welfare Programme and had seen its logo on TV, newspapers, magazines, roads, buildings, FWCs hospitals etc. Most of these men understood the meaning of the logo: two children make a happy family.

"This is the logo of some department just like a feature film advertisement" a non user said." (M3)

"They had seen FP messages on TV about the two child family and heard it on radio. Some of them had also seen the advertisement of Sathi on TV. Some complained that the TV advertisement was not clear. "We did not understand the TV message that's why we did not act upon it. Please tell us what is the message trying to say and how it can be applied. Advertisements appear on TV but how many people have TV." (M5)

"Very few people follow the TV advertisements." (M13)

"The TV advertisement shows that fewer (two) children make a happy family. In fact, they can not show it on TV in detail. I understand this message, I really enjoy this advertisement that fewer children make a good life" "The radio advertisement is just like a radio song for people, they do not understand it." "The government wants to decrease the population so that the country can become prosperous. The government has started this programme due to unemployment and problem of housing. The government wants to improve the mother's and child's health." (M1)

2. Literate men are conscious of the advantages of small family and realize the need for FP to at least some extent.

Some men who were literate indicated that they agreed with the objectives of the PWP and visited the FWCs to cooperate with the government in controlling the rate of population growth as resources were limited and that it was in their individual interest also to control their expenditures in the face of high inflation and limited incomes and give education and other facilities to their children which was only possible by having fewer and properly spaced children. They referred to the advertisement of "sathi" on TV.

3. Need for educating people was emphasized.

Most men emphasized the need for educating people on FP by providing more information on various aspects of FP through electronic and printed media and through interpersonal communication "we will adopt FP if we get proper information."

RURAL MALES

1. Men come to know about FP and FWCs either through the FWAs or their wives.

Most rural men who use FP said that they came to know about FP/FWCs through the male FWAs and their wives came to know through female FWAs. A few men indicated that they came to know about FP through TV, radio and group discussions. These men were familiar with the FP messages. Most of the rural non users said they did not know about FP and the FWCs.

"Fewer (two) children are good for a happy family but if one of them dies then what we will do." (M2)

"There is an advertisement on TV saying that "Sathi" is for good family. This is all for earning money." "They do not tell us how to use condoms, they only say that two children make a happy family." (M12)

"I have seen this logo many times on TV, this logo shows a happy family. If there are two children then one would live happily and the country will progress." "Today I have seen this logo for the first time." "I have seen this photo but I am illiterate." (M2)

"Film shows are arranged in our village, but people do not like it, they are religious." (M1)

"The logo shows that there are two children with husband and wife. They are managing their children with limited resources." "Few children occupy small place, this is the message of the logo." "The TV advertisement shows that control your children, produce few children so that you can manage them easily." (M8)

"The TV message is not effective, it is too brief and not understandable." (M9)

"In Sindh, we think this is all natural. We can not stop children, even family planning programme can not stop this." "In my opinion, there is no welfare programme there is a programme to stop children. We have not seen any welfare programme." "The FP officials ask us to adopt FP but they themselves have 4-5 children." (M12)

SUGGESTIONS

The following suggestions were made by men in both urban and rural areas:

1. It was suggested by men that a continuous nationwide communication campaign should be launched by the government. The TV and radio advertisements should be direct, explicit and

simple. Documentary films, plays and dramas on FP should be presented on TV with focus on choice of methods, their use, male methods and clinical aspects of FP. The duration of FP advertisements on TV and radio must be increased and presented more frequently. FP messages should be designed according to our cultural background and should focus on the economic and health implications of FP. Stage shows and film shows on FP should be presented in rural areas for mass education on FP. Such efforts will lead to wider adoption of FP and even acceptance of male sterilization if it is properly focussed in the advertisements.

2. Conventions and group meetings on FP should be held in which programme personnel, lady doctors, local leaderships and various target groups, for instance, young couples should be involved. Union council platforms and other institutions should be utilized for this purpose. Charts and other audio visual aids should be used to explain advantages and disadvantages of FP and the various methods to create better understanding of FP.

3. The FWCs should emphasize male motivation which is almost non existent. Female motivation should also be given more attention through interpersonal communication by door to door visit particularly in the rural areas where there is no electricity and TV. Calendars, Pamphlets, brochures and other publicity materials can be printed and distributed for publicity of FP and FWCs. Misconceptions about FP and fear of side effects should be removed through such motivational campaigns and counselling services.

4. The programme should be expanded to the villages where people have six to eight children on average by establishing more FWCs.

5. Medicines and contraceptives should be regularly made available at the FWCs as there is always complaint of shortages of medicines. 6. The FWC staff should be better trained in clinical aspects of FP so that they can provide better guidance and information about various FP methods, their effective use and possible side effects.

7. It was suggested that the government should remodel the FP programme like the immunization programme which will be more acceptable.

"Government should start a programme on basis of immunization programme people will accept this programme they should arrange free camps in different areas and doctor should inform people." (M3)

8. It was suggested that the government should enforce legislation and declare an ordinance that every newspaper should reserve half a page for Population Welfare Programme because newspapers carry messages to public at a larger scale and educated people can read it for the illiterates. The government should also adopt an insurance policy programme for FP motivation.

9. The Social Welfare Organizations can be used for promotion of FP. Zakat funds can be used for this purpose.

10. FP centres should be established in every hospital where information on FP can be provided.

11. Medical help should be provided to women with severe side effects of FP particularly those having IUDs and surgery; the follow up system of service delivery should be strengthened so that satisfied clients can be effectively utilized for promoting FP.

4.3 KNOWLEDGE OF FWCs, FUNCTIONS AND FP METHODS.

URBAN FEMALES

1. Women living in the vicinity of FWCs are familiar with the services offered.

Most women who live close to the FWCs come to know about it. Some women come to know through the female workers and some come to know through other women who visit the FWCs or know about it. Most women who use the centres know about the services that are offered which include advise and information on various contraception methods, delivery of contraceptives, including IUD and contraceptive surgery, ante natal and post natal check ups for cases without complications, advise and treatment for common ailments. Some FP non users who live close to the centres know about it and the services offered. They often visit the centres for obtaining medicines for general ailment or advice. Some non users know about the centres but do not know about the services that are offered whereas some non users do not even know about the FWCs and never visit it.

2. Women mostly visit the FWCs for general treatment and pregnancy check ups.

Most women who visit the centres for obtaining medicines for their children or themselves or for pregnancy check ups belong to lower income groups who can not afford to

go to private doctors and live far away from government hospitals. Some women visit the centres for getting contraceptive supplies, IUD insertions and getting contraceptive surgery done.

"If my child is sick, then I come here and take the medicines. I also take medicines for myself. I mostly visit the centre." "For my pregnancy check up I visited it also. When I become sick I come to the centre." "When I am pregnant I come to the FWC. Time is perfectly right and suitable because it opens from morning till afternoon. People buy contraceptives from other places." (DOC9)

"I came to this centre for check up when I had my first child. I came here only once." "We have many facilities at this centre because we need medicines." "I go to the doctor when I become sick. For contraceptive surgery, women come to the centre." "I usually come here and bring those women to the centre who do not know about it or they want to have contraceptive surgery." "I know about this centre because it is close to my house. I only know that this centre provides medicines." "If some women do not have children they provide them treatment also. Those who have contraceptive surgery, the LHV provides medicines to them. The passers by know that it is the centre of family planning." (DOC10)

"I have come here for the first time. Before I did not know about the centre and never visited it." "A woman came here for injection and she told me that this injection is available in the bazaar at a very high price and is very inexpensive in the centre so you go to the centre and have it. That woman told me that every facility is available in the centre so you take the medicine from the centre. Doctors charge a heavy fees I take the medicines from this centre." "If some woman want to come to the centre I escort her to the centre." "I know that they have check ups for women during pregnancy. They also do the delivery cases etc. They also provide medicines. The centre provides things to practice FP, they give injection and insert IUD." "I know about the FP methods and also about this centre. If I have some problem I come to this centre. I have never used anything." "My neighbouring women visit the centre. All of them know about it. They come to know from each other." "Those women who do not come here, it is their own will or they have lot of money to afford the high fees of private doctors. Poor people come here." "Only those women come to this centre who do not want more children." (DOC10)

"I come here for medicines for my children for cough, fever etc. but I never came here for FP." "Doctor's clinics are at a long distance. The centre provides medical aid. They have check ups for women during pregnancy." "Government should provide more medicines so that we can get medicines for minor sicknesses." "Effective medicines should be available in the centre. A lady doctor is also needed." (DOC12)

3. Women in general are satisfied with the FWC services.

Most women who use centres expressed that the FWCs timings are suitable and they often found the advice useful although the medicines were not often effective. Some women complained that proper treatment of the side effects were not provided, that medicines and contraceptive supplies were sometimes not available and expired medicines and contraceptive pills were given. Most women stressed the need for more medicines, availability of medicines of better quality and the need for availability of qualified lady doctors at the FWCs. Women in general felt that the behaviour of the FWC staff was good. Some women however, complained that the FWC staff unduly charged them for contraceptives and medicines and most non users said that the female workers do not visit their houses.

"They provide medicines and contraceptive surgery. They also provide medicines for common diseases but we get the medicines from government hospital." "I have not visited the centre. People know about the centre. Other women come to the centre." "The staff of the centre does not visit us." "They do not visit us. Even we do not know that why the centre was established." "Its board is seen outside the centre. Women come for contraceptive surgery." "I will never go to the centre because my husband does not want it." "I have never visited the centre but once I went to FWC for abortion. They refused me." "I do not use any method of FP but for spacing I will come to the centre. I will get information from the centre." "Their husbands do not give permission to visit the FWC, no matter they are religious or not. They will never visit it. They think they are committing a sin." "The timing is suitable. Their attitude is good but they do not visit door to door." (DOC3)

"Majority of the women do not visit the FWCs. Some of them visit FWC for temporary use of FP." "If the motivation is good then every one will listen to them and if they work only for money, then it is useless. Now women do not rely on new motivators." (DOC6)

"FWC offers good service, but we do not cooperate with them because we have some inner fears. All the non users women have this problem." (DOC11)

"We do not have to wait at the FWC. There is never any rush. People from FWCs and other clinics provide FP supplies at home. Women do not visit FWCs because they are busy working at home." (DOC10a)

"Women come here from far off places. If one women uses a FP method and this method becomes successful, she tells others about it." (1a)

"People get nothing from FWC because if the staff will not come then how can people get anything. Most of the FWCs are closed. Only the gatekeeper is available there." "FWCs do not give any other facility except for general treatment." "The majority of the people do not know much about the FWCs. These FWCs should be established in the hospitals. In this way, a doctor can send the clients in the FP unit easily and the patient can reach the FWC as early as possible. The location of the FWC is another problem. There are sign boards and guide arrows at the corner of the street but only those people can see these who happen to pass through the area." "It is better to telecast addresses of FWCs rather than the advertisements of FP. The locations should be advertised on TV." (DOC3a)

"They charge ten rupees for condoms. Some charge twenty rupees. Injections are free of cost. They charge ten rupees for IUD insertion." "I go to poly clinic for medical treatment because medicines are not available at the centre. The LHV does not give medicines and I buy it from the bazaar." "Medicines should be available at the centre which they do not have. The LHV does not check up the clients at the proper time." (DOC8a)

USERS VS NON USERS FEMALES

Almost all users are well aware of the services offered by the FWCs and they make regular visits. Women in general were satisfied with the services offered but some complained about lack of proper attention by FWC staff, poor quality and expired medicines and emphasized the need for improvement in the quality of services. They however emphasized that the FWCs were useful for poor women who can not afford private doctors and can not government hospitals located distantly.

YOUNGER VS OLDER FEMALES

Both the younger and older females are well aware of the FWCs and the services they offer. The non users in general have limited knowledge about FWCs except those who visit regularly for treatment for common diseases. Some younger non users associate the FWCs with contraceptive surgery only and their husbands and family discourage them to visit the FWCs.

FP METHODS

1. Women who visit the FWCs including non users generally know about at least a few family planning methods

Most female users who visited FWCs were familiar with various FP methods including condoms, pills, injections, foam, IUD and contraceptive surgery. Some women had switched methods in case a method did not suit them. Most non users were familiar with at least one or two methods whereas a few did not know about any method. Some non users indicated that their husbands used natural family planning method particularly, withdrawal method to exercise spacing. A few women indicated that they exercised abstinence. Most women breastfed their children for at least six months to two years but indicated that they became pregnant during breastfeeding. Only some women were however, aware of the fact that breastfeeding offered partial protection against pregnancy. A few were aware of the male contraceptive surgery method.

"It was thought that during breastfeeding pregnancy will not occur. But now it does not happen. The child was breastfeed for 1-1/2 years and then pregnancy started." (DOC5a)

2. Women in general are misinformed about the timing of chances of becoming pregnant

Most women believed that the chances of becoming pregnant were higher during the week before and after menses which is exactly opposite to what is medically established. Some women were ignorant of about this fact.

"I have heard that after menses if a woman goes to her husband then she becomes pregnant." "Seven days before and after menses a woman becomes pregnant that is why she should take care of it." (DOC12)

"Before and after eight days of menses women should not go their husbands." (DOC5a)

"Three or four days after menses a woman should not go to her husband." "Just after the menses pregnancy occurs." (DOC8a)

3. Women use various traditional methods for spacing.

Some women indicated that they often try various methods for spacing which they come to know from elderly women or neighbours. "My pregnancy occurs during breastfeeding." "After eight months I get pregnant and my breast milk becomes dry." "We use withdrawal method which is the best. I have heard that just after the delivery, if the women eats a lemon then natural spacing for five years occur." "If a women eats a raw egg just after the birth of the child then there is natural spacing." "Men can have surgery also." (DOC8a)

RURAL FEMALES

1. Women come to know about the FWCs through female workers and through other women.

Most women living in the vicinity of FWCs know about them which include both users and non users. Public announcement are sometimes made to make people aware about the FWCs. Women mostly come to know about the FWCs from other women and sometimes they are contacted by the female staff.

"FWC provides oral pills but our husbands do not give permission but now they are changing their minds." "I visit the FWC for check up during pregnancy, they provide useful guidance. The female staff of FWC motivate us to practice spacing and contraceptive surgery but our husbands do not give permission." "We visit the FWC but we do not use FP as we are helpless because of our husbands." (DOC1)

"The announcement was made about the FWC on the loudspeaker in the mosque." "FWA has told me to use spacing on my visit to the centre. I live near to the centre." "Women come here during pregnancy. There should be a lady doctor in the centre because in case of emergency we have to go to far away places and cover long distance." (DOC2a)

2. Women who visit the FWCs including the non users have a fair idea about the services offered at the FWCs

Women who know about FWCs generally know that the FWCs offer medicines for general ailment, information on FP and contraceptives including IUD and contraceptive surgery,

pre natal and post natal check ups and birth delivery services. A few women indicated that they were treated for infertility as well. Complicated cases are however, not handled at the FWCs. Some non users visited the centre exclusively for obtaining medicines, pregnancy check ups or delivering births. Some women did not know about the centres even those living within a reasonable distance from the FWCs.

3. The FWCs are a convenient source of providing treatment for general ailments for women and children in rural areas

Most women in rural areas who use FWCs felt that the FWCs were convenient for them as they have to cover long distances to go to hospitals and doctors. Most women felt that their guidance on FP contraceptives and medicines were useful. The FWC timings are suitable and attitudes of the staff are helpful in general. Some women expressed the need for having doctors at the FWCs and the need for more medicines as they are sometimes refused due to shortage of medicines.

"If we are sick then we come here for medicines." "I do not know about the centres."
"I am against FP. If my child is sick then I come here for medicines." (DOC2)

"They give injections but for 6-7 months they did not have injection. We visit the centre during pregnancy." "We are poor that is why we come here." "FWC is near to us that is why now I come here." "I take my daughter in law to the centre." (DOC5)

"When we do not get the medicines we go back. When medicines are available in the centre we come to the centre." "I get contraceptives for two months." "Condoms are available at the centre." (DOC4a)

"I live near the centre. There should be a centre in every village because people from far off places can not come here." "We come here for delivery cases and take medicines also." "Medicines should be in adequate quantity." (DOC6a)

"I take the pill at night and if I forget then I take two pills the next morning. I take pills before I took injection but it caused heavy bleeding." (DOC4a)

"I know about 'Sathi' "I do not know." (DOC6a)

"I have heard that ear drops are used for spacing." "I have seen that five capsules are inserted in the arm (referring to Nor plant) for spacing for five years." (DOC8)

USERS VS NON USERS FEMALES

Both the users and non users females are well aware of the FWCs and the services they offer particularly those living in their vicinity. The FWC services are utilized by both users and non users. The non users emphasized that they were constrained by their husbands and families to use family planning but they regularly visited FWCs for pregnancy check ups and treatment for common diseases.

YOUNGER VS OLDER FEMALES

There appears no distinct attitudinal difference between the younger and older rural females in terms of their knowledge about FWCs and their services.

FP METHODS

1. Women who visit FWCs including non users know about at least a few methods. Couples also use natural family planning methods

Most women users knew about at least few family planning methods and some had also switched method if a method did not suit them. Some women knew about condoms. Almost all women had breastfed their children for at least a year but most of them were unaware about the natural family planning implications of breastfeeding. A few women indicated that their husbands use withdrawal method for spacing and abstinence.

"People use condoms and withdrawal methods." "I breast fed my two children for one year." "I breast fed for 1.5 years. I became pregnant during breastfeeding." (DOC2a)

2. Women in general are misinformed about the timing of chances of becoming pregnant

Some women believed that the chances of becoming pregnant were higher during one week before and after menses. Most women in rural areas however, were ignorant about this fact.

"One week before and after menses care should be taken." "When the menses start then we do not meet." (DOC2)

"After menses five days a woman should not go to the husband; in these days pregnancy starts. I go to him three or four days after menses." "Five or seven days after the menses a woman should not go to her husband." "One week before and after menses do not go to her husband." "One week after menses are the holidays." (DOC7)

"I take care eight days after and four days before menses." (DOC8)

URBAN MALES

1. Men have limited knowledge about the Family Welfare Centres (FWCs)

Some men indicated that they did not much know about the FWCs. Some had heard or seen the centres and had some idea about the services offered. A few men whose wives use family planning or who themselves use family planning had visited the centres to obtain condoms or to drop their wives. Most men indicated that they were never contacted by the male workers despite that they lived close to the FWCs.

"No body has visited me, there is no centre in our village." "I have no knowledge and no one has visited my house." "There is a centre, their sign board is on the wall." "Staff members of the FWC visited us and told us about FP." "As we have never visited the centre, so we do not know." "I have no knowledge." "They provide contraceptives, my wife told me this." "They give contraceptives, medicines and discuss with females." "I live near the centre, they should visit my house." (M3)

"I do not know, I am listening it from you." "I have heard but did not see." "I do not know." "They distribute condoms. Whenever, I visited the centre, I found it closed. I was told that they have just gone to visit someone. There is no coordination between personnel of FP and the area population. Only watchman was present at the centre when I visited there." (M5)

"I do not know that there is FP centre in our locality." "We are aware of the FWC but never visited it." "There is no centre in my locality and nobody has told me about the FWC." (M13)

"Female staff told my wife about small family and FP but my wife told her that my husband is against FP." (M3)

2. Men come to know about the FWCs through their wives or through male Family Welfare Assistants (FWAs).

Most men who know about the FWCs and the type of services that are offered come to know through their wives who either use FP or visit the FWCs for other reasons. A few men indicated that they have been contacted by the male workers who try to motivate them for FP.

"A male worker came to me, he convince me that I should send my wife to the centre."
"I know this centre is for FP activities. I take condoms from them after one or two months."
(M1)

"Women visit the centres and then they talk to their husbands" "There is a centre in our street." "This FWCs is well introduced in our area. They talk about FP and MCH activities. They give free medicines." (M15)

3. Men often do not visit the centres because they are not allowed to enter.

Most men indicated that they never visited the FWCs because their entry was not allowed at the centres due to presence of female staff. A few men indicated that they had visited the centre to meet the FWAs or to drop their wives to the centres. Most men however, felt that they needed more information about the FWCs and some felt that males should be allowed to visit the centres in the evening hours for FP information and counselling and male staff should be available at the centres.

USERS VS NON USERS MALES

Most users and some non users come to know of the FWCs through their wives and some through the male workers. Most non users indicated that they did not know much about the FWCs except that they offer contraceptives. The users emphasized the need to provide more information about the FWCs through door to door motivation, group meetings and distribution of pamphlets. The users also emphasized that it was difficult for men to visit and communicate with the female workers.

FP METHODS

1. Men in general know about condoms and use it. A few men know about vasectomy but they think it causes impotency.

Most urban men including both users and non users know about condoms however, some feel that its not a reliable method. Most men do not know about male sterilization. Most men do not know much about female methods. Men whose wives use FP with their permission know about the methods their wives use which includes IUD, contraceptive surgery, pills and injections. A few men whose wives do not use FP know about female contraceptive surgery. Some men indicated the use of withdrawal method and abstinence for spacing their children.

"I am using condoms" "My wife is using pills for spacing." (M11)

"I used condom." "I also know about some tubes. Now my wife has got sterilized." "My wife asked me for sterilization and I allowed her because I wanted to get rid of condoms. It is not a nice method." "I did not use any clinical method, I used withdrawal method. This method is successful for me." "Condom is rough and stiff. My wife has got sterilized. I do not know about male sterilization." "There is no surgery for males. They can only use condoms and there is no harm in using this method." (M15)

"Five or six years back they had launched a programme for male sterilization. We control ourself and use abstinence method." "I know about female sterilization." ((M3)

"I do not know about any method for man. Condom's reliability is doubtful. There should be one method for both women and men to destroy germ which produces egg in the ovary." (M4)

"One person told the other to take the raw ingredients of Jalabi (a type of sweet) and give it to his wife." (M13)

"I am using traditional Islamic method (withdrawal) my wife is also using pills which are quite effective. I also know about rhythm method for spacing." (MI)

RURAL MALES

1. Men have limited knowledge about FWCs. They come to know about FWC services through their wives who visit the centres.

Most men do not know about the FWCs and the type of services offered. Some men know about the centres through the sign boards, through their wives who visit the centres for

FP or other reasons or through the male workers. Most men particularly non users think that the centres are only meant for terminating births and hence they do not allow their wives to visit the centres as they consider it sinful and they form their opinion based on hearsay.

"There is a centre in our locality. I have seen the board of the centre but did not ask about the centre, I have no interest." "I know there is a centre with staff. I have seen many females visiting this centre daily. But men can not visit this centre." "Females visit this centre and get medicines. I have only seen the board of the centre. I have never visited the centre so I do not know." "My wife visited the centre two or three times for general treatment. She told me there is a LHV in the centre, a chowkidar and an ayah." "We have strong purdah, so men can not go where women are working. They can only give condoms and nothing else and I do not need it." "They offer mother and child health care." "There are no facilities, they charge ten rupees for an injection." "The male staff visited me and asked me to use condom but I asked him to run away." "He told me that I should have a small family but I did not listen to him." "Nobody has visited me." "I know the person but he never talks about FP." (M14)

2. Men are not allowed to visit the centres due to strict purdah system.

Most men indicated that they do not visit the centres because they are not allowed inside the centres due to the strict purdah system in the rural areas in the presence of the female staff. Men indicated their willingness to get more information about FWCs and its services in order to convince themselves about its usefulness. Some men however, felt that FWCs were offering useful services to women and children in terms of providing free medicines and medical advice.

"I send my wife, she brings pills from the FWC." "Males can not go inside the centre to get condoms or any other methods, women are working there. We feel ashamed asking her about FP methods." (M8)

"A lady doctor (LHV) sits in the centre, the male entry is prohibited, how can we get the contraceptives from the centre." "It is difficult to talk with a female staff from religious point of view. There is no male doctor in the centre." "Staff members cooperate with the patients before the contraceptive surgery because they want to improve their records but after the surgery if anything happens they do not care. After surgery they do not follow up." "They prescribe expensive medicines, so poor people like us can not afford them." (M9)

3. Men are against FP so they have negative attitudes toward the FWCs and some do not take it seriously.

Due to the general lack of awareness about FP, most men have negative attitude towards FP. They either consider it sinful or harmful. Hence they have negative attitudes towards the FWCs and do not allow their wives to visit them as was also indicated by most female non users. Some men do not take the FWCs seriously.

"In the beginning, the FWA was nervous about the reactions from the villagers, gradually he told us about FP." "No one from FWC has met me." "Their staff has contacted us and asked us to adopt FP, but we never think seriously about FP." (M12)

"Abortion and delivery cases are done at the centre." (M7)

"At first people made fun of FWA and said that how FP can stop children. Children are God gifted. But then the FWA explained that children can be spaced and controlled through FP methods." (M10)

USERS VS NON USERS MALES

The male users are well aware of the FWCs and their services which they come to know through their wives and the male workers. They however, emphasized that men were not allowed to enter these centres. Most non users indicated that they knew about the FWCs and the services they offer. Their wives sometimes visit the centres for getting medicines for common diseases. They are sometimes contacted by FWC workers to adopt family planning but they do not take them seriously.

FP METHODS

1. Men in general know about condoms and its use. Some men know about vasectomy. They think it causes impotency.

Most men including both users and non users know about condoms. They however, do not consider it an effective and reliable method. Men do not know about male sterilization. They have very limited knowledge about female methods. Some men know about female contraceptive surgery. Men know about methods their wives use if they are using with their

permission. A few men indicated their use of withdrawal method and abstinence. Men in general, have misconceptions about various methods.

"Condoms are useless, they burst during the process." "People give the condoms to their children for playing." "People use full packets of condoms but still they have 4-5 children." "I know there are injections for spacing." "There are pills for birth aversion." "Pills are used one month for abortion." "Pills are good for abortion." (M12)
"My wife is using pills." "My wife is using injection." "I am using condoms." (M7)

5. USE AND NON USE OF CONTRACEPTION

5.1 FACTORS IN USE OF FAMILY PLANNING

URBAN FEMALES

1. Women living close to the FWCs generally adopt family planning.

Some women who live close to the FWCs and have been motivated and convinced by either FWC staff or satisfied users use FP for spacing or terminating births. These women include both having low parity and high parity who want to use FP for spacing as well as terminating births. They were either not familiar with FP earlier or knew about it but did not adopt it for one reason or the other.

2. Women use FP when they have completed their desired family size.

Women who have completed their desired family size and have the desired number of sons or failed to have a son and had large number of daughters and want no more children use FP.

3. Women use FP under economic pressures.

A few women who are either extremely poor or have moderate income, have given birth to desired number of sons and think they can not afford more children use FP.

4. Women use FP due to health and pregnancy complications.

A few women who have health problems and face complications during pregnancy use FP.

5. Women use FP if they and their husbands are aware and self motivated.

Some women and their husbands understand the benefits of spacing and having small family in terms of its impact on the standard of living so, they use FP including contraceptive surgery. Such people have a level of awareness either due to education, or are motivated by their elders or the media.

6. Women use FP secretly also even if their husbands are not supportive.

A few women use FP secretly because they do not want more children despite that their husbands and in laws do not give permission for using FP. Most women want to use FP and wanted no more children but they are scared of the side effects. Proper guidance and counselling in FP can help such women adopt family planning.

RURAL FEMALES

1. Women use FP if they have completed their desired family size.

Women who have completed their desired family size and do not want more children use family planning particularly contraceptive surgery. Those women who have not yet completed their family size use family planning to space their births.

2. Women use FP due to health problems.

Women who face complications during pregnancy and suffer from health problems use family planning.

3. Women use FP if they and their husbands are self motivated.

Women use family planning if they are self motivated and their husbands are supportive of their use.

4. Women use FP due to economic pressures.

Women use family planning when they face economic pressures.

URBAN MALES

1. Literacy and awareness about FP lead men to adopt FP.

Men who are literate are aware of the advantages of a small family and know about family planning; some use themselves and others allow their wives to do so.

2. Men adopt FP due to economic reasons.

Economic pressure is a major reason for men to adopt family planning. They are motivated by their wives, elders in the family, friends or the media.

RURAL MALES

1. Men who are self motivated allow their wives to use FP.

Men who are motivated and know about family planning allow their wives to adopt it and a few use themselves. Men in general, have a desire for sons and resort to family planning when they have achieved their desired family size.

2. Men are adopt FP due to economic pressures.

Men are mostly motivated by the male workers, wives, elders in the family or friends. Men adopt family planning when they realize economic pressures.

5.2 FACTORS IN NON USE OF FAMILY PLANNING

URBAN FEMALES

1. Husbands do not give permission for use of FP.

Husbands do not give permission because of any of the following reasons:

i. Religious factors

They are against FP and consider it against religion and sinful.

"It is written in the Holy Quran that FP is a bad thing." (DOC2)

"They think that they are committing a sin." (DOC4, 8)

"My husband dislikes it." (DOC2)

ii. Fatalism

They believe that children are God gifted and they bring their own fate.

"My husband says that no problem if we have more children because God gives children and is responsible for their food and shelter." (DOC1) "God gives us children and will also give us food for them." (DOC2, 3,11)

iii. Stereotype gender roles

They think that they are the providers and it is the responsibility of women to keep on bearing children.

iv. Scare of side effects

They are scared of side effects that they hear about and fear that if their wives become sick then they will be unable to take care of the household and the children. They take superstitions and coincidence as evidence of effects of FP to the extent of even fear of death.

"If we become sick then who take care of our children." (DOC14)

v. Lack of information about FP

They do not understand the concept of FP, does not have enough information on FP, and does not understand the advantages of small family.

"I do not know anything about FP." (DOC2) "Doctor says that in case of large number of children FP should be used." (DOC3)

vi. Influence of elders

They are influenced by the elders in the family particularly their parents who want more children and are against FP.

"Mother in law and sister in law say that why I am not producing a child." (DOC1)

"My mother in law has a large number of children and she wants large number of children for me also." (DOC2) "Grandfather and grandmother wants more children." (DOC3, 8) "Mother in law said, keep on producing children." (DOC5)

"Mother in law and brother in law all say that there should be a large kinship, a big family." "Mother in law and sister in law wish to have nephews and grandsons" "My youngest brother in law says that there should be a team of his nephews and they should play together." (DOC8)

"In most of the families mothers in law and sisters in law impose their decisions on the couples and force them to have a large number of children." (DOC11)

2. Fear of side effects among females

Another major cause of non use of FP among women is fear. Most women are scared of side effects and have lot of misconceptions and superstitions about side effects. Most women including non users and users said that the use of injections and IUD causes bleeding, infection and obesity. Pills causes dizziness, bleeding and allergy.

"We are scared because we are uneducated." (DOC11)

"Injection causes pain and bleeding." (DOC3A)

"IUD causes heavy bleeding, obesity, internal swelling and wounds in uterus, dryness of milk, cancer and even death." (DOC3,9,11,12)

"It gets stuck in the abdomen and is often misplaced." (DOC10A)

"It causes wounds in the uterus" (DOC3)

"Condoms bursts and causes increase in heart beat, it does not suit Pakistani people, it causes palpitation of heart and weakness." (DOC3A)

"Pills causes dizziness." "Due to pills I had jaundice." (DOC9A)

3. Perceptions of negative health implications of FP

The non users believe that FP causes different diseases and they are scared by other women.

4. Perceptions of need for nutritious diet for use of FP

Women think that they have to drink milk and eat nutritious food while using FP as they are often told by the FWAs which they can not afford.

5. Failure of realistic perception of the effectiveness and reliability of FP methods

Most women and men who do not use FP indicated that since pregnancy occurs despite the use of FP methods and that no method was totally effective hence they were not in favor of using it.

"He said that even while using condoms pregnancy occurs."

"The rubber used to burst." (DOC9)

"Once my neighbour told me that she had used IUD method but she became pregnant."

"I have heard from many people that even by using FP methods pregnancy does not stop." (DOC10, 13)

RURAL FEMALES

Women in rural areas do not use family planning due to the following reasons:

1. Religious factors

Most women in rural areas considered the use of FP as interference in God's affairs and therefore a sin and hence were against its use. They however, indicated that they believed in natural spacing.

"Majority of the male think that contraceptive surgery is a sin." (DOC14)

"I think that FP is a sin and create diseases." "My husband dislikes FP. It is written in the Holy Quran that FP is a bad thing." (DOC2)

"We think that spacing is good and natural spacing is better." (DOC7)

"All say that family planning is a bad thing." (DOC2)

2. Lack of support from husbands and in laws

Husbands and in laws do not give permission as they are against family planning due to religious or cultural factors.

3. Influence of negative propagation of FP

Women are influenced by the negative propagation of family planning by others that are based on misconceptions due to lack of proper information.

4. Fear of perceived negative health implications of FP

Prevalent fear among both women and men that family planning causes diseases and is harmful for health.

5. Misconception about the need to use nutritious diet while using FP.

The misconception that use of family planning requires proper nutritious diet which can not be afforded by most women.

6. Lack of supportive attitude of doctors and FP workers towards potential clients

The attitude of doctors and family planning workers are often not supportive and empathetic towards the women who visit them which demoralizes and discourages them from the use of family planning.

7. Widespread fear of side effects among females

The widespread fear of side effects of various family planning methods, i.e. heavy bleeding, obesity etc. and various misconceptions about side effects prohibit its adoption.

"Contraceptive surgery causes obesity and various diseases." (DOC2A)

A rural women said, "it is said that IUD is suitable for those who wear something in their nose and ears, I have heard this." (DOC8)

8. Lack of information about FP

Women do not have sufficient information on family planning and the various methods.

9. Desire for sons as a perceived source of social status and power

They want large family with more sons either for old age security or to increase their kinship and clan size which strengthens their power and status in a feudal and tribal socio-economic structure.

"Due to large number of children a family expands and number of family members increases." (DOC1)

URBAN MALES

The reasons that men do not use FP are as follows:

1. Influence of elders

They are influenced by elders who say that children are God gifted and they bring their own fate.

2. Fear of infant\child mortality

They have the presumed fear that if they use FP and particularly, contraceptive surgery after two or four children and their children die then they would be left without children, or without sons.

3. Fear of side effects for wives

They are scared of the side effects and associate FP with various diseases, the treatment of which they can not afford.

4. Negative image of FP

They consider FP a bad thing, it corrupts people and leads them to adultery.

"It is legal and religious to have sex with wives so why should we use condoms." "I am using traditional Islamic method withdrawal." "I also know about rhythm method for spacing." (DOCM1) "I did not use any clinical method I used withdrawal method, this method is successful for me." (DOCM15)

5. FP perceived as encroachment on the freedom to have children and desired family size

Some men resented that they earn food for their children so why should the government or others interfere in their family size.

6. Lack of information on FP

Most men indicated the need for more information on FP which they identified as the basic reason for non use.

7. Use of condoms perceived as hindrance to sexual pleasure

Some men, mostly from low income group indicated that having sex with their wives was their only source of entertainment and hence they did not want to use FP particularly condoms and that they did not bother about their future, as it was not in their hands.

RURAL MALES

1. Lack of information and awareness about FP

Most men do not use family planning themselves nor allow their wives because they do not have sufficient knowledge and information about it. They do not know about the use of FP methods and often feel shy to ask about it particularly, the illiterate men because they think they would be ridiculed. Some men do not take it seriously. Some men know about it but are not motivated enough to be able to adopt it.

"I have seen this sign board, but I do not know about this programme." (DOCM2)

2. Desire for more children

They have not completed their desired family size indicated to be six to seven with at least three to four sons after which they think they would resort to FP. Some men think that it is the responsibility of women to bear children and do not realize the need for limiting family size.

3. Religious factor

They are conditioned by religious beliefs and consider it to be against religion. When they consult the Maulvi, they are told that no one can stop the forthcoming child and that FP is against religion.

4. Perceived negative health implications of FP

Men do not allow their wives to use FP as it is considered dangerous for health. They fear that the harmful effects of FP will disable their wives to take care of the domestic responsibilities and they would not be able to afford their treatment.

5. Influence of elders

Men are mostly influenced by their elders particularly, their mothers who are against the use of family planning because it is against tradition and children are considered to be the blessing of God.

6. Use of traditional methods

Some men want to exercise spacing or are already exercising it through traditional methods of FP but are against modern FP methods as they are considered harmful due to

superstitious beliefs. A few men also indicated that they rather avoid sex with their wives rather than use FP because some tragedy might occur as it is interference in the natural process and nature/God would take its revenge.

5.3 FACTORS IN USE OF FAMILY WELFARE CENTRES

URBAN FEMALES

1. General treatment

Most women including users as well as non users visit FWCs for obtaining medicines for their children and for themselves for common ailments like fever, cough and cold, stomach problems, backaches, headaches, injuries etc. and for getting injected. These women are mostly from low income groups who can not afford to go to private doctors or those who live close to the FWCs.

"Majority of women come to the FWCs for surgery and some for medicines." (DOC1a)

"We come here in FWC for medicines." "If there is some pain they give medicines."

"We come here when we want some medicines and injections. Every thing is provided at the centre like medicines for fever and throat sore etc." (DOC5a)

"They provide treatment for cough, cold and fever." (DOC9a)

"They give medicines for common ailment like cold and cough." "My sister in law goes to FWC for medicines, check ups and injections for common ailments. They give medicines for cough, cold etc." (DOC10a)

"For the problem of gas I take medicines from the centre." "A woman came here for injection and she told me that this injection is available in the bazaar at a very high price and is very inexpensive in the centre so you go to the centre and have it." "Doctors charge a heavy fees so I take the medicines from this centre." (DOC10)

"LHV of the centre gives medicines and injection to our children, medicines for fever and headache etc. are available." "I always visit the centre for treatment because it is free of cost." (DOC11)

"I came here for medicines for my children for cough, fever etc. but I never came here for FP." (DOC12)

2. Ante natal check ups

Most women from low income groups including both FP users and non users visit FWCs for ante natal check ups.

3. Considered useful source of health care

Those women who have used the FWCs facilities either for general ailments or FP services and have found the advice and medicines useful and have developed good rapport with the FWC staff and clinical trust in the LHV, are the ones who form the regular part of the FWC clientele and continuously use the centres facilities. These women often motivate other women and escort them to the FWCs for either medicines for general ailments or FP services and information.

"FWC staff tell us about the different methods of FP and their motivation is good for us." "The FWC staff gives good suggestions." "FWA tells us useful things." (DOC3a)

"We say that you should also visit the FWC and practice FP because there is no problem in it." (DOC1a)

4. Use of FP, spacing and limiting births

Women who do not want more children either to space births or to limit their family size and need information on FP visit the FWCs.

"My husband has given permission to visit the FWC and limit the size of the children."
"Have fewer children and visit the FWC." (DOC1a)

5. Obtaining contraceptives

Women who presently use FP visit FWCs for obtaining contraceptive supplies including injections, pills and condoms.

"They live close to FWC and obtained supplies from there." (DOC10a)

6. FP information

Women visit FWCs both for getting information and having contraceptive surgery and IUD insertion.

"I got IUD inserted from the FWC." (DOC1A)

The LHV had taken me to the hospital for contraceptive surgery." (DOC8a)

7. Treatment of side effects

Women who have some side effects of contraceptives like bleeding, backaches, infection etc. also visit FWCs for treatment and medicines.

"I take the medicines for my backache from FWC." (DOC7a)

"If one bleeds then IUD can be taken out." (DOC10a)

8. Treatment of infertility

A few women visit FWCs for advice and treatment of infertility.

"I came here for treatment because I had no children and after treatment I had a child." (DOC4a)

9. Information about abortion

A few women also visit FWCs for information about and having abortion to get rid of unwanted pregnancies although the FWCs do not offer these services.

RURAL FEMALES

1. General treatment

Women in rural areas mostly visit FWCs for obtaining medical treatment for common ailments for themselves and their children due to lack of access to other source of medical care.

"I come here for the medicines for my child for cough etc." "I mostly come here for injection." "I take medicine for my backache from FWC." (DOC6a)

"If we are sick then we come here for medicines." "If my child is sick I come here for medicines." (DOC2)

"They give injections. I have come here many times for the treatment of my children for cough and stomach problems and get the medicines." (DOC5)

"I come here to get medicines for my daughter for headache." (DOC7)

2. Ante natal check ups on delivery cases

Women visit FWCs for ante natal check ups and for delivery cases.

"We visit the centre during pregnancy." (DOC5, 7, 8,2a)

"We come here for delivery cases." (DOC6a)

3. Information on FP

Women visit FWCs for FP information and for obtaining contraceptive supplies as well as having contraceptive surgery and IUD insertion.

"FWA has told me to use spacing on my visit to the centre." (DOC2a)

"This FWA suggested me to have contraceptive surgery." "The facilities of spacing and medicines for children are also available." (DOC6a)

"We get pills, injections and other medicines from the FWC. I get only oral pills from FWC." "They insert IUD after two children and contraceptive surgery is done after large number of children." (DOC7a)

4. Treatment of side effects

Women visit FWCs for treatment of side effects of contraceptives and treatment of infertility.

5. Need for improvement

Women strongly feel the need for improvement in quality of services offered by FWCs. Most women who use FWCs indicated that the FWCs timings are suitable and they often find the advice useful although the medicines are not often effective. Some women complained that proper treatment of the side effects are not provided, that medicines and contraceptive supplies are sometimes not available, expired medicines and contraceptive pills are given. Most women stressed the need for more medicines, medicines of better quality and the need for availability of qualified lady doctors at the FWCs.

"If medicines are not available in the centre, they tell us to buy it from doctors." (DOC1a)

"There should be a lady doctor in the centre because in case of emergency we have to go to far off places and cover long distances." (DOC2a)

"When we do not get the medicines we go back." (DOC4a)

"The winter time is from 9 a.m to 4 a.m and in summer 8 a.m to 2 p.m." "They can come after completing household work." (DOC5a)

"But sometimes the medicines are not available, people are poor and they have to buy it from the bazaar." (DOC6a, 8a)

"There should be a lady doctor and medicines should be in adequate quantity." "LHV is here but a good doctor is needed." (DOC6a)

"The LHV should check up at the proper time, but they do not take care of the women having delivery pains." (DOC8a)

"The LHV gave me the medicine but it had expired so I threw the medicine and requested for new." (DOC9a)

"A lady doctor should come and check the medicines." "First, they should examine the medicines and bring out the reasons for ineffectiveness. The effective medicines should be given to the patients." (DOC11)

URBAN MALES

1. Desire to space and limit family size

Men allow their wives to use FWCs because they either want to space their children or want no more children.

2. Restriction on male entry

Men in general are not allowed to enter the FWCs; some men however, visit the FWCs to obtain contraceptive supplies or to drop their wives. Most men emphasized that they should be allowed to visit FWCs in the evening for obtaining FP information and guidance.

RURAL MALES

1. Restriction on male entry

Men are not permitted to enter the FWCs due to the strict purdah system. The male FWAs however, occasionally, contact males in the FWC vicinity and motivate them for FP. Males who use FP often get their contraceptive supplies from the male motivators or from their wives. Most men who want to know more about FP suggested that they should be allowed to visit FWCs in the evening hours so that they can get more information on FP methods.

2. Awareness of FP

Men who are literate and motivated for FP and want no more children or want to space their children allow their wives to visit FWCs.

3. Use of FWCs

The use of FWCs for FP appear to be rather limited relative to its use for advice and medicines for general ailments. This phenomenon appears more pronounced in the rural areas where medical facilities are scarce. Both women and men expressed strong negative feelings against family planning on various grounds including religious beliefs, fatalistic approach, fear of side effects, misconceptions about FP and its side effects and lack of knowledge and information on FP concepts and methods. There is strong need for interpersonal motivation for FP and removal of the misconceptions about FP and its side effects through proper counselling and guidance.

Most women, both in urban and rural areas who use/have used FP expressed their satisfaction that they found it useful and benefitted in terms of economic and health impacts. Some female users and few males whose wives have had contraceptive surgery or have used IUD or any other method expressed strong reactions and associated the deterioration of their health/wives health and all health related problems to the use of FP.

5.4 FACTORS IN NON USE OF FAMILY WELFARE CENTRES

URBAN FEMALES

1. Use of FWCs limited to ante natal check ups and not FP

Some women use FWCs for ante natal check ups, medicines and medical advice but not for FP.

"We visit the centre during pregnancy." (DOC9)

2. Lack of information of husbands and in laws

Some women know about the centres but yet go to government hospitals or doctors and do not use FWCs because their husbands or in laws dislike FWCs and do not give permission to visit FWCs.

"If I use the FP methods I will go to the Agha Khan hospital." "Their husbands do not give permission to visit the FWCs." (DOC3)

3. Lack of knowledge about FWCs

A few women indicated that they did not know about the FWCs functions and had suspicions and doubts in their minds and the FWC staff made no effort to establish rapport with the community and explain the objectives of the FWCs by making home visits.

"I did not know about the centre. I came here for the first time. I live quite far." "I live quite far about ten minutes distance." "I have never come to this centre." (DOC13)

"Even we do not know that why the centre was established." (DOC3)

"Now women do not rely on the new motivators." (DOC6)

"Workers of these centre do not visit homes." "FP workers do not come to our homes. They should visit the houses and talk about FP; neither we ask nor they tell us." (DOC13)

"The staff of the FWC does not visit us." (DOC3)

4. Availability or source of medical care

Some women do not use FWCs because free medical and FP services are available from other sources including trust hospitals and NGO centres. Women think that these sources offer

better quality services in terms of medicines and that their staff visit door to door and establish rapport with the community.

"The staff of the Agha Khan hospital visit door to door and weigh the children. They visit our home every month." "If I use the FP methods I will go to the Agha Khan Hospital because they visit us and our family names are also registered there." (DOC3)

"I go to the Polyclinic for medical treatment because medicines are not available at the centre." (DOC8A)

5. Lack of understanding about FP

Most women do not have clear concept about FP. They said that they do not use or want to use FP but they presently visit FWCs or will visit FWCs for spacing. These women perhaps consider FP to be contraceptive surgery only. Some women think that the FWCs offer contraceptive surgery only for terminating births which create negative implications about FWCs and limits its use.

"I do not use any method of FP but for spacing I will come to the centre." (DOC3)

6. Natural spacing or desire for more children

Some women said that they do not visit FWCs because they do not need it presently and that they will use it when need arises. Such women are those who have natural spacing either due to breastfeeding, or secondary infertility or those women who have not yet completed their desired family size or want to have more sons. These women also include those who know about FP but are not motivated enough to visit the FWCs or are scared of FP.

"I do not need at all and if I need something I will visit FWC." "I do not use any method of FP but for spacing I will come to the centre." (DOC3)

"I know about all the methods but I feel scared." (DOC10)

"FWC offers good services but we do not cooperate with them because we have some inner fears." (DOC11)

7. Affordability of private medical care

Those women who can afford private doctors and get contraceptive supplies from the market do not visit the FWCs.

"I buy injections from bazaar." "I go to the private doctors for treatment." (DOC8a)

8. Lack of service availability at FWCs

Some women said that sometimes neither the staff nor medicines are available at the FWCs. Often the centres are closed and only the gatekeeper is available. So women do not visit FWCs as proper attention is not paid to the clients particularly the pregnant women. Often the women are charged big amounts of money for contraceptives and medicines which the poor women can not afford.

"People get nothing from the FWC because if the staff will not come then how can people get anything. Most of the FWCs are closed only the gatekeeper is available there." (DOC3a)

"They charge ten rupees for condoms. Some centres charge 20 rupees." "They charge ten rupees for IUD insertion." "The LHV does not check up the clients at the proper time." "The LHV should check up at the proper time, but they do not take care of the woman having delivery pains." (DOC8a)

9. Lack of knowledge about FWCs

Some women indicated that majority of the people do not know about the FWCs because they are not located conveniently. Although there are sign boards and guide arrows at the corner of streets but only those people can see these who happen to pass through the area. Proper publicity should be given to the FWCs through door to door distribution of pamphlets with exact addresses and bus routes.

10. Apathetic attitude

Some women do not visit FWCs due either to busy household work or laziness.

"Some women do not visit FWCs due to their laziness." (DOC8a)

RURAL FEMALES

1. Lack of knowledge about FWCs

Some women do not know about the FWCs at all; some have heard about it but do not know their location, they are either restricted to their homes and are immobile or the FWCs are

located distantly and they have transport problem.

"I do not know about this centre. I have heard about the centre." (DOC2)

"I have a problem of getting a bus or a Tonga." "The centre is at a distance and I do not get a bus." (DOC8)

2. Use of FWCs limited to general treatment and ante natal check ups and use of FP

Most rural women visit FWCs for ante natal check ups, treatment of common ailments and delivery cases but not for family planning. Some women do not visit FWCs at all because their husbands and in laws do not give permission. Some women indicated that their husbands are gradually changing their minds realizing the economic pressures. Some women indicated that their husbands allow them for spacing but not for contraceptive surgery.

"We visit the FWC but we do not use FP as we are helpless because of our husbands." (DOC1)

"For common diseases, we come to the centre, otherwise we go to the doctor." (DOC8)

"I buy medicines from the store." (DOC7a)

5.5 USE OF FAMILY PLANNING METHODS AND SIDE EFFECTS

URBAN FEMALE USERS

1. There are many side effects of family planning methods. Women are scared of the diseases caused by FP methods.

Some women users mostly literate are aware of the actual side effects and contraindications of various family planning methods. Most women users indicated that all family planning methods had many side effects such as heavy bleeding, weakness, obesity, palpitation of heart etc. They have misconceptions about side effects and every subsequent illness is blamed on use of family planning. Often superstitions and coincidences are taken as evidence of effects family planning to the extent of even fear of death.

"I do not like it because there are possibilities of different diseases after using this. I am also scared of it." "My sister in law had contraceptive surgery which created obesity." "I feel scared when people say that it creates cancer because they put some iron instruments in the body." "I heard this from many people and I have seen this also." "My grandmother died due

to cancer which was the result of IUD. The rubber IUD used to burst. It was available in the past." "I want to have contraceptive surgery. My husband allows but I feel scared." "My sister in law used IUD but it did not suit her and she has removed it." (DOC9)

2. Women are scared of contraceptive surgery. It causes obesity. IUDs are misplaced and causes infection.

Almost all non user women indicated that they become scared of contraceptive surgery and IUD by talking to other women those who have been users. Often the users associate all subsequent health problems including obesity, body aches etc. to the use of contraceptive surgery and they negatively influence other women. Women in turn, fail to convince their husbands and rather instil these fears in the minds of their husbands.

A major factor behind husbands not allowing their wives to have contraceptive surgery or IUDs is their apprehension that they would become ill and would be unable to take care of the home and children and also that they would not be able to financially afford their regular treatment. Some women indicated that despite that their husbands allow them to use contraceptive surgery and IUD they are themselves scared of it.

Mostly women fear that use of contraceptives causes obesity, swelling of abdomen and even cancer. They are scared of IUD because it causes heavy bleeding, infection, weakness etc. Most non users indicated that they had heard that IUD gets misplaced and gets stuck in the abdomen. Some women users however, indicated that they had no health problems after having contraceptive surgery and IUD insertions and were satisfied with their use. Such women often play an important role in motivating other women for the use of these methods.

"Husband does not agree for the use of IUD because it causes obesity. One woman using IUD has heavy bleeding and obesity problems. This makes me scared. This is the main cause of my not using IUD." "Because of swelling I got IUD removed. There should be some better way of treatment and some experienced women should motivate others." "We have seen with our own eyes that is why we are scared of this. There are many women who are pleased with it and some are suffering from it. This is the reason which makes us scared." "My sister in law used IUD that caused obesity and heavy bleeding. IUD causes wound in the uterus and this is the main fear. There should be some method which can remove these problems." (DOC3).

"If we become sick then who will cook our meals, when those who use FP scare us."
(DOC14)

3. Injection and pills causes heavy bleeding, backache etc.

Almost all women including non users, indicated that injections and pills causes heavy bleeding, backaches, headaches, etc. The non users are often influenced by the users who sometimes suffer from actual side effects (but often tend to associate all subsequent health problems with the use of FP). Some women however, indicated that when they had problems with injections and pills, they switched to other methods which suited them better. Most women who use contraceptives without the permission of their husbands tend to use injections and pills. It was observed that injection was more widely used despite its side effects as it was less visible and was used after every two months gap.

"If I take injection I get heavy bleeding and pills causes dizziness. I want this problem to be solved." "Many women use without the permission of their husbands." "My aunt had continuous bleeding for three years. She had injection. This scares me." "I used pill that caused me allergy." "Due to pills I had jaundice, I tell women not to use pills because it is harmful." "I used IUD, it causes pain only." "I used IUD but it was not placed correctly inside. When I went to the doctor, I was five months pregnant already and I was unaware of it." (DOC9a)

"People used to scare me that women die due to IUD insertion and IUD gets up into your abdomen." "Few women have died due to heavy bleeding." "If one bleeds then IUD can be taken out." (DOC10a)

4. Women have to overcome their fears of side effects and weigh the negative implications of repeated pregnancies against the minor side effects of contraceptives and understand the benefits of FP use which is only possible through proper guidance and counselling.

Most non users indicated that despite that they did not want more children and wanted to use FP, they had the "inner fear" which was at times reinforced by listening to others. They felt that they needed proper and regular guidance, motivation and counselling to help them overcome their fears. They also felt that they had to eventually overcome their fears themselves in order to adopt FP and stop producing children. There is however, a strong need for providing guidance and counselling to such women to help them overcome their fears and adopt family planning. The users need counselling as well in order to understand the relative

advantages and disadvantages of various methods and the possibility of switching methods in case a method does not suit them.

"There are some side effects of injection and IUD like obesity, body ache etc. These misconceptions should be removed." "The side effects of these methods should be mentioned to the women, their problems should be investigated, and solutions for these problems should be suggested." "The staff of FWCs tell us about the methods and their side effects but we have some inner fear, because we are uneducated." "It is quite possible that these methods would suit us and create no problems for us. But we are still scared of the side effects. There are many women who have used these methods and had no problems." "Sometimes the medicines are not effective, that is why the government should check all the medicines stock." "We all agree with FP when we are in the FWC but when we go outside and talk to each other, then our minds change again. This is because of our mental attitude." "A lady doctor should come and check the medicines." "There is a women with seven children but she is scared of injection." "First they should examine the medicines and bring out the reasons of ineffectiveness. The effective medicines should be given to the patients." "Our misconceptions should be removed first, then we can practice FP." (DOC11)

"Oral pills and injections causes obesity, headache and heavy bleeding." "I have different fears in my mind about FP. These fears can be removed by some other easy and better method." "Mother's milk becomes dry due to oral pills." "There should be proper medicines having no side effects." "Some women's husbands do not say anything but they themselves feel scared of FP. Users tell us about side effects." (DOC12)

5. Women who have used various methods are satisfied and have no health problems.

Some women indicated that they had used contraceptive surgery, IUD and other methods and did not have any major health problems. A few of women had also switched methods in case a method did not suit them. They were however, quite satisfied with the use of FP and found it effective. These women often play a very important role in motivating other women as was indicated by them.

"There are no difficulties in using FP, women themselves hesitate." "Every thing is alright and I am satisfied with the surgery." (DOC1a)

"My sister in law used copper T. She is alright." (DOC9)

"My husband is not satisfied with the use of condoms because it increases heart beat. Condoms do not suit Pakistani people." "When I used copper T, they did check my blood pressure and then suggested copper T for me. She also told me that if the bleeding is heavy she will give me some other medicines but I did not have bleeding." (DOC5)

6. Women think that they have to eat nutritious diet in order to use contraceptives which they can not afford. They can not afford medical treatment if they have side effects.

Some women think that they have to eat nutritious diet like milk, fruits etc. during the use of contraceptives which most people can not afford. They are often told by the FWAs to drink milk during use of pills and they are suggested to take care of their diet during pregnancy in general because mostly women from lower socio economic groups are anaemic. Women mostly from lower income groups feel scared due to a strong sense of insecurity that if they have any serious side effects of contraceptives, their husbands would not be able to afford their treatment and it would be a burden on them.

7. Women and their husbands think that since there is a high rate of contraceptive failure, hence there is no point in using them and so use of FP is not reliable.

Most women and their husbands feel that there is no point in using contraceptives since they often hear of women becoming pregnant despite the use of various contraceptives. They often use this argument as an excuse for non use of FP. Most women felt that there should be FP methods which are fully effective women and their husbands need to be informed by the FWAs that every FP method has a certain rate of failure which is quite normal to expect. This information would counteract the negative implications that they presently have in terms of the reliability of FP methods.

"My husband does not like FP methods. Once I took condoms, he said that we will have spacing but we will not use these methods and used withdrawal method. He said that even while using condoms pregnancy occurs." (DOC9)

"I had IUD inserted but it did not suit me. It creates heavy bleeding so I had it removed. I feel weak. Once my neighbours told me that she had used IUD method but she became pregnant. I know all the methods but I feel scared. I have heard from many people that even by using FP methods pregnancy does not stop." (DOC10)

"Many women say that they get pregnant while practicing the FP methods, so what is the use of FP. I once had IUD inserted due to which I got wounds and got pregnant. Due to this fear I am not using anything now." (DOC13)

8. Women should be forewarned about the actual side effects to mentally prepare them and they would know what to expect.

Women need to be forewarned about the actual side effects of various methods and the relative advantages and disadvantages of each method in order that they can be mentally prepared and know what to expect. They would be able to make voluntary choice of a method which they like and switch to other methods in case it does not suit them. This would help them to understand the nature of health problems that are related to contraceptive use and those that are not.

"If everything is told before using the methods then the fears can be removed." (DOC9)

"There are many side effects of FP. If female workers visit the women and mentally prepare them for FP then motivation would be possible. But if somebody scares them about FP then they will become scared. Now the workers do not go and motivate them. They only sit in the offices and complete all their work there." (DOC3a).

9. The follow up system of FWCs is very weak. Women feel that they do not get the proper treatment of side effects.

Some women indicated that after the use of contraceptives they are not often followed up. Few women who live close to the FWCs indicated that they themselves visit the FWCs for check ups after IUD insertions or contraceptive surgery. Many women complained that they had heavy bleeding and infection after IUDs and did not get proper treatment for infections as medicines are not available at the FWCs.

RURAL FEMALES

1. "Family Planning causes diseases". People scare us.

Most women particularly non users think that FP is harmful for health and causes various diseases. They talk to women who have used FP and in case a method has not suited a woman they form negative opinion about use of FP in general which influence non users.

Some users indicated that they were satisfied with the methods they used and did not have any significant problems. Some on the other hand had complaints of heavy bleeding, weakness, backaches etc. The non users felt that if the satisfied users motivate other women then it would go a long way in removing their fears.

2. Contraceptive surgery, IUD and other FP methods cause obesity IUD and injection causes heavy bleeding and swelling.

Most women generally believe that contraceptive surgery, IUD and other FP methods cause obesity. Women are particularly scared of contraceptive surgery and IUDs. Most non users are influenced by users who often indicate that they get heavy bleeding and swelling due to contraceptive surgery and IUD insertions. The husbands also feel scared by listening to their wives and other males whose wives have had contraceptive surgery or IUD insertions. A few women think that contraceptive surgery causes other health problems like weakness, palpitation of heart, backache and headache etc.

3. Women think they have to eat nutritious food while using FP methods.

Some women think that they have to eat nutritious diet like milk, fruits etc. during the use of FP methods which they can not afford. The FWAs sometimes give them instructions on diet in general and during pregnancy. Women feel that since they are not able to afford nutritious diet during use of FP hence it would create weakness and have negative health implications.

4. Husbands think that FP has dangerous side effects. So they do not allow their wives to use FP.

Most husbands think that FP is harmful for health due to its dangerous side effects. Most men form this opinion by listening to other men and sometimes their own wives. Since the users tend to associate every subsequent health problem with the use of FP, men feel scared that if any health problems arise due to the use of FP, then their wives will not be able to take care of the household and children and moreover, they will not be able to afford the treatment for these complications. The fear of these women is one of the major reasons for men to not allow their wives for the use of FP and particularly contraceptive surgery.

5. Women have various misconceptions based on superstitious beliefs about use of FP methods

Some women mostly illiterate have various misconceptions about use of FP that are based on superstitious beliefs. For instance, a rural women said,

"It is said that IUD is suitable for those who wear some thing in their nose and ears, I have heard this." (DOC8)

6. Women feel that if lady doctors give FP guidance and counselling to women then fears will be removed.

Most women indicated that if lady doctors are available at the centre to give proper guidance and counselling to women then women will be able to overcome their fears gradually by listening to the expert advice. Since the basis of this fear is basically ignorance about FP and its advantage which is reinforced by the negative influence of other women hence proper guidance and counselling can remove various misconceptions about FP and will inculcate the awareness and understanding of FP in their minds.

"FP causes different diseases and other people scare us." "Major causes of non use of FP is fear. If this fear is removed then everything will be alright." "By seeing each other their fear will be removed." "My husband think that contraceptive surgery is not good." (DOC1)

"We do not like it and my husband also says that it create diseases. People say that it create diseases." (DOC2)

"Some women are scared but some have used it. first, we have to use the methods to know its effects." (DOC7)

"I am scared and my husband does not want to practice it." "Males are scared and other males and females scare each other." "They (FWAs) make them understand about it but if their fears are removed then FWC staff can not do anything." "When the women listen to the doctors in the functions, who have some knowledge their fears are removed and they start to use it." (DOC8)

"They do not know about it (FP). Women feel scared of contraceptive surgery because it creates palpitation of heart." "It creates headache, obesity and heavy bleeding also." "I take oral pills and I am alright." "I became very weak after having contraceptive surgery. Most of the women are scared of contraceptive surgery." (DOC2a)

"I take pills. Before I used injections but it caused heavy bleeding so now I use pills." (DOC4a)

"It does not suit some women and they become scared. They have fears." "I have used copper T and I had heavy bleeding. This creates fear in women." "I have used IUD and I have no problems." "There should be some method that does not create bleeding and suit women then it will be better." "They tell us before using but it suits some and not others." "If the calcium injection is taken then the bleeding stops but if somebody have the courage then she will take the injection. So there should be some easier way of treatment." "If the educated lady doctors make them understand they will understand it. But if the ordinary women motivate them then they will not understand it." (DOC6a)

The women are scared of the diseases caused by FP. Their husbands do not give permission for FP." "Midwives should inform them about it." (DOC7a)

URBAN MALES

1. Men are scared because they are illiterate.

Some men indicated that they feel scared because they are illiterate and do not know much about family planning. If they get more information on family planning, various methods and its proper use and advantages then their fears can be removed.

"People are illiterate, they get scared. This is the cause of failure of Population Welfare Programme". (M3).

2. Men think that contraceptives are harmful for health.

Most men including both users and non users consider contraceptives to be harmful for health because they think that its use causes various diseases. Some strongly feel that its use can threaten life as well.

"There are side effects of oral pills such as headaches and vomiting." (M3)

"My sister's health was affected by surgery." (M4)

"Contraceptives can threaten life, it causes various diseases." (M13)

3. Men think that vasectomy causes impotency.

Some men are familiar with male sterilization method. Men think that it causes impotency which is the basic factor behind its non acceptance. This was also indicated by a few women.

"A gardener had this operation (vasectomy) after which he became impotent. Other people got scared of this operation."
(M3)

4. IUD insertion damages uterus.

Most men including both users and non users think that IUD insertions create infection and damages the uterus which affects conjugal relationships and prohibits further pregnancies besides having negative health implications.

"I have seen two incidence in which females have used IUDs which destroyed their uterus." (M3)

5. Females put on weight after surgery. It affects eyesight because menses are stopped.

Most men feel very strongly against contraceptive surgery including users. The male non users are influenced by the men whose wives have had contraceptive surgery and had any subsequent health problem. Most men believe that women put on weight after contraceptive surgery and swelling of abdomen takes place. Some indicated that due to contraceptive surgery menses stops which effects eyesight.

"Female put on weight after surgery." (M3)

"Females eyesight is affected after sterilization." "I think menses are stopped due to surgery and due to this women get sick." (M4)

"Surgery affects women's health that is why we are using condoms. Its is better than female sterilization." (M1)

"I got my wife operated, after this surgery she became seriously ill. For the last two years, I am visiting hospitals for her treatment." "It is mysterious that every women got some strange disease after her operation." "There is regular pain in the stitches after surgery." (M9)

6. Men think that condoms have side effects too. They are rough and burst.

Some men think that condoms have side effects also although not harmful. Some men complained that condoms get burst because they are rough while using it which was also indicated by some women.

"Condoms are rough. They burst. This is the side effect."

"Condom is rough and stiff." (M15)

"People think that there may be some side effects of condom."

(M3)

7. Women become pregnant after contraceptive use and even sterilization.

Some men indicated that there are no point in using contraceptive because women become pregnant after its use and even after contraceptive surgery. They tend to generalise the individual failure cases the possibility of which sometimes exist.

"My wife is pregnant even after sterilization." (M15)

RURAL MALES

1. Men are told by their elders about the side effects after surgery.

A few men indicated that they were told by their elders about the side effects of surgery. People in rural areas are in general scared of any kind of surgery, they consider it to be a rather severe situation even if it happens to be a minor surgical case. They have similar conceptions about contraceptive surgery.

2. Woman's abdomen gets swollen after contraceptive surgery. It causes bleeding.

Most men indicated that a woman's abdomen gets swollen after contraceptive surgery and it causes heavy bleeding and weakness.

"Women are afraid of surgery, their abdomen gets swollen." "My neighbour got operation, she got bleeding, then she became weak, she recovered after spending a lot of money." (M8)

"Some people have fear about side effects like heavy bleeding, weight gain, pain etc. there is a propaganda about side effects." (M10)

3. Female contraceptive surgery has no side effects. People are not aware of the process of surgery which makes them scared.

Some men particularly users expressed that they had no complaints about side effects and their wives had no health problems after surgery. They feel that since people generally are not aware of the process of contraceptive surgery hence, they have various negative perceptions

about it which makes them scared. Some users indicated that they had no problems with use of FP.

"Operation is successful, there were no complaints." (M7)

"In villages people are not aware of the mechanism of this surgery, that is why they are afraid of this." "I know this surgery has no side effects." (M8)

"We use Delfen (foam) and there are no side effects of it." "I am using FP methods for a long time and we both never had any side effects." "I have heard about the side effects of injections." (M10)

4. Men do not know about side effects. They have their fears which are mostly based on hearsay, assumptions and superstitions.

Some men including users indicated that they did not know about side effects. Most men have their fears about use of FP in general and use of clinical methods in particular which are based on either assumptions/superstitions or opinions formed by listening to others.

"No body told anything about side effects." (M7)

"I have not heard about side effects." (M8)

5. Pills are injurious to women's health.

A few men particularly non users indicated that pills are harmful for women. It causes various side effects which affect women's health.

"Women come to my medical store and take pills, they tell me about side effects." "Pills affected the health of a women badly." (M12)

6. PERCEPTIONS AND SUGGESTIONS OF PROGRAMME PERSONNEL: FAMILY WELFARE ASSISTANTS

6.1 VIEWS ON FAMILY PLANNING

FEMALES

The female Family Welfare Assistants indicated that FP is considered useful at present by educated males and females. Some people have started to realize that fewer children are better. Limited monthly incomes and rising prices exert tremendous pressures on couples in terms of managing family expenses. A large number of children can not be afforded if proper food and education are to be provided to them. Most female FWAs were FP users and had spaced their children.

MALES

The male FWAs indicated that FP should be adopted and population needs to be controlled in order to increase the living standard of people and for the prosperity of the country. People need to space their children and limit their family. A large number of children can not be provided proper health facilities and good education. They however, indicated that the FP programme is experiencing a failure.

Most male FWAs were FP users themselves and are aware of the benefits of FP use in terms of health and socio-economic impacts on the individual family and on the society as a whole.

6.2 VIEWS ON TRAINING, ITS ADEQUACY AND SUGGESTIONS

FEMALES

Almost all female FWAs had received training of 15 days duration at least from the Regional Training Institutes (RTI). Some of them have been working in the current position for the last ten to fifteen years and have attended refresher courses at least once. All FWAs indicated that they were satisfied with their training. Most of the FWAs suggested the need for

midwifery. Which they think will facilitate their motivational work for FP as they would have direct access to pregnant women and would be able to answer their queries related to delivery and child birth which they presently are unaware of. A few however, did not agree with this proposition.

"If we are told about delivery cases then it will be better because when we visit the women in their homes, they ask so many things about pregnancy and fetus. We can become more reliable if we are trained in this field. If we have some midwifery training then we can motivate them but we do not know anything about it, so they think that we do not know anything. We should be given midwifery training." (DOCPPI)

"We do not know much about midwifery. We should also be given midwifery training." "I think that there is no need of midwifery training because our contacts develop after the birth of the child." "I have already got the midwifery training but those who are interested in this training, it should be given to them." "We have been told that after the midwifery training the posting will be in some rural area. We have to complete the five years bond. After five years we can come back to our centre or post. Only those who agree with all the conditions of the training go and get the training." "We should be given more knowledge about general or common diseases." "In this (FWA) training I was told about family planning, pills and different ways of motivation." (DOCPP2)

MALES

Most male FWAs were trained for a period of ranging from three days to three weeks either at the District Population Offices or at the Population Welfare Training Institutes. A few male FWAs were not trained till a year and a half after joining their jobs. Some male motivators trained under the Continuous Motivation System (CMS) in the seventies are also working as FWAs presently.

Some male FWAs feel that the training they have received is effective in their field work whereas some feel that the training is not applicable in their work. Some males FWAs strongly feel that the FP programme is dominated by females which according to them is the major cause of its failure. There appears to be a lack of coordination at the field operations level based on gender biases as was expressed by some male as well as female FWAs.

"The training helps us in the field." "Our training was very effective. Our training officers had field experience. After training it was easier to work." "During training we were told that we should give the religious arguments in favour of FP." (P2)

"Whatever is taught in training is not applied in the field. In training it is taught that the FWA will be the Secretary of Advisory Management Committee (AMC) but practically the Family Welfare worker (FWW) is the incharge of the centre and she is all in all." "Programme has flopped ever since female is incharge of the centre." "Budget approved for AMC is misused by the District Office with the help of the incharge." (P1)

6.3 SUGGESTIONS ON TRAINING

The following suggestions were made by the FWAs for improvement in the programme:

- * Training of FWAs should include documentary film on Pakistan's problems.
- * Senior field staff should be included as trainers to utilize their practical field experience.
- * The duration of training should be at least 15 days.
- * Regular refresher courses should be held.
- * Country wide training programme should be arranged so that field experiences can be shared and exchanged.
- * Population Welfare Training Institutes should have comprehensive training plan for a full year.
- * Some interesting methods for motivation should be added in the training.
- * FWAs should be educated about new FP methods.
- * Some clinical training should also be given to the FWAs.

6.4 VIEWS ON MOTIVATION FOR FP

FEMALES

1. Some women say that they will take the permission of their husbands as to whether they will use FP or not when they are contacted.

2. Some women agree on the use of FP methods when they are visited by FWAs in the absence of their husbands. Some women visit the FWCs by pretending to their husbands as if they are going for shopping or getting medicines for their children. A few husbands take their wives to the FWCs.
3. Some women practice FP without the permission of their mothers in law and do not want to disclose it to them. A few mothers in law bring their own daughter in law to the FWCs.
4. Women usually have the permission of their husbands but do not want other people to know that they use FP.
5. Some women do not want the FWAs to visit their homes so they meet at some other place.
6. It is easier for FWAs to convince women if other women from the same village or area particularly satisfied users tell these women that the FP methods are useful.
7. Women convince their husbands to agree on FP.
8. Some women say that children bring their own fate and they do not want to listen to the FWAs.
9. Most women express their fears to the FWAs that the IUD gets stuck in the abdomen.
10. Women agree to listen to the FWAs when they see that the FP workers visit their neighbouring women.
11. Women with five to six children usually get convinced to have contraceptive surgery.
12. Most women are willing to use FP. Some do not have the willingness to do so.
13. Male motivation is almost non existent. Males need to motivate the husbands.
14. Male motivators often accompany females for security reasons.

15. The number of female motivators should be increased. The timings of male motivation should be in the evening.

MALES

1. Motivation is no longer a priority in the strategy of FP programme. Door to door motivation is discarded. People are motivated by holding camps and in teams.

2. People often ask the FP workers to solve their problems related to their basic needs other than FP.

"In my area people ask me to solve the problems of electricity which is impossible."
"We are unable to solve the problems of people related to their needs other than FP." (P1)

3. People are motivated with the help of local community agents and Traditional Birth Attendants (TBAs).

4. Influential people are often contacted by the male FWAs because they are helpful for motivation.

6.5 SIDE EFFECTS AND VARIOUS MISCONCEPTIONS

The following observations were made by the Family Welfare Assistants (FWAs) regarding the attitudes of the females/males during motivation:

FEMALES

1. People are often superstitious about use of FP as it is considered unnatural and interference into God's affairs.

"A women had two sons and a daughter. Both sons were studying in a school and they both died in an accident. People visited her and felt sorry for her on having had contraceptive surgery. Due to such incidents other women become scared." (PP1)

2. Some males now a days want fewer children but the women feel scared of FP that it could create side effects for them.

3. Women mostly fear that contraceptive use will cause heavy bleeding. Women do not want to have contraceptive surgery and even IUD because they think their use cause obesity, weakness and stops menses.

"A women had contraceptive surgery and for two years her menses stopped. Her husband has given her warning that if the menses does not start he will give her divorce. She also has the problem of obesity." (PP2)

4. Bleeding does not stop by taking pills it rather becomes regular.

5. If a method does not suit a women then she is switched to another method.

6. Condom causes tumour in some cases. Contraceptive surgery causes heavy bleeding. A three months oral pills course is given for this purpose after the use of which bleeding stops and the chances of next pregnancy is removed.

7. Norplant is very painful. It is a very dangerous method.

"A women showed me the part having a wound after using the nor plant method. She also has a heart problem. Those things that directly enter in the blood creates problem." (PP2)

8. Women can not get sufficient food to bear the heavy bleeding.

9. IUD is the best method. Injections and pills are not good.

10. IUD causes infection in the uterus. Women complain about abdominal pain after IUD insertions.

"I have also used the copper T method but I have seen cases in the hospital where it has damaged the uterus and surgery is done for the treatment." "We only handle bleeding cases. Our IUD cases have never failed. Women sometimes become pregnant after IUD insertion."

(PP2)

"Some women think that if they die with IUD it will be a great sin." (PP2)

MALES

1. Women's milk gets dried due to pills and injections. The female workers are also advised in training about the possibility of its occurrence.
2. Often IUDs are improperly inserted which causes complications because female workers are inexperienced.
3. Some women complain about irregularity of menses and headaches.
4. IUD and copper T has more side effects.
5. The possible side effects are often not indicated to the clients.
6. Sometimes the IUD slips inside the stomach. Some women get infection in uterus after contraceptive surgery.
7. Injections, copper T and condoms are more popular methods.

"Some times we throw pills in the gutter when it can not be sold". (P1)

8. One or two cases show side effects out of hundred and this causes fear amongst people.

"We sympathize with people and ask them to switch to another method." "Once a doctor made an error in operating my male client. He cut his vein." (P2)

6.6 VIEWS ON SALE OF CONTRACEPTIVES AND RELATED ISSUES

MALES

1. Contraceptives are sometimes not available for months.

2. The sales agents do not give the money regularly to the FWAs. They often have to deposit the cost of the contraceptives from their own pockets to the district offices. The agents have no profit in this business.

3. Clients mostly want the contraceptives free of cost and they think it is provided free of cost by the government.

4. There are quotas for condoms and oral pills fixed for sale.

5. If oral pills are not sold, Rs.50 is deducted from the FWAs salary by the district offices.

7. PERCEPTIONS OF MOTHERS IN LAW

7.1 FACTORS CONTRIBUTING TO HAPPY FAMILY

Higher income, four to five children who can be given proper education, obedient sons and compromising daughters in law contribute to happiness in the family. They emphasized that it was not a problem to take care of a large number of children in the past although salaries were lower because things were cheaper and people were contented.

"In the past, it was not a problem to have a large family. Salaries were 100 or 150 rupees per month and were enough to meet the expenses." (DOC6)

"In the past the grains were cheaper and it was easy to bring up children. But now children do not understand any thing." "Admission fees are very high." "At that time it was easy to bring up children but now it is very difficult because every thing is so expensive. Every thing was cheap but now there is high inflation and even six to seven shirts are not enough for one child." "It is a difficult period." "I use to cook spinach and all the members of the family would eat it but how my girl does not like it because she is studying in school." (DOC5)

7.2 DESIRE FOR GRANDCHILDREN

Both urban and rural mothers in law indicated that they wanted their daughters in law to have three to five children with at least one to two sons. They emphasized that it is difficult to bring up children at present and provide them education and other basic necessities with limited incomes and increasing inflation. Fewer children are necessary for mental peace.

7.3 ATTITUDE TOWARDS FAMILY PLANNING AND FWCs

Some mothers in law indicated that they supported their daughters in law in use of family planning for spacing. Some however, did not appear supportive and some appeared indifferent. Most of these mothers in law visited the FWCs for general treatment and knew about the FWC services.

Some mothers in law were familiar with the family planning message of two child family. They emphasized the need for improvement in the quality of services and need for more medicines at the FWCs.

8. CONCLUSIONS AND RECOMMENDATIONS

8.1 CONCLUSIONS

The general conclusions inferred from the present study are as follows:

1. There is gradual growing awareness about the Population Welfare Programme. People are gradually realizing the need to have smaller families and fewer children with the increasing economic pressures but fewer does not necessarily mean two children. There appears that a vast majority of females do not want to have more children but they are presently not using family planning due to various socio-cultural factors such as, lack of consent of their husbands, fears and misconceptions about FP, fatalism, religious factors etc. They can be considered the potential users as they have some degree of willingness to use FP and can adopt FP if more information on FP are provided to remove their misconceptions and fear. FP services have to be made available and accessible to such women both in urban and rural areas. These women include medium parity as well as high parity females who themselves and their husbands form an important target group as potential users.

It also appears that lack of knowledge about FP is often camouflaged by religious and socio cultural arguments which necessitates extensive education on FP.

2. Most people in urban areas indicated four to be the desirable family size, ideally, with two sons and two daughters. In rural areas people desire five to six children with at least two to three sons which is their interpretation of fewer children.

3. The attitude of men are also gradually changing with the increasing economic pressures. Son preference is a major factor in males wanting to have more children. Lack of information on FP is a major factor constraining the wider adoption of FP by males.

4. It appears that in general, people do not take a deliberate decision and exercise choice in terms of family size and number of children as they tend to believe that it is a matter beyond the control of human beings and fatalistic and religious arguments are used as manifestations of these beliefs. It therefore, necessitates that FP messages should be targetted at this basic attitude that should address the issue of responsible parenthood using religious arguments and

it needs to be propagated that the choice of family size and number of children is a matter to be rationally and responsibly decided by individuals/couples within economic and social constraints and should not be left to fate as it does not contradict the religious tenets.

5. Both urban and rural males/females have a genuine concern about the future of their children and have a strong desire to educate their children. This fact can be conveniently utilized in designing FP messages by stressing the need for a better future for children which is only possible through having smaller families.

6. The use of FWCs remain limited to women in close proximity to the centres. Nevertheless, use of FWCs is constrained by the prevailing low level of awareness of the existence and location of the facility.

7. The motivational aspect of the programme appear very weak. The need for personal motivation was emphasized by women both urban and rural. Men on the other hand, emphasized the need for group sessions as a viable forum for educating males to gradually break through the social taboo as FP is not a subject widely conversed on at the community level. The local community leadership have a significant role to play in such forums for consciousness raising on the need for FP.

8. Fear of side effects and misconceptions about FP methods comes out as a key factor constraining its wider adoption which provides strong evidence of the need for counselling. This is necessary to provide complete services and to counter the prejudices against FP.

9. The role of elders in the family and particularly mothers in law comes out quite strong in the decision making process about children which can be identified as a target group for FP motivation both through media and interpersonal communication.

10. People in general do not agree with the present TV and media messages on FP which just says "Two children make a happy family" because their desirable family size is not reflected by this message. Most people who already have more than two children feel that such messages do not address their situation and therefore, are not meant for them.

11. People often perceive the propagation of FP as encroachment on their right to have children, particularly by the illiterate and poor segments of the population, as they consider children particularly sons to be economic benefits rather than economic costs and they are also perceived as a source of social and economic security for old age. This necessitates a proper and positive reflection of FP images through the media by highlighting the element of voluntariness in exercising the choice and messages to be designed according to the perspective of users, addressing their situations in order to be acceptable by them and highlighting the affordability and economic aspects of FP.

12. It can be rightly inferred from the findings of the study that the role of women in the decision making about children is very passive and non existent in general, which indicates her total loss of control over her reproductive system which in no way is justifiable under religious criteria even. Childbearing and rearing appears as the most socially acceptable and credible role of a woman particularly in the rural social framework. Women have to regularly produce children even if they are unaffordable because wives are under constant threat that the husbands will revert to other women and that they are not fertile if they do not give birth to say, five to six children. Women themselves are conditioned to think in this way and yield to such pressures to make themselves acceptable to their husbands and in laws due to their extreme economic dependence and social insecurities as there exists no alternative support system for their survival.

In order to achieve any degree of success in implementing FP programme, it is crucial to adopt measures for the uplift of the economic and social status of women. This can be rightly achieved through increasing the literacy rate of women and creating sustainable sources for income generation particularly in the rural areas. It is also worth noting that despite that a woman shoulders a lot of farm and non farm responsibilities in the rural areas she is not gainfully employed.

8.2 RECOMMENDATIONS

GENERAL RECOMMENDATIONS

The key findings of the study lead to the following general recommendations:

1. Since the PWP has the dual responsibility of FP service delivery as well as demand generation, given the lack of FP awareness due to massive illiteracy, a balanced approach needs to be adopted in terms of focus on Information, Education and Communication (IEC) and service delivery in the long run.

In the short run, however, there is need to diversify and extensify the motivational efforts in areas where FWCs exist and to provide FP services to the neighbouring areas through extension and outreach services in order to increase the acceptability rate. In this way, the existing service outlets can be better utilized in a cost effective manner and can cater to the needs of the potential users.

In the long run, the FP service delivery need to be expanded for increasing coverage through establishment of more FWCs to deliver FP services in those areas that are presently not covered. It is because the total service delivery component at present is covering less than twenty five percent of the population.

SPECIFIC RECOMMENDATIONS

The following specific recommendations are made for policy formulation to affect improvements in Communication Strategies and Service Delivery of the Population Welfare Programme (PWP):

INFORMATION, EDUCATION AND COMMUNICATION (IEC)

1. There is need to launch a nationwide campaign on FP for increasing FP awareness through audio, visual and printed media as well as interpersonal communication. Printed media has limited effectiveness however, due to high rate of illiteracy. Folk media, person to person communication, and group sessions can be channels for education on FP. Various institutions

such as, union council platforms, mosques, schools etc. can be used as forums and community leadership and resources can be mobilized for this purpose.

2. There is need to link and coordinate the interpersonal communication activities of the field workers with the mass media activities of the PWP which is currently operating at the national level.

3. The mass media is presently used for promoting two child concept. There is however, a big gap existing between knowledge and use of FP. The TV should be strategically used for promotion of FP by providing more information on availability of services rather than only motivational and educational information. The mass media should be used in an effective manner to draw potential acceptors into the system, and it is expected that once they are attracted, they will receive the proper motivational and educational messages to use FP effectively. On the mass media side, the Ministry of Population Welfare should concentrate on two broad themes:

- i. Acceptability: How to make it acceptable for couples to discuss FP in the confines of their own homes, and to use the FWCs or other outlets that can provide them with services.
- ii. Accessibility: How to make people to know where the services are available, since people must know where the services are and how to find them. It may not be enough to provide addresses, but rather show on the TV what the centres look like.

4. Instead of using a scatter approach to using media which focus on one or two messages, there should be a more targetted mass media approach through which family planning messages should be built into the various television and radio programmes like dramas, discussions, documentaries etc. as a priority issue in national development.

5. The Ministry should develop a new logo, since the message of the present one does not seem to be very well received as indicated by the various target groups. The new logo may be more attractive if the government wants to give a new image to the family planning programme.

6. More attention should be paid towards specific issues designed for various target groups and to explicit messages rather than prolific production of generalized messages taking into consideration the socio-economic and cultural variations.

SERVICE DELIVERY

1. The utilization of the existing FWC facilities should be increased through innovative and rigorous motivational efforts and expanding the outreach and extension services to draw new acceptors.
2. The quality of service delivery should be improved by providing counselling services to remove misconceptions and fear about FP, providing more information on various methods and strengthening the follow up services.
3. The clinical component of the FWCs should be improved by providing doctors, necessary equipments and better quality medicines. Since it would be expensive to provide a single doctor to each FWCs, one doctor could be made responsible for three to four FWCs and can work on rotating basis. Since Mother and Child Health (MCH) is a strategy used for increasing FP acceptors and the FWCs have a limited capacity to handle patients for general ailment, it is highly recommended that the health outlets should be coordinated with the FWCs for inter exchange of services.

The system of contraceptive delivery and distribution should be streamlined and improved in order to avoid the unnecessary delays that occur which creates periodic shortages of contraceptives and medicines at the FWCs. The district offices can maintain extra stock on revolving basis to meet the shortages when necessary.

4. Transportation appears to be a major problem particularly in rural areas which needs to be addressed as a pressing need. The wastage of transport facilities for official purposes need to be avoided and used for field activities. Transport facilities need to be improved for expanding the outreach services.
5. The FWCs need to establish better rapport and linkages with the communities through the involvement of the existing community leadership and involvement of TBAs at a larger scale in order to be community based rather than working in isolation. The existing Advisory Management Committees (AMC) need to be effectively mobilized for this purpose.

6. Based on the findings of this study, further investigation is required at a national scale through a quantitative survey in order to obtain individual insights about:

- * use/non use of FP/FWCs
- * strengths/weaknesses of services
- * successful/unsuccessful messages, personnel approaches
- * possibilities for IEC/service improvement.

Based on the findings of this study, further investigation is required at a national scale through a quantitative survey in order to obtain additional insights about:

- * use of FFWs
- * satisfaction rates of services
- * satisfaction rates of messages, personal appearance
- * possibilities for ICT-based improvement

ANNEXURES

ANNEXURES

ANNEXURE-1

Key Characteristics of the F.G.D Participants (Males)

S.No	Age	No. of Children	Educa-tion	Income	Occupation	Contraceptive Status	Type of House
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
SIND							
Karachi South							
1	27	3	P	3,000	SS	N	P
2	28	2	M	1,700	US	N	P
3	27	3	M	3,000	US	N	P
4	30	3	M	1,800	SK	N	P
5	32	3	P	2,000	SK	N	P
6	30	4	H	3,000	SK	N	P
7	29	2	H	3,000	SS	N	P
8	29	2	P	1,000	SS	Y	P
9	26	3	H	1,200	LL	Y	P
10	26	1	H	1,500	LL	Y	P
11	26	2	P	1,100	LL	Y	P
12	22	2	H	1,000	SK	Y	P
13	20	1	H	1,100	LL	Y	P
14	25	2	M	1,200	LL	Y	P
Thatta							
15	36	3	H	2,000	SS	N	P
16	45	8	P	2,000	SK	N	P
17	32	4	H	1,400	LL	N	P
18	31	5	H	1,300	LL	N	P
19	41	4	P	2,000	US	N	P
20	33	4	P	2,100	SS	N	K
21	29	4	H	1,900	US	N	K
N.W.F.P							
Peshawer							
22	32	3	I	1,500	LL	Y	K
23	38	4	I	1,500	LL	Y	P
24	30	1	I	1,100	SS	Y	P
25	35	2	I	1,500	SS	Y	K
26	36	6	M	1,500	LL	Y	P
27	46	8	M	1,500	LL	Y	K
28	40	3	P	1,000	LL	N	K
29	32	5	H	2,000	LL	N	P
30	37	2	M	800	LL	N	P
31	43	2	I	1,200	LL	N	K
32	30	1	M	1,000	UE	N	P
33	40	5	H	1,100	LL	N	K
Manshera							
34	29	4	H	2,000	LL	N	K
35	26	3	I	1,000	LL	N	K
36	27	3	M	1,000	LL	N	K
37	29	4	M	1,500	US	N	K
38	28	3	H	1,400	US	N	P
39	29	3	H	3,000	US	N	P
Punjab							
Lahore							
40	36	3	H	2,500	US	Y	P
41	33	4	H	1,800	US	Y	P
42	41	5	P	2,200	US	Y	P
43	32	2	P	1,800	LL	Y	P
44	45	6	P	1,600	LL	Y	P
45	47	7	M	1,000	SK	Y	P
46	30	3	L	1,200	LL	N	P
47	30	3	I	1,500	LL	N	K
48	26	3	M	1,800	LL	N	P
49	28	2	P	1,600	US	N	P
50	28	2	I	800	SS	N	P
Shiekhupura							
51	30	3	I	1,700	LL	N	P
52	40	4	I	1,000	LL	N	P
53	28	2	P	1,000	LL	N	K

54	37	6	P	3,000	LL	N	P
55	50	6	I	500	LL	N	P
56	32	4	P	2,200	US	N	K
57	31	4	H	1,800	US	N	P
58	25	2	I	1,000	LL	Y	K
59	2	1	I	1,500	Y	P	
60	30	3	M	1,200	LL	Y	K
61	29	4	M	1,000	LL	Y	K
62	25	1	I	1,200	LL	Y	K
63	31	4	M	1,500	LL	Y	K
Faisalabad							
64	29	2	P	1,000	LL	Y	P
65	25	2	H	2,000	SS	Y	P
66	31	3	H	1,500	LL	Y	P
67	30	2	I	1,500	LL	Y	P
68	26	2	M	900	LL	Y	K
69	28	2	H	1,100	US	Y	P
Rawalpindi							
70	29	2	H	3,100	SK	N	P
71	36	3	M	1,500	US	N	P
72	38	2	H	2,000	US	N	P
73	30	2	H	2,000	SK	N	P
74	40	7	P	2,000	SK	N	P
75	50	2	I	1,400	LL	N	P
Pretesting Rawalpindi							
76	29	2	I	2,000	LL	N	P
77	25	2	P	2,000	LL	N	P
78	28	3	P	2,000	SS	N	P
79	29	3	H	2,000	LL	N	P
80	26	3	I	2,000	SS	N	K
81	28	3	H	2,000	SK	N	P
Islamabad							
82	34	6	H	2,000	LL	Y	P
83	33	6	H	2,000	PR	Y	P
84	35	4	H	2,000	US	Y	P
85	36	5	P	2,000	LL	Y	P
86	36	5	H	2,000	US	Y	P
87	42	2	H	2,000	SS	Y	P
Gujar Khan							
88	43	7	M	1400	LL	Y	P
89	38	4	M	1400	LL	Y	P
90	36	2	M	2000	SK	Y	P
91	35	1	H	2000	SK	Y	P
92	38	4	H	1600	SK	Y	P
93	40	4	P	2000	SK	Y	K

Programme Personnel (Males)

	No. of Months At Present F.W.c	No. of Children	Contraceptive Status
Karachi			
94	8	2	Y
95	12	7	Y
96	60	2	N
97	60	4	Y
98	42	3	Y
99	12	unmarried	N
Faisalabad			
100	60	2	Y
101	60	4	Y
102	48	unmarried	Y
103	36	4	Y
104	120	3	Y
105	60	4	Y
106	36	2	Y

Key Characteristics of the F.G.D Participants (Females)

S.No	Age	No. of Children	Education Status	Income	Contraceptive
(1)	(2)	(3)	(4)	(5)	(6)
Punjab (Pretesting)					
Rawalpindi (Mareer Hassan)					
1	25	4	P	1,000	N
2	29	1	M	1,500	N
3	27	5	I	1,100	N
4	25	1	I	1,200	N
5	27	2	H	1,200	N
6	28	3	H	1,500	N
7	27	3	P	1,800	N
Islamabad					
8	45	7	I	1,200	Y
9	40	4	I	2,000	Y
10	36	4	I	1,200	Y
11	40	4	I	1,300	Y
12	36	4	I	2,000	Y
13	30	4	P	2,000	Y
14	40	7	I	2,000	Y
15	45	7	I	2,000	Y
16	40	5	I	1,300	Y
Sind					
Karachi East					
17	46	1	P	1,500	N
18	40	11	I	2,000	N
19	40	6	I	Unemployed	N
20	50	10	I	2,000	N
21	47	7	P	1,500	N
22	45	9	I	2,000	N
23	28	2	H	2,000	Y
24	27	5	H	2,000	Y
25	26	3	H	3,000	Y
26	28	3	H	2,500	Y
27	23	2	H	3,000	Y
28	24	3	H	3,000	Y
29	26	3	H	3,000	Y
30	26	3	H	1,500	N
31	25	1	H	2,000	N
32	25	4	P	2,000	N
33	28	2	I	1,800	N
34	26	3	I	2,000	N
Karachi South					
35	30	5	I	1,200	N
36	25	2	I	1,300	N
37	28	2	I	2,500	N
38	25	3	I	1,200	N
39	28	3	I	1,200	N
40	20	1	P	2,500	N
Thatta					
41	35	7	P	2,500	N
42	40	8	I	2,000	N
43	38	4	P	2,000	N
44	40	3	I	2,000	N
45	32	7	I	1,500	N
46	40	7	I	700	N
47	32	7	I	700	N
48	35	7	I	1,400	N
49	25	5	I	1,200	Y
50	25	8	I	1,000	Y
51	30	5	I	1,800	Y
52	30	5	I	2,000	Y
53	27	5	I	900	Y
54	22	5	M	2,000	Y
55	28	2	P	2,400	Y
NWFP					
Peshawar					
56	30	4	I	1,800	Y
57	30	4	I	2,500	Y

58	30	4	I	2,000	Y
59	28	2	I	2,000	Y
60	29	2	I	1,500	Y
61	30	6	I	1,800	Y
62	29	3	I	1,500	Y
63	30	5	H	2,000	N
64	35	2	I	1,200	N
65	30	2	I	1,200	N
66	30	3	I	1,000	N
67	38	3	I	1,500	N
68	35	7	I	1,500	N
69	36	3	M	1,800	N
Manshra					
70	25	3	M	2,500	Y
71	30	4	P	1,000	Y
72	32	4	P	1,500	Y
73	27	4	I	1,600	Y
74	25	4	I	1,500	Y
75	29	4	I	1,800	Y
76	50	7	I	1,000	N
77	50	3	I	7,000	N
78	45	9	I	2,500	N
79	50	4	I	1,500	N
80	40	7	I	1,200	N
81	50	6	I	1,500	N
82	48	6	I	2,000	N
83	55	4	I	1,500	N
Punjab					
Lahore					
84	35	3	H	3,000	Y
85	32	3	H	3,000	Y
86	35	3	M	3,000	Y
87	33	4	I	3,000	Y
88	35	6	H	3,000	Y
89	29	3	H	3,000	Y
90	35	5	I	3,000	Y
91	25	2	M	1,500	N
92	28	2	I	1,500	N
93	27	2	I	1,000	N
94	27	4	I	1,000	N
95	22	2	I	1,000	N
96	23	5	P	1,000	N
97	32	5	I	1,200	N
98	40	4	M	1,000	N
99	35	5	I	1,200	N
100	28	3	I	1,000	N
101	32	4	I	1,200	N
102	32	3	P	1,200	N
103	42	4	I	1,500	N
Sheikhupura					
104	33	6	I	1,500	N
105	27	3	P	1,200	N
106	23	2	I	1,200	N
107	21	2	I	1,300	N
108	27	1	I	2,000	N
109	29	3	P	2,000	N
110	32	4	I	1,500	N
111	30	2	I	600	Y
112	40	6	I	600	Y
113	44	4	I	500	Y
114	29	4	I	500	Y
115	32	2	I	1,500	Y
116	30	4	I	700	Y
Faisalabad					
117	29	5	I	1,000	N
118	22	1	I	1,800	N
119	24	1	M	1,500	N
120	28	1	I	1,000	N
121	26	1	I	1,500	N
122	26	1	M	1,000	N
123	20	1	M	2,000	N
124	36	5	I	1,200	N
125	37	6	P	1,100	N
126	38	4	I	500	N
127	38	9	I	400	N
128	38	7	I	1,200	N
129	30	5	P	1,000	N
130	30	4	I	1,200	N

Faisalabad					
131	27	3	P	1,200	Y
132	25	2	M	1,100	Y
133	29	8	P	1,200	Y
134	30	4	I	2,000	Y
135	29	2	I	1,200	Y
136	28	2	I	1,200	Y
Rawalpindi					
137	27	3	M	5,000	N
138	26	6	I	4,000	N
139	29	4	H	4,000	N
140	28	3	M	3,000	N
141	28	2	I	2,000	N
142	29	3	I	3,000	Y
143	25	6	I	2,000	Y
144	22	3	I	1,000	Y
145	25	3	P	1,500	Y
146	20	2	P	800	Y
147	23	3	H	3,000	Y
148	22	2	I	1,500	Y

Programme Personnel (Females)

	Designation	No. of Children	No. of Months	Training	Marital Status
149	F.W.A	-	48	R.T.I	U
150	F.W.A	4	18	R.T.I	M
151	F.W.A	4	60	R.T.I	M
152	F.W.A	5	36	R.T.I	M
153	F.W.A	1	48	R.T.I	M
154	F.W.A	3	60	R.T.I	M
155	F.W.A	0	3	R.T.I	M
156	F.W.A	1	15	R.T.I	M
157	F.W.A	0	14	R.T.I	M
158	F.W.A	-	4	R.T.I	U
159	F.W.A	0	4	R.T.I	M
160	Helper	1	8	-	M

Note:- Education:

- P Primary
- M Middle
- H Higher

Occupation:

- SS Semi Skilled
- US Unskilled
- SK Skilled
- LL Low Level
- UE Unemployed

Contraceptive Status:

- N Non User of Family Planning
- Y User of Family Planning

Type of House:

- P Pucca House
- K Kucha House

Marital Status:

- U Unmarried
- M Married

ANNEXURE-2

ANNEXURE-2
THE TOWN OF LATHAM
MUNICIPALITY

THE TOWN OF LATHAM

**FOCUS GROUP DISCUSSION GUIDES
FOR POOR FATHERS**

USERS AND NON - USERS

FOCUS GROUP DISCUSSION GUIDES
FOR POOR FATHERS

USERS AND NON-USERS

INTRODUCTION AND INFORMED CONSENT

INTRODUCTION: Facilitator and Observer's names;

Participants names and no. of children.

WE WOULD LIKE TO TALK TO YOU TODAY ABOUT	Topic of Discussion
FAMILY SIZE AND POPULATION WELFARE Programme	
THERE ARE NO RIGHT OR WRONG ANSWERS TO	No right or wrong
ANY OF THE QUESTIONS	answers
WE WOULD JUST LIKE TO KNOW YOUR OPINIONS	What Opinions
WE ARE HERE AS PART OF A RESEARCH	Project
PROJECT.	
WE WOULD LIKE TO KNOW YOUR EXPERIENCES	Help other people
AND THOUGHTS TO HELP OTHER PEOPLE WITH	like them
THE POPULATION PROGRAMME AFTER WE FINISH	
WE WILL TELL YOU MORE ABOUT	
THE PROJECT.	
THIS DISCUSSION WILL TAKE ABOUT ONE AND	Length of Time of
HALF HOUR.	Discussion
------(observer's name) WILL BE	Explain note-taking
WRITING DOWN SOME OF THE THINGS WE TALK	and tape recording
ABOUT SO WE CAN REMEMBER THEM LATER. ALSO	
WE WOULD LIKE TO USE A TAPE RECORDER, DOES	
ANYONE OBJECT?	
OUR DISCUSSION WILL REMAIN CONFIDENTIAL	Confidentiality
AND WE WILL NOT USE YOUR NAMES AND OPINIONS	
IN ANY WRITTEN REPORT	
DO YOU UNDERSTAND WHAT I SAID?	Check understands
DO YOU HAVE ANY QUESTIONS?	Clarification if needed.
EXPLAIN RULES OF DISCUSSIONS	Explain Rules
ONE BY ONE SHOULD SPEAK AND LISTEN	
TO OTHERS OPINION. YOU CAN AGREE OR	
DISAGREE. STOP ME IF YOU WANT TO SAY	
SOMETHING OR IF SOMETHING IS NOT CLEAR.	

Name of the Moderator: _____

Name _____

Time the FGD Started: _____

Date: _____

Ended: _____

FGD GUIDE FOR POOR YOUNG FATHERS

TOPIC

PROBES

Happy Family

What makes a happy family

Family Size

What are the benefits of a large family?

What are the benefits of a small family?

Decision Making

In your experience, who decides on the number of children a couple have?

Is the decision to have the next child discussed by the couple?

Who else in the family expresses a view?

Does anyone else outside the family express a view?

Opinion Forming/Services

What is the view of the government about family size?

What should the government do to help couples have the number of children they want?

Should the government provide more information on family planning (how? (type of information?))

Other organisations - do they/should they have role? What?

Knowledge of Family Planning

Show Logo: has anyone seen this in the newspapers/television, or outside buildings

The government's role, FWCs, what do you think about this service?
(who has visited/used)

Reasons please of use, why would you advise others to use?

Reasons please of not use, why would you advise others not to use?

Knowledge and Use of FP

Who do people (you) learn from?

Who should inform young couples

Reasons people do not use

Difficulties people face if they wish to use - from others

- practical

Reasons people do use

Best place to obtain supplies

Different places for different types of people?

How should people be informed? Charge?

Knowledge and Use of BP

What do people (you) know about BP?

Who should inform young people?

Where should people go for more info?

What do you think people will do with the info?

Personal

Reasons people do not use

Best place to obtain info?

Difficult places for different types of people?

How should people be informed? Changes

FOCUS GROUP DISCUSSION GUIDES

FOR

POOR, YOUNG MOTHERS

USERS AND NON - USERS

FOCUS GROUP DISCUSSION GUIDES

FOR

POOR, YOUNG MOTHERS

USERS AND NON-USERS

INTRODUCTION AND INFORMED CONSENT

INTRODUCTION: Facilitator and Observer's Names;

Participants names and no. of children.

WE WOULD LIKE TO TALK TO YOU TODAY ABOUT
YOUR FAMILY SIZE AND FAMILY WELFARE

THERE ARE NO RIGHT OR WRONG ANSWERS TO
ANY OF THE QUESTIONS

WE WOULD JUST LIKE TO KNOW YOUR OPINIONS

WE ARE HERE AS PART OF A RESEARCH PROJECT

WE WOULD LIKE TO KNOW YOUR EXPERIENCES AND
THOUGHTS TO HELP OTHER FAMILIES WITH

DECISION MAKING ABOUT CHILDREN, AFTER WE ARE
FINISHED WE WILL TELL YOU MORE ABOUT THE PROJECT.

THIS DISCUSSION WILL TAKE ABOUT HOUR AND A
HALF

------(Observer's name) WILL

BE WRITING DOWN SOME OF THE THINGS WE TALK
ABOUT SO WE CAN REMEMBER THEM LATER, ALSO WE
WOULD LIKE TO USE A TAPE RECORDER, DOES ANY ONE
OBJECT?

ALL YOUR NAMES AND OPINIONS WILL BE KEPT
CONFIDENTIAL AND WE WILL NOT USE THEM IN
ANY WRITTEN REPORTS.

DO YOU UNDERSTAND WHAT I HAVE JUST SAID?

DO YOU HAVE ANY OBJECTION?

EXPLAIN RULES OF DISCUSSIONS:

ONE BY ONE SHOULD SPEAK AND LISTEN TO
OTHERS OPINION. YOU CAN AGREE OR DISAGREE.
STOP ME IF YOU WANT TO SAY SOMETHING OR IF
SOMETHING IS NOT CLEAR.

Topic of Interview

No right or wrong
answers

What opinions

Research project

Help other people

Length of time of
discussion

Explain note-taking
and Tape recorder

Confidentiality

Check understands

Clarification if
needed.

Name of the Moderator:

Name of the Observer:

Time the FGD Started:

Date:

Ended:

FGD GUIDE FOR POOR, YOUNG MOTHERS

TOPIC

PROBES

Happy Family

What makes a happy family? (invite everybody to express a view)

Family Size

What are the benefits of a large family?

What are the benefits of a small family?

Decision Making

In your experience, who decides on the number of children a couple have?

Is the decision to have the next child discussed by the couple?

Who else in the family expresses a view?

Does anyone else outside the family express a view?

Opinion Forming/Services

What is the view of the government about family size?

What should the government of children do to help couples have the number of children they want?

Should the government provide more information on family planning (how?)

(type of information?)

Other organisations - do they/should they have a role? What?

Knowledge of FWCs

Show Logo: has anyone seen this in the FWCs, newspaper/television or outside buildings

The government role FWCs, what do you know about and think about this service?

(who has visited/used)

Reasons people use, will you recommend others to use, why?

Reasons people do not use, will you recommend others not to use, why?

Knowledge and Use of FP

Who do people (you) learn from?

Who should inform young couples

Reasons people do not use

difficulties people face if they wish to use - from others

- practical

Reasons people do use

Best place to obtain supplies

Different places for different types of people?

How should people be informed? Charge?

**FOCUS GROUP DISCUSSION GUIDE
FOR
(PROGRAMME PERSONNEL (FWAs))**

(Male/Female)

FOCUS GROUP DISCUSSION GUIDE
FOR
PROGRAMME PERSONNEL (BPA)

(Mile/Ford)

Name of Moderator:

Time Discussion Started:

Name of Observer:

Time Ended:

Introduction: Moderator's and Observer's Names

Participants Names and No. of Children

We would like to talk today about various aspects of the Population Programme and FWCs, ways and means of improvement in IEC dissemination and service delivery. In this connection we would like to know your opinions in the light of your experiences

All your opinions will be kept confidential, We are going to use tape recorder, Do you have any objection

All of you express your opinions one by one and we should all listen when others speak

Is it clear what I said, Any questions?

TOPIC

MARITAL STATUS, NO. OF CHILDREN AND USE OF FP

What do you think about Family Planning, Have you used any method? Why/Why not

TRAINING

Since how many months/years you have been working in the FWC

Where were you trained?

Do you think that the training in motivation you received is adequate for your job?

How can training be improved. Suggestions

MOTIVATION

How many households visited everyday?

Schedule of visit of motivators,

What arguments presented in favour of Family Planning.

How often do you visit the non-user.

Do you use any special strategies for increasing no. of clients?

If not, why not.

What do the non-users say when you visit.

What do they think are the reasons of non-use of Family planning in your opinion?

What are the practical difficulties people face.

In your opinion which measures can cause people to adopt Family Planning.

SIDE EFFECTS:

How do you deal with misconceptions about side effects?

If there are real cases of side effects what is done.

VISIT TO CENTRE

On average how many Family Planning clients and patients for other ailments visit centre every day/every month.

On average how many new clients visit centre every day/month.

What are the Methods used for attracting new clients, If no, Why not?

Why number of clients does not increase.

MOTIVATION OF MALES

Is FWC timing suitable for male motivation, what changes recommended.

What arguments do male give against use of Family Planning, why. Why male acceptance of Family Planning so low.

What arguments do the male motivators give back in favor of FP.

OUTREACH SERVICES

No. of clients and area each Family Welfare Centre covers?

What is presently done for extending outreach services?

Recommendations

CONTRACEPTIVE DISTRIBUTION

What is the Contraceptive distribution schedule?

Channels and Procedures of distributing various Contraceptives?

Problems in selling Contraceptives?

Which methods are most popular, Why?

ANNEXURE-3

RECRUITMENT FORM FOR POOR, YOUNG MOTHERS

Name of the Participant:

Husband's Name:

Education: illiterate: Primary: Middle: Higher:

Age: < 20 (Excuse) > 45 (Excuse)

(If actual age reported to be between 20-29 select for group 1)

(If actual age reported to be between 30-45 select for group 2)

Husband's Income: < 2000 () > 2000 () (Excuse)

No. of Children: < 2 () (Excuse)

(Women with 2-3 children in group of age 20-29)

(Women with 4-7 children in group of age 30-45)

Have you ever used Family Planning:

Yes (Select for Users group)

No (Select for Non - Users group)

Economic Indicators

upper middle mid-lower

Type of house

katcha x

pucca x

No. of rooms for sleeping only

clothing/appearance

coordinated/good condition x

old/faded/mismatched/torn x

child wearing shoes x

child clothes home stitched x

child dirty/unkept x

Selected: Not Selected:

Name of the Recruiter:

RECRUITMENT FORM FOR POOR FATHERS

NAME OF THE PARTICIPANT:

MARITAL STATUS: MARRIED () UN-MARRIED () (Excuse)

Education: Illiterate: Primary: Middle: Higher:

AGE: < 20 (Excuse) > 45 (Excuse)

(If actual reported age is between 20-29 select for group 1)

(If actual reported age is between 30-45 select for group 2)

INCOME: < 2000 () > 2000 () (Excuse)

OCCUPATION: Professional () Skilled () Semi-skilled ()
Unskilled () Peon/low level () unemployed ()

No. of Children: < 2 (Excuse)

(Men with 2-3 children in group of age 20-29)

(Men with 4-7 children in group of age 30-45)

Have you ever used family planning: Yes () No ()

(Group 1 : All responding Yes Group 2: All responding No)

District:

Address:

Economic Indicators

	<u>upper middle</u>	<u>mid-lower</u>
<u>type of house</u>		
katcha		x
pucca	x	
no. of rooms for sleeping only	2	1
<u>clothing/appearance</u>		
coordinated/good condition	x	
old/faded/mismatched/torn		x
child wearing shoes	x	
child clothes home stitched		x
child dirty/unkept		x

Selected:

Not Selected:

Name of the Recruiter:

**RECRUITMENT FORM FOR PROGRAMME PERSONNEL
(MALE AND FEMALE)**

Name of FWW/FWA: Designation:

Address of FWC: District:

Province:

No. of Years at the present FWC:

Trained from:

Marital Status:

No. of Children:

Have you ever used Family Planning (which Method):

Are you of Local Origin:

Name of Recruiter:

Date:

ANNEXURE-4

INDEX OF TRANSCRIPTS

FEMALES:

NON USERS		USERS	
1.	DOC 1 RURAL, OLDER	1.	DOC 1A URBAN, OLDER
2.	DOC 2 RURAL, YOUNGER	2.	DOC 2A RURAL, OLDER
3.	DOC 3 URBAN, YOUNGER	3.	DOC 3A URBAN, YOUNGER
4.	DOC 4 URBAN, YOUNGER	4.	DOC 4A RURAL, YOUNGER
5.	DOC 5 RURAL, OLDER	5.	DOC 5A URBAN, OLDER
6.	DOC 6 URBAN, OLDER	6.	DOC 6A RURAL, YOUNGER
7.	DOC 7 URBAN, OLDER	7.	DOC 7A RURAL, YOUNGER
8.	DOC 8 RURAL, OLDER	8.	DOC 8A URBAN, YOUNGER
9.	DOC 9 URBAN, OLDER	9.	DOC 9A URBAN, YOUNGER
10.	DOC 10 URBAN, YOUNGER	10.	DOC 10A URBAN, YOUNGER
11.	DOC 11 URBAN, YOUNGER		
12.	DOC 12 URBAN, YOUNGER		
13.	DOC 13 URBAN, OLDER		
14.	DOC 14 RURAL, YOUNGER		

MALES:

NON USERS		USERS	
1.	M 2 RURAL, OLDER	1.	M 1 URBAN, OLDER
2.	M 3 URBAN, YOUNGER	2.	M 7 RURAL, YOUNGER
3.	M 4 URBAN, OLDER	3.	M 8 RURAL, YOUNGER
4.	M 5 URBAN, YOUNGER	4.	M 9 URBAN, OLDER
5.	M 6 URBAN, YOUNGER	5.	M 10 RURAL, OLDER
6.	M 12 RURAL, OLDER	6.	M 11 URBAN, YOUNGER
7.	M 13 URBAN, OLDER	7.	M 15 URBAN, OLDER
8.	M 14 RURAL, YOUNGER		

PROGRAMME PERSONNEL:

FEMALES:

PP1

PP2

MALES:

P1

P2

**LIST OF RESEARCH STUDIES, PAPERS, AND ARTICLES COMPLETED IN
NATIONAL INSTITUTE OF POPULATION STUDIES, ISLAMABAD**

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(OUT OF PRINT)
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2. **DIRECTORY OF DEMOGRAPHERS AND SOCIAL SCIENTISTS WITH INTEREST IN
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3. **SITUATION ANALYSIS OF CHILDREN AND WOMEN IN PAKISTAN
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9. PAKISTAN POPULATION REVIEW, NIPS JOURNAL VOL.I, NO.1, 1990
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1. REPORT OF THE MANAGEMENT AUDIT OF THE PAKISTAN POPULATION WELFARE PROGRAMME, 1990
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JOHN CAMERON
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2. FOCUS ON FAMILY PLANNING
A STUDY OF PERCEPTION ATTITUDE AND BEHAVIOUR
BY
KHALIDA MANZOOR

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1. INVENTORY OF INFORMATION, EDUCATION, AND COMMUNICATION
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AKHTAR HUSSAIN RANA

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1. A BRIEF OF THE GAMBLE LECTURE ON "IMPLICATIONS OF POPULATION
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3. CURRENT POPULATION SITUATION IN PAKISTAN,
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OF PAKISTAN, WORKING PAPER NO. 4
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14. INCENTIVES FOR FAMILY PLANNING IN PAKISTAN,
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19. THE DETERMINANTS AND CONSEQUENCES OF BREASTFEEDING IN PAKISTAN: ESTIMATES FROM THE PAKISTAN CONTRACEPTIVE PREVALENCE SURVEY, 1984-85, WORKING PAPER NO. 19
BY
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21. EVIDENCE FOR AND AGAINST THE EMERGENCE OF FAMILY SIZE NORMS IN PAKISTAN, WORKING PAPER NO. 21
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A. RAZZAQUE RUKANUDDIN
M. NASEEM IQBAL FAROOQUI
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29. MULTISTATE LIFE TABLE-AN OVERVIEW, WORKING PAPER NO. 29
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30. SOME CORRELATGES OF CHILDREN'S PARTICIPATION IN LABOUR FORCE IN PAKISTAN, WORKING PAPER NO. 30
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M. NASEEM IQBAL FAROOQUI
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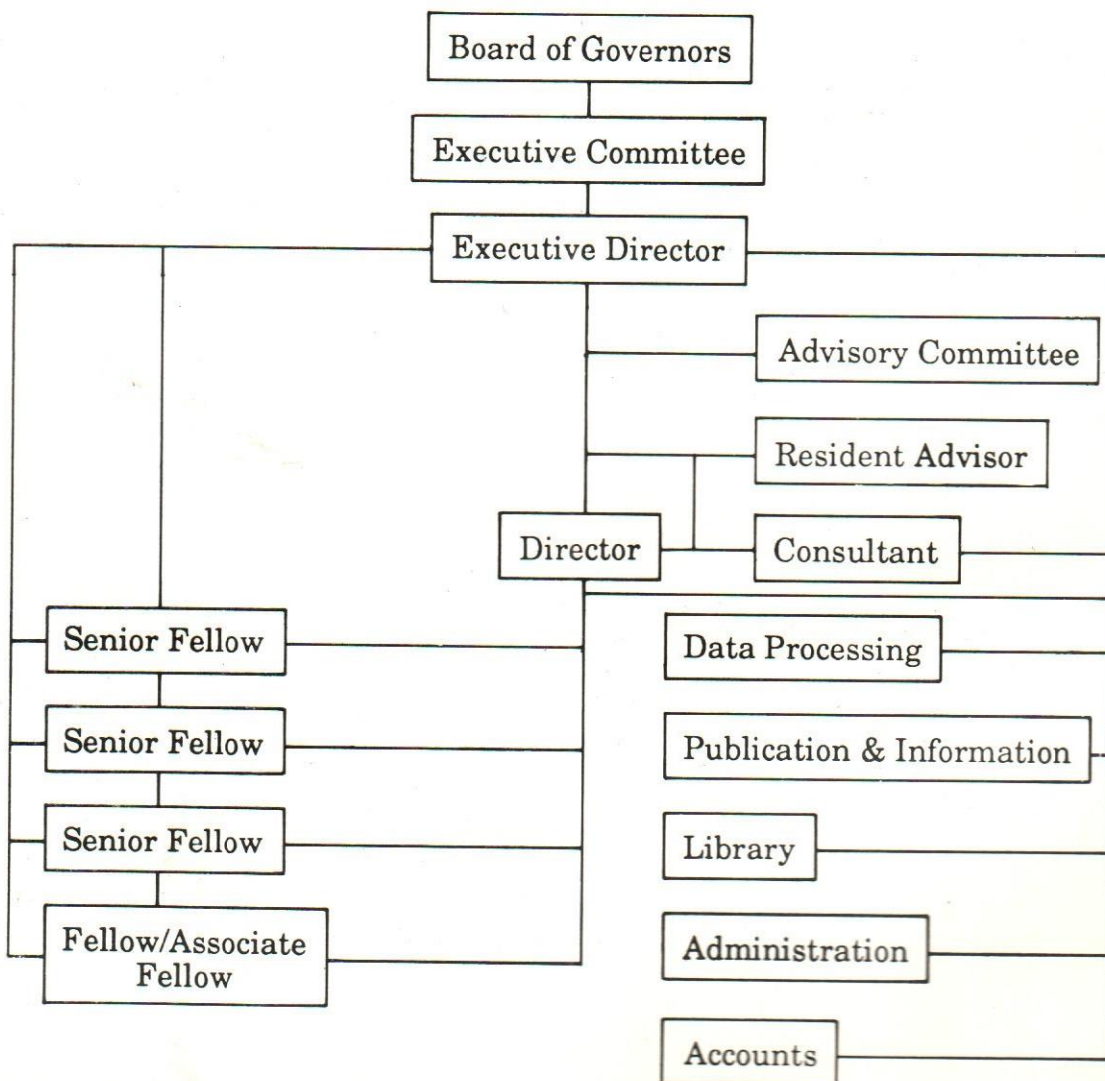
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Conceived to fulfil explicit aims, NIPS is set out to play a key role in the dynamics of national population and its complexities. Its canvas of activities is challengingly broad embracing socio-economic dimensions of a determined young nation. An autonomous organisation with a Board of Governors and an Advisory Committee of experts, NIPS functions as population and human resource development instrument of the Ministry of Planning and Development.

NIPS's charter assigns to it the responsibility of undertaking interdisciplinary research, impact studies of the population welfare programme, dissemination of information, training, special surveys and action-oriented research. It acts to interlink monitoring of development strategies with the changing demographic situation. Thus at macro level NIPS concerns with Population and development; Policy and programme evaluation; Social and behavioral change, surveys and action-oriented research pertaining to population welfare undertaken by both the public and private sectors.

SHORT TERM OBJECTIVES

Initiate methodological research insights in demographic impact of development variables and components of population welfare concepts.

Establish a population growth survey system.

Organise and promote regular intercommunication between Pakistani and international experts.

Serve as repository of demographic data and oversee sectoral, regional and national data base.

Design demographic models to facilitate systematic review and research of population factors in social and economic policies.

Help evolve comprehensive population policies and measures.

Promote an understanding of interaction between population and planning sectors.

Harmonise decision making and research in population through effective utilisation of findings.

Impart training to NIPS staff and that of sister organisation in research methodology and relevant existing data.

Assess results of innovative approaches to population and development planning and carry out improvement of vital statistics.

Assess results of innovative approaches to population and development planning and carry out improvement in the system of vital statistics collection.

Prepare an annual report on the state of the population in Pakistan.

Assist Population Welfare Division in the identification and formulation of strategies and monitoring of defined objectives and evaluation of the population welfare programme.

LONG TERM OBJECTIVES

Organise and promote research, survey, seminars, conferences, experiments and demonstrations in the spheres of population, social development, and general demography to stimulate and strengthen efforts in socio-economic and demographic development.

Contribute to the development of manpower and institution building by facilitating training in population and development planning, demographic analysis and evaluating research techniques.

Assist and advise both governmental and non-governmental organisations on modern research techniques and methodologies, population and development inter-relationships, impact of population programme and demographic trends and patterns.

Bring out a journal and prepare research papers, studies, policy analysis and other works and operate as a central clearing house in the field of population.