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Punjabi Families in Transition: An Intergenerational Study of Fertility and Family Change

Feyza Bhatti

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Abstract

Pakistan, a late starter in fertility transition, has been experiencing a rapid fertility decline since 1990. Although existing research often presents patriarchal family systems as a major reason for the delay of the onset of this transition, there is no empirical study investigating the transformations in these family systems or intra-familial power relationships during the ongoing transition. Published research also often fails to reflect the complex nature and processes behind this fertility transition as it lacks diachronic analysis and remains within disciplinary boundaries. This thesis contributes to filling these gaps through investigating the social processes underpinning the fertility decline in Punjab, Pakistan by:

1. employing an interdisciplinary approach that links demography with sociology, and quantitative approaches with qualitative ones, to provide a more comprehensive analysis of fertility and family change
2. employing an intergenerational approach that enables diachronic analysis of the differences in the reproductive careers of two generations of women and the actors' perceptions of factors contributing to these differences
3. providing multiple perspectives of family members regarding the reasons for fertility change, how reproduction is negotiated within the existing power hierarchies in the family, and how familial power relationships evolve to adjust these changes

The study employs a two-phased explanatory sequential mixed methods approach. Phase one utilises two existing Demographic and Health Surveys to compare the changes in fertility preferences and behaviour of Punjabi women aged 25-34 in 1990/1 and 2006/7. Phase two is a qualitative study conducted in Punjab in 2010/11 among young women, their mothers, mothers-in-law and husbands to gather data on their perceptions of reasons for fertility change and the ways in which families and family relationships bearing on reproductive decision-making has transformed during the ongoing transition.

The findings show that "planning a family", which was seen to be in the hands of God among the older generation, has entered into the "calculus of conscious choice" among young women who have specific preferences with regard to when and how many children to have. This transition has mainly been a response to rapid socio-economic developments and improved living conditions that are paradoxically experienced as growing economic constraints for the households through increasing costs of childbearing and rearing as well as generating aspirations for social mobility. This was also complemented by changes in values and attitudes regarding family planning, parenthood and familial relationships led by institutional changes and policy developments including expansion of family planning programme, changing religious stances about family planning, the spread of mass media, and increased (importance given to) female schooling. All of these developments also coincide with a subtle transformation of family systems in Punjab, as well as a limited dissolution of previously existing power relationships within the families by expansion of the boundaries of gender roles, honour and obedience. Although young women are expected to be obedient to their husbands and mothers-in-law with regard to fertility decisions, they have been able to influence the power dynamics between themselves and their mothers-in-law by building stronger conjugal relationships and being submissive to their husbands' desires.

Declaration

In accordance with University regulations, I declare that I am the sole author of this thesis and the work contained herein is original and my own. I also confirm that this work or any part of it has not been submitted for any other degree or personal qualification.

Feyza Bhatti

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Abbreviations

CEB	Children ever born
CPI	Consumer price index
CPR	Contraceptive prevalence rate
DCO	District Coordination Officer
DHO	District Health Office
DHS	Demographic and Health Surveys
DTT	Demographic transition theory
EDO	Executive District Officer
FPAP	Family Planning Association of Pakistan
FWC	Family Welfare Centre
GDP	Gross domestic product
GER	Gross enrolment rates
IEC	Information, education and communication
IUD	Intrauterine device
KP	Khyber Pakhtunkhwa
LFPR	Labour force participation rate
LHW	Lady health workers
MICS	Multiple Indicator Cluster Survey
MSU	Mobile service units
NGO	Non-governmental organisation
PFPPHC	Programme for Family Planning and Primary Health Care
PIPO	Pakistan Institute of Public Opinion
PSLM	Pakistan Social and Living Standard Measurement Survey
PWO	Population Welfare Office
TBA	Traditional birth attendant, untrained
TFR	Total fertility rate

Abbreviations used for family relationships

M	Mother
F	Father
H	Husband
W	Wife
S	Son
D	Daughter
Z	Sister
B	Brother
e	Elder
y	Younger

Examples: HeBW: Husband's elder brother's wife;
MZS: Mother's sister's son

Abbreviations used for defining in-text characteristics of interviewees

Format:	Young women	Name	(Age / R or U / 0 or Gr# / #S#D)
	Mothers	Name's M	(Age / R or U / 0 or Gr# / #S#D)
	Mothers-in-law	Name's HM	(Age / R or U / 0 or Gr# / #S#D)
	Husbands	Name's H	(Age/ R or U/ 0 or Gr#)

R	Rural
U	Urban
0	No schooling
Gr#	Grade completed
#S	Number of sons she has
#D	Number of daughters she has

Examples:

Aleena (24/R/Gr14/1D): Aged 24/Rural/Completed grade 14/has 1 daughter)

Afaf's HM (65/U/0/2S4D): Aged 65/Urban/No Schooling/2 sons and 4 daughters)

Abbreviations used for interviewers

FB	Feyza Bhatti
FN	Faisal Nadeem
GM	Ghulam Mustafa
MJ	Masooma Jafri
QK	Qurat-ul-ain Khaliq

Currency conversion rate during fieldwork

1 GBP ≈ 135 Pakistani Rupees

Glossary

‘azl	Coitus interruptus, withdrawal
āgāhī	Awareness
‘alāḥida ghar	Separate house
Allāh ta’ālā	God, exalted be He
Allāh	God
*ā*m	Common
āmīn	God grant it be so
an-paṛh	Uneducated, used for grades 0-5
apnā (-ī/-e)	Her/his/their own
apnā ghar	Own house
apne wāle	One’s own, marriages among first cousins from both mothers and fathers blood line i.e. consanguineous
āzādī	Freedom
baćhā (-ī/-e)	Male/Female child/children
bāhir se	From outside, non-consanguineous marriage
bahū	Daughter-in-law, bride
bahut	Plentiful, more than enough
band karwānā	To get the tubes closed, sterilisation
baṛā	Big
baṛā baṅda	Respectable man; superiors
baṛā operation	Caesarean section
bāt	Matter
beṭī	Daughter
bhābhī	Husband’s sister, also used as a respectful term for an unrelated woman
birādrī	Brotherhood, kinsfolk, patrilineal kin
bojh	Burden, responsibility
ćahārpai	Traditional rope bed with four wooden legs
Chak	Name of the village

ćhoṭī	Small
ćhoṭī operation	Tubal ligation, sterilisation
dā'ī	Untrained traditional birth attendant, midwife
daur	Times, era
dīn	Religion
dupatta	Long scarf essential to women's suits
Eid	A Muslim festival
ĕ'tirāẓ	Objection
fā'ida	Benefit
fārig̱	To be free
farmān-bardār	Obedient
farz	Duty, religious duty
g̱air	Stranger, - *family*, unrelated to family by blood or marriage
g̱alṭī	Mistake
ghar	House
gunāh	Sin
guẕāra karnā	To subsist
ḥadīṣ	A tradition or narration relating to or describing a saying or an action of Mohammad
hakīm	Muslim practitioner of Greek/Arabic medicine
ḥālāt	State, conditions, circumstances
ḥaqq	Right
ḥisāb	Calculation
ijāzat	Permission
Inshā'llāh	God willing
'ishq	Love
'izzat	Honour, respectability, prestige, family or personal standing
'izzat-dār	Honourable, respectable
jawān	Young adult, a girl who has reached menarche
joṛī	Pair

kāfī	Enough, sufficient
kam	Little
kam paṛhī-likhī	Less educated, usually used for grades 8-10
kẖandān	Family, household; race, lineage, descent, house
kẖarāb	Ruined
kẖarća	Expense
kẖushāl	Happy
lenā	To take
Mā shā' Allāh	What God wills, may God preserve him (or it) from the evil eye
māhol	Environment, surroundings
majbūr(-i)	Constrained, forced/ Compulsion
manṣūba bāṅdhi	Family planning
marẓī	Will, wishes, desires
Mashhūri	Advertisement
matric	Completing 10 years of schooling by passing an external board exam
mehaṅgāi	Inflation, dearness
mukammal	Complete
naik	Respectable
nasbandī	To get the tubes closed, sterilisation
naṣīb	Share in life, destiny
nasl	Generation
nikāḥ	Marriage, not necessarily followed by consummation of the marriage
nuqṣān	Harm, damage, detriment
operation	Caesarean
pāg	Hat/turban, connotes honour
pakkā	Concrete
parda	Modesty; seclusion, concealment
pareshānī	Worries
parhez	Abstinence

paṛhī-likhī	Educated, used for grades 12 and above
parwā	Care
parwarish	Nurture, education
piyār	Love
pūrā (-ī)	Complete, full
Rabb	God
rasm	Practice
rishta	Marriage alliance, match
rishta-dār	Relative, related by blood or marriage
riwāj	Custom
rizq	Sustenance
roshnī	Light
roṭī	Flat griddle-baked bread
rozī	Daily food or portion, sustenance
sāda	Simple
sāfāi karānā	To get the uterus cleaned, abortion
sahūlat	Facility
sa<u>kh</u>t(i)	Strict/strictness
samajh-dār	Intelligent, sensible, wise, prudent, perceptive
sambhālnā	To take care of, to sustain
sarkārī	Belonging to government
sās	Mother-in-law
shādī	Marriage
Shahr	Name of the urban area, city
shalwār qamīz	Long chemise and loose trousers, national dress
sharm	Shame, modesty
shauq	Interest, fancy, fondness
soć	Thoughts, thinking
sunnat ki ṭarīqa	Family planning methods accepted by Islam including coitus interruptus and lactational amenorrhea
susrāl	In-laws house, affinal home

talīm	Education, used to refer to schooling
ṭāqat	Strength
ṭarīqa	Family planning methods
tehsil	Sub-district, administrative level smaller than a district
tez	Sharp, keen
waqfa	Break, gap, spacing
waqt	Time
zamāna(-e)	Times
zāya karanā	To get a child wasted, abortion
zinā	Adultery
zindagī	Life
zor	Force

Source: Platts, John T. 1884. *A dictionary of Urdu, classical Hindi, and English*. London: W. H. Allen & Co.

> [A]s well as understanding the structural, demographic and social context in which fertility occurs, there is a need to understand the decisions individuals [couples, families] make about having children. While these decisions occur within a broad social, economic and cultural context, individuals still make decisions. A better understanding of fertility decision making must add this subjective dimension in order to gain a fuller grasp of the factors behind declining fertility rates.
>
> De Vaus (2002: 21)

Introduction

My interest in researching fertility and family relationships in Pakistan is mainly derived from personal experiences dating back to 1998; the year that I arrived in Pakistan as a foreign wife and *bahū* (daughter-in-law).

As a naive young woman from North Cyprus, I was expecting to experience some cultural differences, particularly with regard to dress code and religious practices, but I did not think once that such a personal matter as my reproduction would be up for discussion beyond me and my husband. In the initial months of my marriage, "are you pregnant?" was one of the most common questions put to me by my husband's family and female relatives, although my own mother did not ask me this once. It took me some time to realise that I was indeed under fecundity surveillance, but at that point I considered these questions as a mere "curiosity". I still remember the happiness of my mother-in-law, kissing my forehead when we broke the news about my pregnancy six months into our marriage, when it was the right time for us. I also remember the shock I felt when some family members, whom I assumed had come to congratulate us on the birth of our daughter, told me "We are sorry, *inshā'llāh* (God willing), you will have a son next time" and explained to my husband that he had to keep his head down for rest of his life as having a girl meant bowing down in front of her future in-laws. Once again, from the time that my daughter started walking, I was repeatedly asked when I was going to have the next baby and it was suggested that I have a son as soon as possible. These questions, however, lost their momentum by

the time my daughter turned eight or nine years old, when I was compelled to repeatedly explain how satisfied my husband and I were with having only one child. How could a person be satisfied with one child, especially a daughter, i.e. not a son? Perhaps even now none of these women understand the reason why, but these questions gradually turned into pity that people felt for me, perhaps as they began to believe that this could only be God's decision, not our preference. Eventually, everyone (including women I met during my fieldwork) was praying for me to be blessed with a boy. As a result of such sentiments, which were quite contradictory to my upbringing in terms of both the extent of interference in our fertility matters and the preference for boys, I felt irritated most of the time. Nevertheless, it would be untrue to say that these questions did not affect me slightly or make us reconsider our decision to have one child on a number of occasions.

In 2002, when I started my research career in Islamabad, it was mostly these personal troubles that inspired me to focus on gender in general, and on reproductive matters in particular, in South Asia. Over the next couple of years, I came to realise that the issues I had personally experienced were just the tip of the iceberg, and that women in South Asia are not only questioned about their personal preferences but are also told what they can and cannot not do throughout their lives, in addition to facing many forms of discrimination from before their birth until their death. Although my husband and extended family did not restrict me from following my own desires and plans, I realised that it tends to be others – men or older women – who take most of the major decisions about young women's lives, even when the young women are adults, wives and mothers, i.e. when they have achieved statuses which in my country would emancipate them from others' control. My personal troubles, which were miniscule compared to those of most of the women in Pakistan, constitute major public issues in South Asia. I was keen to learn more about what was happening in the reproductive lives of women, particularly how decisions were made about timings of births, family size and contraception.

My job[1] provided me with the chance to conduct research on fertility matters. Initially, I relied only on existing literature and secondary datasets, and what they suggested about the determinants of fertility preferences and contraceptive use. By 2006/7, I was collecting qualitative data as a part of a team investigating the role that schooling plays in the fertility and reproductive health of women, as a part of a multi-country project. This eventually led to me pursuing a PhD at the University of Edinburgh.

My work experiences sharpened my interest in studying fertility and power relationships within families, particularly among young women, their mothers and mothers-in-law. I increasingly believed that most of the indicators – particularly those used to define women's status, such as schooling, mobility and employment – were limited as they could not capture the process of decision-making because familial relationships were left out of the equation. Furthermore, young women, irrespective of what they were able to achieve in terms of schooling, were showing some form of reproductive agency in their natal and affinal homes. Research suggested that they were participating in major decisions, such as whom to marry and how many children to have, but the broader contours of what they were allowed to do were still defined by their families (Bhatti and Jeffery 2012; Jeffery *et al* 2012). Talking to women, rather than just looking at their combined responses to a questionnaire, also helped me to develop empathy towards their conditions, particularly their cultural, social and familial situations.

After a decade of living in Pakistan, I had changed and become more "aware" of the cultural and familial milieu that women were living in. The country also did not remain the same: I was able to find most of the products I used to buy in Cyprus, the private education and health sectors flourished, a fashion industry emerged and many national and international brands of clothing became available in newly opened shopping malls, and private TV channels started broadcasting. Most of the young men were considering working abroad for economic reasons, and a notable number

[1] I worked at Mahbub ul Haq Human Development Centre, a non-profit research institute, as a Research Fellow (2002-2004), Senior Research Fellow (2004-2006), and Senior Research Fellow and Deputy Director Projects (2006-2008).

of family members and friends also managed to do so. Religion, which was always a significant part of people's lives, was assuming an increasingly prominent place in daily conversations, particularly after 9/11, and religious intolerance among different sects was on the rise. By 2008, the preliminary results of the DHS 2006/7 became available and confirmed that Pakistan was also progressing remarkably in terms of controlling fertility: the total fertility rate (TFR) declined from 5.6 in 1990/91 to 4.1 in 2006/07 (NIPS *et al* 2008).

This renders the contemporary period an extraordinarily interesting one to investigate the process of fertility change and the dynamics of family relationships as they pertain to fertility: How different are the fertility preferences (ideal number of children, timings of childbirth, sex preferences) and behaviour (fertility regulation) of two generations of women? What are the motivations for this change, as explained by the individuals who were going through the transition themselves? Are intra-household power dynamics changing on matters pertaining to fertility? How are fertility preferences and behaviours negotiated by young women and their mothers-in-law, who do not only have different educational attainment levels but also are living in a rapidly changing socio-economic milieu in Pakistan?

Answering these questions would also contribute significantly to the available empirical research on fertility transition in Pakistan, which primarily employs a demographic approach, utilises quantitative data, focuses on identifying the determinants of individuals' fertility preferences and contraceptive use, and although recognising their importance, rarely touches upon familial relationships and fertility transition. The few studies that have investigated the fertility transition in the country also base their findings on macro-level developments and their "possible relationships" with fertility change. As such studies fail to give voice to those who make fertility decisions, they lack a "full grasp" of the factors involved in the fertility transition. Furthermore, none of these studies investigates the possible transformations in gender and family systems during the fertility transition in Pakistan. They fail to reflect the complex nature and processes behind fertility transitions as they lack diachronic analysis and remain within disciplinary

boundaries. This thesis therefore aims to contribute to filling these gaps through investigating the social processes underpinning the fertility decline in Punjab, Pakistan by:

1. employing an interdisciplinary approach that links demography with sociology, and quantitative approaches with qualitative ones, to provide a more comprehensive analysis of fertility and family change;
2. employing an intergenerational approach that enables diachronic analysis of the differences in the reproductive careers of two generations of women and the perceived changes in factors contributing to these differences;
3. providing multiple perspectives of family members with regard to reasons for fertility change, how reproduction is negotiated within the existing power hierarchies in the family, and how familial power relationships evolve to adjust these changes.

Such a study could also inform policy makers in the development of population policies and programmes in Pakistan, which aim to attain a TFR of 2.1 (i.e. replacement level fertility) by 2020 and improve the dismal women and child health outcomes in the country.[2]

These motives and questions, and the gaps in empirical research shaped the aims of this thesis.

Research aims and questions

The main objective of this study is to advance the understanding of fertility decline in Pakistan through investigating the change in women's fertility preferences and behaviour, and how these changes and their causes were understood and negotiated by two generations of Punjabi women within their existing family structures and

[2] Pregnancy and childbirth account for 20% of all deaths among women of childbearing age in Pakistan. The maternal mortality ratio is high and short birth intervals considerably reduce the chances of survival for children (Maitra and Pal 2008; NIPS *et al* 2008).

relationships, particularly with their mothers and mothers-in-law. While doing so, I also aim to investigate the transitions in families and familial power relationships.

The following interrelated research questions are addressed:

1. What were the fertility preferences and behaviour of young Punjabi women (aged 25-34) in 1990/1 and 2006/7? How do location (urban/rural) and female schooling affect these preferences and behaviour? Has there been a change in these between 1990/1 and 2006/7?
2. How were these changes and the reasons for them understood and explained by these two generations of women in 2010/11?
3. Are gender and family systems, in which fertility is embedded, also going through a change? If so, how?
4. What are the roles of the older generation (mothers and mothers-in-law) in relation to the fertility careers of young women? Has there been a change in these roles? Do the educational levels and other social experiences of younger and older women affect this?
5. How do young women negotiate with family members over their fertility preferences and behaviour? Do young women and their mothers and mothers-in-law negotiate their fertility differently at similar stages of their fertility careers? If so, how?

In order to be able to answer these questions, I employed a two-phased explanatory sequential mixed methods approach. For the quantitative phase, utilising two existing Demographic and Health Surveys (DHS), I compared the changes in fertility preferences and behaviour of Punjabi women (from age cohort 25-34) in 1990/1 and 2006/7. For phase two, I conducted a qualitative study in Punjab among young women (aged 25-34), their mothers, mothers-in-law and husbands to gather data on their perceptions of reasons for fertility change, and the ways in which families and family relationships bearing on reproductive decision-making have transformed during the ongoing fertility transition.

For the qualitative study I located myself in Sargodha, a central Punjabi district with rapid fertility and socio-economic change, which was also logistically suitable due to the presence of strong contacts, as explained in detail in Chapter 3. Between September 2010 and June 2011, I and my research assistants conducted seventy-five semi-structured interviews with young women (24), their mothers (23), mothers-in-law (22) and husbands (6), which were divided equally between urban and rural areas.

I embarked on this research with the belief that within the context of a highly patriarchal and gender-segregated society like Pakistan, where reproductive health issues remain mostly in the domain of women, social relationships that structure how young women manage this transition are those with other women – in particular mothers and mothers-in-law. I was also flexible enough to make slight changes in the research design, particularly with regard to including other members of the household. During fieldwork our interviews suggested that a woman's other relationships, particularly with her husband, were also important and undergoing change during this transition. Therefore a small number of interviews with husbands were also added to my sample towards the end of the fieldwork.

Outline of the thesis

The first chapter discusses the relevant theoretical frameworks which assist in understanding fertility transitions and changes in families. Borrowing from feminist approaches to demography and family power relationships, the chapter also presents the ways in which familial power relationships and women's agency were theorised and studied in patriarchal contexts.

Chapter 2 presents an overview of fertility transition, the organisation of the family, and the socio-economic situation in Pakistan, as well as policy developments in these areas, particularly since the 1990s.

The third chapter describes my methodological approach, which was a sequential explanatory mixed methods study. I provide the details of how I utilised two existing DHS to show the change in fertility preferences and behaviour of young women aged 25-34, and the details of my qualitative study conducted in district Sargodha in 2010/11.

The next five chapters set out the findings of this research. Chapter 4 discusses changes in fertility preferences, such as ideal number of children, the timings of first and subsequent births, and the sex composition of children, and changes in fertility behaviour, including contraceptive use, contraceptive method mix and abortions. I argue that there have been notable changes in terms of both fertility preferences and women's behaviour in Punjab. Fertility, which was mostly an unconscious conduct among the older generation, has become a planned behaviour among all women, irrespective of where they live and their level of schooling.

Chapter 5 focuses on the perceived reasons why young women want a smaller number of children as compared to the previous generation. Unpacking *mehaṅgāi* (inflation), the main explanation given for this difference, the chapter also shows the paradoxical ways in which economic forces and improved living conditions have played a constraining role in the fertility preferences of young women. I argue that while improving living conditions have heightened the economic pressures on the household through increasing the cost of childbearing and rearing, they have also raised the aspirations of young women to achieve a "better life" for themselves and their children. While the aspiration for social mobility through children's schooling is a major motivation among all, young women also have aspirations for themselves in less subtle forms.

Chapter 6 focuses on the perceived reasons for changing fertility behaviour, particularly increased use of contraception and the possible institutional or policy channels that have affected people's attitudes towards the family and family planning. The chapter reveals that the research participants attributed the young women's changed fertility behaviour to their "awareness", a state associated with the

expansion of family planning services, mass media and female schooling, as well as the changing discourses on the permissibility of family planning in Islam. It argues that this reasoning indicates wider changes in norms and attitudes towards the family and family planning in Pakistan.

Chapter 7 shifts the focus from perceptions of reasons for changed fertility preferences and behaviour, to continuity and change in gender and family systems during an era of rapid socio-economic transformation. It demonstrates that the domestic roles of women, familial honour, and expectations about women's obedience continue to define the broader margins of family systems. The chapter also reveals the "cracks" in these margins by examining the rather subtle changes in the roles of women, and flexibilities in honour and obedience. Furthermore, there have been some transformations in marriage systems, indicating the higher importance given to spousal compatibility and intimacy, and weakening parental control over spouse selection, although marriages continue to be predominantly arranged and consanguineous.

Chapter 8 presents members of the older generation's perceptions of their control over their daughters-in-laws' fertility, and the ways in which fertility is negotiated. It does so by comparing two generations' accounts of how they negotiated fertility regulation at four stages of their fertility careers: marriage to first birth, temporary contraception, permanent contraception, and abortion. Although older women desire a say in the number of children the young couples have and the timings of these births, they feel that their daughters-in-law act according to their own wishes. The chapter also reveals that young women exercise varying forms of agency – from strategic submission to resistance – in their own fertility careers. Husbands continue to play a significant role in decisions with regard to the fertility careers of women at every stage, but decisions about fertility regulation are more likely to be mutual as compared to the previous generation. Mothers-in-law do continue to have some control over young women's fertility, however, conjugal agency performed by the couple emerges as a strong resistance mechanism that can restrict the mother-in-law's influence, particularly with regard to the use of temporary contraception.

I draw my findings together in the conclusion, and present the main limitations of the study and identify some areas for further research.

> To have 'a universally valid "grand narrative" about how fertility changes' is not something any of us, as sceptical rationalists, should necessarily be striving for; or anything we would ever want to believe in.
>
> Szreter (2011: 68-69)

1. Fertility transition, family systems and women's agency

This thesis is about fertility transition in Pakistan, where reproduction is largely embedded in highly patriarchal and heteronomous family systems. My focus is on understanding fertility transition by providing the perspectives of two generations of women on their reasons for changing fertility preferences and behaviour, as well as unfolding transitions in family systems and familial power relationships pertaining to fertility.[3] This review, therefore, discusses how fertility transition and social changes in families have been theorised and studied.

I draw on two disciplines that have contributed to the understandings of fertility transitions and social changes in families: demography, which largely borrows from economics, and sociology. Considering the asymmetric power relationships among family members in Pakistan, I also borrow from feminist approaches to family systems, intra-household power relationships and women's agency in contextualising women's relationships with their husbands and mothers-in-law. The chapter sets up an argument for the necessity of research which gives importance to changes in the socio-economic and cultural context, family systems and intra-household power relationships in order to understand the reasons for rapid fertility declines in Pakistan.

Fertility transition is a crucial component of social changes in families and of demographic transitions. Hence, there are two broad approaches to fertility transition

[3] Rather than assuming any unidirectional causal relationship between the changes in family systems and fertility, I consider this relationship as a dynamic and interlinked process.

and family change: a) studies that explain the reasons for fertility transition through individual or familial responses (changing preferences, attitudes or behaviour) to changes in wider economic, social, political and cultural contexts; and b) studies investigating the role of urbanisation/modernisation/globalisation processes in social changes in families, which also intrinsically consider demographic changes. The first section provides an overview of relevant theoretical approaches to fertility transition, including the ways in which they have conceptualised the family and explained changes within families. The second section presents the institutional approaches to fertility transition, with a focus on religion, family and gender systems, and the ways in which intra-familial power relationships and the agency of women have been theorised for patriarchal contexts. The third section presents relevant explanations of changes in families resulting from industrialisation processes.

1.1 Explaining fertility transitions

Since the early twentieth century, scholars from various disciplines such as demography, economy, history, psychology, sociology and anthropology have devoted significant attention to the reasons for fertility transitions. An enormous amount of research is devoted to explaining historical and contemporary fertility transitions in developed and developing countries, as well as the social implications of below replacement fertility levels, predominantly in developed countries.[4]

Total fertility rates in developing countries, including South Asia, declined from six children per woman to around three children per woman between the 1950s and 2005 (United Nations Population Division 2013). There were significant variations in the timing of the onset and pace of the transition among developing countries but the pace was relatively rapid as compared to century-long transitions in Western Europe and North America.[5]

[4] The research on fertility transitions in developed countries is excluded. For a recent review of studies on fertility transition in developed countries see Balbo *et al* (2013) and for discussions on the social, economic and political effects of fertility transitions see chapters 6 & 7 of Dyson (2010).
[5] For details of the onset, pace and status of fertility transition in developing countries see Bongaarts (1986; 2008)

By the time fertility transitions were starting in developing countries, the main theoretical contribution of demography – demographic transition theory (DTT) – and its related extensions within economics, were already developed. These early theories explain fertility transitions through structural changes and socio-economic developments led by industrialisation/urbanisation processes. Although they continue to dominate explanations of fertility transitions in the developing world, DTT is now considered as "a comfortable old hat: much loved, often used, no longer shapely or weather-proof" (Woods 2000: 112). It is no longer weather-proof because countries are heterogeneous, and although declines in child mortality have led to fertility declines in pre-transitional countries, there has not been any one "grand theory" that can be used to define the timings of and mechanism leading to fertility decline in a country (Cleland 2001; Dyson 2010; Hirschman 1994; Mason 1997). Alternative approaches mainly posit a wide variety of other factors influencing the processes of transition: changes in social, religious and cultural milieus, institutions, and gender and family systems which affect individuals'/couples' attitudes and decisions with regard to childbearing and rearing, contraception, and family life (for examples see Bongaarts and Potter 1983; Caldwell 1982; 2005; Cleland and Wilson 1987; Donaldson 1991; Freedman 1979; Knodel and van de Walle 1979; Mason 1988; 2001; McDonald 2000; McNicoll 1980).[6] Significant attention has also been devoted to examining the contribution of family planning programmes to fertility declines in developing countries (Bulatao 1998; Caldwell and Barkat-e-Khuda 2000; Feyisetan and Casterline 2000; Larson and Mitra 1992; Ruth 1996), although their impact (independent of socio-economic development) on fertility transitions is also widely challenged (Hernandez 1981; Jain and Ross 2012).

Looking at the literature, therefore, it is possible to identify a number of approaches associated with two so-called "diverse universes" in explaining fertility declines: structure versus culture. There is no uniform path in fertility transitions within and across countries, as fertility transition does not have a single cause and many causal forces might work together, at varying strengths, and at any point during the

[6] For critical reviews of theoretical approaches see Hirschman (1994), Kirk (1996), Mason (Mason 1997) and Szreter (2011).

transition (Mason 1997). Szreter (2011: 68) defines the possible range of factors that influence reproduction as:

> laws, governments, civic associations, other institutions of governance, religious and secular beliefs, sexual codes and moral norms, emotions, aspirations and myths, physical and biological environments, technologies, forms of knowledge and cultures, social and ethnic divisions, relations of power, hierarchies of status and symbols of prestige, forms of employment, consumption patterns and economic relations, ideologies of gender, inter-generational relations, and, of course, the contingent internal and external political and economic histories of societies.

Dichotomies created by disciplinary approaches are somewhat artificial as most of the factors used for explaining fertility declines are interlinked rather than independent, and complementary rather than contradictory. The problem is that there is a lack of diachronic empirical studies that address how individuals experience and respond to wider economic, social, and political changes within their family systems, which also adjust to these changes. A marriage of demography with sociology could bring a broader understanding of fertility transitions and family change.

The following sections provide some explanations of fertility transitions that I have found relevant to this study. Capturing all explanations is impossible, and those mentioned below are only a selection with some cursory considerations of how families were conceptualised.

1.1.1 The role of industrialisation/urbanisation and demand for children

Fertility transition, which itself is considered as a process of modernisation in the fertility transition literature (Caldwell 1982; Säävälä 2001), cannot be discussed without mentioning the role of industrialisation/urbanisation processes and the structural and socio-economic developments in health and education which they instigate. Such developments include alterations in parental perceptions of the costs and benefits of children, and mobility aspirations.

1.1.1.1 Increasing costs/decreasing benefits of children

The DTT is rooted in the earlier works of demographers Warren Thompson (1929), Kingsley Davis (1945; 1963) and Frank W. Notestien (1945), who show the demographic shifts in the population from the high mortality/high fertility stage to the low mortality/low fertility stage. DTT uses a macro-economic approach and overemphasises the role of industrialism and urbanisation[7] on creating new ideals in family size through altering the costs and benefits of children. According to Mason (1997: 444), the theory:

> attributes fertility decline to changes in social life that accompany, and are presumed to be caused by, industrialization and urbanization. These changes initially produce a decline in mortality, which sets the stage for – or by itself may bring about – fertility decline by increasing the survival of children and, hence, the size of families. Urbanization and industrialization also create a way of life in which rearing more than a few children is expensive enough to discourage most parents from having large families.[8]

Urbanisation undermines the "traditional values" that support large families, both directly, by making children less advantageous as they become costlier and their contributions to the household economy decline with mass education, and indirectly, by creating alternatives for women in terms of economic roles outside the home (Cleland and Wilson 1987; Hirschman 1994).

In earlier studies, family was usually approached as an economic unit: relatively abstractly as in the aforementioned macro-level approaches when compared to demand theories based on micro-level economic consumer models. The latter theories posit that fertility declines are driven by decreasing demand for children (priced normal goods that provide utility to their parents) resulting from their increased costs. Households are presumed to be rational economic units trying to maximise a joint utility function based on the life-time budget constraints of the

[7] A large number of studies also posit that improvements in human development, particularly in education, health and child mortality, are the most crucial determinants of fertility changes in developing countries (Bongaarts 2003; Bongaarts and Watkins 1996; Sen 1999).

[8] Some scholars consider mortality declines as the driving force of urbanisation (Dyson 2010) and others argue that fertility declines can be observed without parallel mortality declines (Van de Walle 1986).

family (Becker 1960) and facing a trade-off between the quantity and quality of children (Becker 1981).[9]

The economic costs and benefits of children to families also remained central in sociological approaches. These retained the concept of demand for children in their explanations of fertility behaviour but expanded the analysis to include a) biological and sociological factors (Easterlin 1975; Easterlin 1978; Easterlin and Crimmins 1985); b) social conditions like the direction of intergenerational flow of wealth resulting from shifts in the family structures from extended to nuclear, with the diffusion of Western ideals of the family (Caldwell 1976; 1982; 2005); c) the psychic costs of contraception and diffusion of birth control (Retherford 1985); and d) the spread of new ideas and aspirations of consumerism arising from worldwide communications networks (Freedman 1979).

The theories of social change also integrate a cost/benefit analysis of children. These theories argue that socio-economic changes – industrialisation, urbanisation, income growth, expansion of education and health – make individuals less connected to their families and more connected to non-familial institutions. This leads to various attitudinal changes, such as individualistic attitudes towards family, increased consumerism, adapting Western ideals of family life (including nuclear living and companionate conjugal relationships) and secularism (Caldwell 1982; Coleman 1990; Lesthaeghe and Surkyn 1988; Thornton and Fricke 1987; Thornton and Lin 1994). These changes, and particularly increased consumerism, would lead to alteration of the relative costs and benefits of children, and eventually fertility declines.

The costs and benefits of having children are not simply economic, nor are they static, gender neutral or similar for each member of the family. For example, the physical and emotional costs of repeated childbearing on women's and siblings' health are other costs that need to be considered. Similarly, the benefits of children are not limited to their economic returns. As Nauck and Klaus (2007) shows in a

[9] For more diverse analysis and critiques of economic models see Pollak and Watkins (1993).

cross-national study, children provide various benefits for their parents, relating to work and income, insurance, status, comfort, esteem and emotional well-being, and their value varies among countries based on their kinship systems and affluence levels.[10] The relative importance of the costs and benefits of children for individuals/families are context-specific and also depend on the gender and family systems in question (see Section 1.2.2.1).

1.1.1.2 Social mobility aspirations and demand for children

> Any man tends... to climb unceasingly, as oil rises in a lamp wick...For one who starts at the bottom to arrive at top, it is necessary to run fast and not to be encumbered with baggage. Thus, while an ambitious man can be served by a good marriage... his own children, particularly if they are numerous, almost inevitably slow him down.
>
> (as cited from Dumont in Greenhalgh (1988: 630-31))

Based on Dumont's idea of social capillarity, Davis (1963) contributed to the DTT with his multiphasic response theory. He argues that during the industrialisation process, families respond to increasing population pressure on households (caused by declines in mortality and increased longevity) by employing measures to limit family size (varying from postponing marriage to abortion), in order to maintain or improve the wealth of the household as they realise that their traditional fertility behaviour creates a barrier to attaining the benefits of the emerging economy. Hence, "it was in a sense the rising prosperity itself, viewed from the standpoint of the individual's desire to get ahead and appear respectable, that forced a modification of his reproductive behaviour" (Davis 1963: 352) and the motivation behind the fertility decline is "the betterment (or holding onto recent improvements) during the modernization process" (Hirschman 1994: 212). For Davis (1963), family is a competitive economic unit concerned with its standing among other families.

[10] A number of studies investigate the changing value of children among three generations (Trommsdorff *et al* 2005) and indicate that economic values of children (Sam *et al* 2005) and values of sons are decreasing (Kagitcibasi and Ataca 2005).

Later studies argued that aspirations for social mobility, or at least securing one's own position, were also present in pre-transitional societies, but became more visible when external forces, such as political, cultural and social environments, change and place pressure on families (Caldwell 1982; Greenhalgh 1988). Caldwell (1982; 2005), for example, shows that individuals reduce their fertility once external forces – mainly structural changes in economy from agriculture to industrial production and partially diffusion of Western ideals about the family – change the direction of net intergenerational flows. Such flows are directed from children to parents in pre-transition societies and from parents to children after industrialisation, particularly when education becomes widespread (Caldwell 1980).

The role of culture and institutions is also important in shaping mobility aspirations and fertility behaviour. Greenhalgh (1988: 638), using the concept of "fertility as mobility" and focusing on culturally mediated fertility and mobility links in a Chinese community, states that

> in any given society security and mobility (as well as fertility) behaviour is determined partly by the political, economic, and social institutions that shape the environment in which individuals act, and partly by culture, the learned repertoire of beliefs and behaviour patterns. Culture is contextually sensitive: what elements of the repertoire are manifest at a given time depends on the opportunity and constraints posed by the institutional environment.

The above sections raise three points: Firstly, the pressures created by improvements in socio-economic contexts alter demand for children through increasing their costs and decreasing their benefits, and might raise the mobility aspirations of parents; secondly, cultural and institutional contexts shape this process; and thirdly, individuals are also aware of the benefits of having smaller families and better living conditions, and perceive that they can attain a better standard of living by altering their fertility behaviour. This final point will be discussed in the next section.

1.1.2 Ideational forces: diffusion of ideas about family planning and the "modern family"

Arguing for the insufficiency of theories invoking the need for structural changes as a precondition for onset, speed or geographic location of fertility declines in developing countries, Cleland and Wilson (1987) suggest that rather than demand-driven forces, ideational changes are the driving forces behind fertility declines.[11] Ideational changes might occur through diffusion of ideas about family planning as well as family structures and relationships in "Western" or "modern" societies.

1.1.2.1 Diffusion about family planning: ready, able and willing

In an effort to identify the reasons for initiation of voluntary control of marital fertility in European contexts, Ansley J. Coale (1973) delineates three preconditions for fertility transition: a) fertility limitation should be perceived as being advantageous (readiness); b) the idea of fertility regulation must come under the "calculus of conscious choice" (willingness); c) people should have the knowledge and means to control their fertility through contraception (ability). The first condition is linked with social and economic changes and the cost/benefit analysis of children, as discussed above. For second condition, Coale (1973: 65) defines the "calculus of conscious choice" as follows:

> Potential parents must consider it an acceptable mode of thought and form of behaviour to balance advantages and disadvantages before deciding to have another child – unlike, for example, most present day Hutterites or Amish, who would consider such calculations immoral, and consequently do not control marital fertility.

The calculus of conscious choice, therefore, is associated with diffusion of knowledge about the controllability of fertility and its acceptability on moral or religious grounds. "Willingness" is not necessarily observed as soon as societies become "ready" or "able" because, as Lesthaedge and Vanderhoeft (2001: 244) note,

[11] Retherford (1985) and Bongaarts and Watkins (1996) also argues that responses to socio-economic development are filtered by ideational factors and perceptions and influence timings and pace of fertility transitions in developing countries.

it is related with: "a) "*legitimacy* of interfering with the nature or with a "natural order" as a cultural construction"; b) "belief in the *power* that individuals have to alter this natural order...dimensions such as fatalism"; c) "degree of *internalization* of traditional beliefs and codes of conduct"; and d) "*severity of sanctions"*... attached to transgressions of normative prescriptions" (emphasis in original). Therefore individual dispositions, institutional agency, and cultural changes need greater priority.

The third precondition is largely associated with diffusion of knowledge about family planning methods and their availability, so can be linked to studies on national family planning programme efforts as well as diffusion processes. The research has shown that effectiveness of these programmes depends on the level of political commitment, modes and quality of service provision, and barriers to contraceptive use such as religious dispositions and familial control, which is also partially linked to second the precondition (Bongaarts *et al* 1990; Caldwell *et al* 1999).

The diffusion of knowledge about family planning is usually approached through social interaction (or network) models and its influence is explained by the role of social learning and social influence (Montgomery and Casterline 1996) and social support (Rossier and Bernardi 2009). Explaining the role of each interaction on fertility preferences and behaviour, Rossier and Bernardi (2009: 467) rightly argue that:

> social influence explains why some beliefs and practices are reproduced at the individual level even in the face of macro-level changes, and social learning mechanisms are crucial to distinguish who finally adopts new behavioral beliefs and practices in response to changes at the macro level. Second, social support relationships represent a capital of services to complement institutional provision (informal child care) as well as a capital of knowledge which helps individuals navigate in a complex institutional environment, providing a crucial element to explain heterogeneity in the successful realization of fertility intentions across individuals.

According to (Bongaarts and Watkins 1996: 639), social interaction is multilayered and functions at three 'levels of aggregation':

> Personal networks connect individuals; national channels of social interaction such as migration and language connect social and territorial communities within a country; and global channels such as trade and international organizations connect nations within the global society. Through these channels, actors at all three levels exchange and evaluate information and ideas, and exert and receive social influence, thus affecting reproductive behaviour.

The recent studies also stress the role of mass media in shaping attitudes towards family planning (Westoff and Koffman 2011). New ideas supporting contraceptive use, if spread by personal networks (kin, husband, neighbours, friends) might be more successful in turning ideas into behaviour (Kohler *et al* 2001), but diffusion of ideas takes longer as early starters (usually younger, highly educated, urban individuals) can only reach their immediate social networks. Mass media, although perhaps less convincing, reaches a larger population (Lesthaeghe and Vanderhoeft 2001).

In these studies, families are conceptualised as social institutions formed by individuals as a part of wider communications networks, where ideas and ideals are received and communicated, and behaviour is shaped through different forms of social interaction. In the Pakistani context, where fertility decisions are made collectively rather than individually, investigating the role of social interactions in fertility preferences and behaviour, particularly within the immediate social network, is crucial for understanding how attitudes about fertility, contraceptive use and family relationships are (re)shaped, and also how such attitudes evolve alongside developments in family planning programmes and mass media.

1.1.2.2 Diffusion of knowledge about new ideals of family life

The spread of "Western family ideals", which places greater importance on smaller nuclear families, has been shown to be another reason for declining fertility and the nuclearisation of the family (Caldwell 1982; Freedman 1979). According to Caldwell (1982), Westernisation plays an independent role in the demand for children, and the

emergence and spread of ideas about Western child-centred nuclear family replaces large, extended family structures. This also leads to a change in the locus of fertility decision-making from the extended to the nuclear family.

A more recent theoretical contribution which explains the fertility declines and social changes in families through an ideational approach is the developmental idealism framework. Developmental idealism emerged from modernisation theory and developmentalism and is usefully defined by (Thornton *et al* 2012: 679) as:

> a cultural model or schema that provides an ideational model for understanding and dealing with the world. It...provides individuals and societies with schema about fertility, including the number of births, spacing of births, and control over childbearing.

The framework argues that modern societies/families associated with individualism, gender equality, older and self-choice marriage, nuclear households, and controlled and low fertility are good and attainable. The belief systems of traditional societies/families, associated with family solidarity, patriarchy, young and arranged marriage, extended households, and uncontrolled and high fertility, are reshaped by the spread of ideals about "modern families" through public policies, media and religion. All societies/families move towards "modernisation" but the trajectories followed by non-Western societies are not necessarily similar to those of Western societies, as local belief systems might act as competing schemas and thus the new ideas might not be endorsed directly, and might be modified or rejected entirely (Jayakody *et al* 2008; Thornton 2001; Thornton *et al* 2012).

1.2 Institutions and fertility: Islam, gender and family systems

McNicoll argues that the economic and ideational changes associated with fertility transition are led by social, economic, religious and political institutions, and that the pace of transitions from high to low fertility depends on how supportive/confounding these institutions are as well as the changes taking place within them (McNicoll

1980; 1985; 1994; 2011). While the next chapter details with major institutional developments in Pakistan, in this section I look at two crucial institutions: religion and family systems.

1.2.1 Islam and fertility

Within the literature focusing on the influence of religion on fertility behaviour, more has been written about high fertility among Muslims than any other religious followers (Jones and Karim 2005). In addition to approaches investigating the extent of reality behind the fears that demographic aggression of minority Muslims can create (Jeffery and Jeffery 2006) and studies associating the low status of women in Islam with high fertility (Masood 1996), a large number of studies highlights the permissibility of family planning in Islam and how it influences fertility preferences and behaviour among Muslims.

In Islam there are three main sources of knowledge pertaining to family planning: the Quran; *ḥadīṣ* (reports describing the sayings and actions of Muhammad) and *sunnah* (the way of life of Muhammad); and the interpretations of the teachings of Islam by the different schools of jurisdictions. While there is no mention of family planning in the Quran, there are plenty of *ḥadīṣ* supporting the use of *'azl* (coitus interruptus) as a method of contraception. Therefore, as Obermeyer (1994) points out, while terminal methods (tubal ligation and vasectomy) are considered as contrary to Islam, a permissive stance has been taken for non-terminal methods by almost all Islamic jurisdictions. Abortion is also permitted until the ensoulment of the foetus, but there are disputes between jurisdictions about the timing of the ensoulment.

While debates on the permissibility of contraception and abortion continue, it has been shown that Islamic doctrine alone does not provide a strong ground to understand the fertility behaviour of Muslims (Jeffery *et al* 2008; Varley 2012; Weigl 2010), nor can religion alone explain fertility differentials between and within countries (Jeffery and Jeffery 1997; Jejeebhoy and Sathar 2001).

There are two conflicting discourses common in Pakistan with regard to the permissibility of family planning in Islam: on one side family planning is seen as a Western conspiracy that aims to limit the strength of Muslims in the world and therefore the use of contraception is propagated as a sin; on the other side population growth is considered to be a constraint for development and therefore family planning is supported. As the Appendix A shows, the former discourse was followed to varying degrees by policy-makers in Pakistan for two decades (1970-1988), and the majority of religious leaders continue to express opposition towards modern contraception (Ali and Ushijima 2005; Varley 2012) although the family planning programme increased its efforts to involve religious leaders to support contraceptive use.

While some studies posit that the higher fertility levels among Muslims are associated with a lower incidence of daughter aversion (Borooah and Iyer 2004), theological fatalism combined with Islam's presumed prohibition of contraception has also been shown to create a high unmet need for contraception and low contraceptive use in Pakistan (Mahmood and Ringheim 1996; Zafar *et al* 1995 ; Zafar *et al* 2003).

1.2.2 Family and gender systems: Patriarchy and women's status

The shift towards intra-family relationships, particularly between genders, has received particular attention since the 1990s, through efforts to combine feminist approaches with demography (Agarwal 1997; Mason 2001; McDonald 2000). Such studies propose that gender systems in different countries determine the timing and pace of fertility transition.

Mason (2001: 160-61) defines gender and family systems, and explains their intertwined nature, as follows:

> A family system is a set of beliefs and norms, common practices, and associated sanctions through which kinship and the rights and obligations of particular kin relationships are defined. Family systems typically define what it

> means to be related by blood, or descent, and by marriage; who should live with whom at which stages of the life course; the social, sexual, and economic rights and obligations of individuals occupying different kin positions in relation to each other; and the division of labor among kin- related individuals. A gender system is a set of beliefs and norms, common practices, and associated sanctions through which the meaning of being male and female and the rights and obligations of males and females of different ages and social statuses are defined. Gender systems typically encompass both a division of labor and stratification of the genders. Because all family systems are organized around gender, and because all gender systems delineate the family and kin roles of males and females, the two systems are intertwined but not coterminous in most societies.

Family and gender systems are believed to influence fertility through their impact on demand for and supply of children, cost of fertility regulation, child survival, use of postnatal fertility control, and ideal or acceptable number of children (Mason 2001). Son preference and women's status are the two components of patriarchal family systems that have been widely discussed in the fertility literature.

1.2.2.1 Son preference

In patrilocal, patrilineal and extended family contexts like Pakistan, where filial (and to a great extent fraternal) piety is the norm and social security systems are non-existent, the costs and benefits of children are also linked to the gender of children, and are not necessarily the same for individuals, couples or extended kin. Mobility aspirations, which can be intra- and inter-generational (Zuanna 2007) or nuptial (Kasarda and Billy 1985), can therefore be highly interlinked. In other words, current investments in children are also made for the future benefit of the parents (Kabeer 2000). These are reflected in higher investments in and preference for sons in South Asia.

The effect of son preference on fertility behaviour (larger families, low contraceptive use, sex-selective abortions) and maternal health, as well as its detrimental impact on the health outcomes of the girl child (such as discriminative practices in nutrition,

vaccination and healthcare, and excess mortality), has been widely researched in South and East Asia, the Middle East, and North Africa.[12]

Sons and daughters do not have the same costs and benefits for their parents. As compared to sons, who bring a wife with dowry, daughters are costly as they need dowry (Diamond-Smith *et al* 2008). Although daughters can contribute economically (through paid or domestic work) to their households before marriage or improve the social standing of their families through marriage, investments in girls are usually equated to "watering the neighbour's garden" (Attané and Guilmoto 2007; Brunson 2010; Jeffery *et al* 1984), which reflects the low expected returns from them for parents' old age. This has been shown as a main reason for higher son preference, or daughter aversion, through discriminative health practices and sex-selective abortions, and discriminative investments in children's education, particularly when resources to invest in each child are limited. Unequal investments in and benefits of daughters and sons have been widely detected (Das Gupta 1987),[13] and shown to have repercussions for desired sex composition of children; that is, strong son preference (Borooah and Iyer 2004; Diamond-Smith *et al* 2008) particularly after fertility declines (Das Gupta and Bhat 1997; Guilmoto 2009). Son preference influences not only family size or contraceptive prevalence rates (Jayaraman *et al* 2009) but also the treatment and status of women in the household according to their ability to produce sons (Mumtaz *et al* 2013; Winkvist and Akhtar 2000).

It is usually assumed that extended patriarchal families support larger families with a high number of sons. However, it is not necessary that every family member has the same sex preference. Caldwell (1982) suggests that it is usually men who favour sons. On the contrary, due to their economic dependence on men, women might have a higher preference for sons (Cain 1982). Furthermore, mothers-in-law might also pressurise for a girl child to ensure enough number of "marriage partners" among cousins (Hampshire *et al* 2012).

[12] For some examples see Arnold (2001); Balakrishnan (1994); Brunson (2010); Edmeades *et al* (2011); El-Zeini (2008); Jayaraman *et al* (2009); Muhammad (2009); Pande and Astone (2007) and Westly and Choe (2007).

[13] There are also studies arguing for no sex differences in childhood vaccination and nutrition (Mishra *et al* 2004).

Studies conducted since the 1970s on fertility in Pakistan show that son preference has been and remains one of the major obstacles to acceptance of small family norms/desire for larger families and low contraceptive use in the country (Ali 1989; Arnold 2001; De Tray 1984; Farooqui 1990; Hussain *et al* 2000; Khan and Sirageldin 1977). Although there is extensive literature on son preference, far less attention has been paid to the ways in which the changing socio-economic environment, particularly increasing schooling of girls and labour market participation of women, inflect these dynamics of intergenerational contracts in a rapidly transiting patriarchal society. Although a recent study on Pakistan suggests an increase in son preference between 1990 and 2006 (Saeed 2012), there are some signs of declining son preference within the region, as families are willing to have socially and economically able children, and are less concerned with their sex (Ahmed and Bould 2004). Cable and satellite networks have also been shown to create attitudes that lead to lower son preference in India (Jensen and Oster 2009).

1.2.2.2 Intra-household power relationships and women's agency

Asymmetric power relationships within the household and their effects on intra-household (fertility) decision-making processes have been ignored in studies that consider households as economic units. Aggregation of individual members into a single decision-making unit and the assumption of altruism (harmony of interests) among household members in these studies have been criticised by scholars who argue that household bargaining models can enhance the understanding of intra-household relationships by allowing for conflicting interests and unequal decision-making powers, particularly between genders (Agarwal 1997; Kabeer 1994; Sen 1987). Sen (1987), for example, defines the nature of bargaining between husband and wife as a cooperative conflict, in which both parties are better off from cooperating at the household level and individually. He suggests that it is not necessary that the costs and gains are equally/optimally distributed between the two parties; that is, the woman might end up paying a higher cost even for negligible individual benefits. He further argues that the main reason for women and men (or

younger and older women) to cooperate depends on their different bargaining powers, based on their fallback/breakdown positions, perception of interests and perception of contributions to household well-being. These factors are likely to influence household bargaining outcomes as well as the ways that bargaining occurs between parties.

Many studies indicate that young women in South Asia have weaker bargaining positions compared to men and older women. In addition to their relatively low human, social and economic capital, and lower perceived contributions to household well-being (particularly economic), women tend to have lower individual interests and place a higher value to household well-being. The legitimacy of intra-household inequality (both gender and age hierarchies) is also highly accepted as it is embedded in their upbringing. Hence, women are more likely to strike weaker bargains (Agarwal 1997) in household affairs. Katz (1997), based on Hirschman's voice and exit model, argues that bargains might not start or be visible until women have "voice"; that is, the right to enter into a household bargaining process. Others argue that this right is always present but might take the form of covert, rather than overt, strategies of bargaining (Kabeer 1999; Kandiyoti 1988).

Indeed, in attempts to explain fertility differentials, or determinants and changes in fertility behaviour in Pakistan and other parts of South Asia, women's position has been one of the most common factors used. Women's status (Basu 1992; Hakim 2000; Schuler *et al* 1997; Yadava and Yadava 1999), autonomy (Acharya *et al* 2010; Dyson and Moore 1983; Hakim *et al* 2003; Jeffery and Jeffery 1996a; Jejeebhoy and Sathar 2001; Mistry *et al* 2009; Sathar 1996) and reproductive autonomy (Saleem and Pasha 2008) have been operationalised through various proxies including literacy, educational attainment levels, labour force participation, mobility, age at marriage and individual decision-making power on purchasing various items.[14] While most of these studies indicate that women's age at marriage, schooling and

[14] Women's status, autonomy, empowerment and position are used interchangeably and the indicators used for representing these terms also vary widely. For more information on the measurement of these indicators, and critiques of their use, see Greenhalgh (1995), Kabeer (1999), Madhok (2006 [2004]), Mumtaz and Salway (2009) , Patel (2006 [2004]) and Weigl (2010).

earning opportunities/income (or access to assets such as land) in particular can increase their relative bargaining power or status and hence their relative positions on fertility decisions, qualitative studies have questioned the usefulness of the notion of individual autonomy (Mumtaz and Salway 2009). It also argued that autonomy is a moral concept and that expressing/possessing/exercising autonomy is not always desirable for South Asian women, who are socialised into a collectivist culture (Jeffery and Jeffery 1994; Kabeer 2011; Säävälä 2001).

Existing studies have also neglected the different forms of agency that women exercise within family structures (Greenhalgh 1995; Unnithan-Kumar 2006 [2004]). Young women are often depicted as "passive victims of patriarchal institutions who have little choice but to surround themselves with many children" (Greenhalgh 1995: 25). By rendering young women as "powerless" or "lacking status", such studies deny any room for women's agency, which can also co-exist with subordinating structures (Mahmood 2005; Sariola 2010).

Kabeer (1999: 438) defines agency as "the ability to define one's goals and act upon them" and argues that agency connotes more than just "decision-making". Particularly in countries like South Asia, where women might opt for more hidden and informal ways of gaining power or influencing decisions without upsetting the status quo, agency might also take various other forms such as choosing not to choose, backstage influence, negotiation, deception or expressing feelings by other forms such as language (Jeffery and Jeffery 1996b; Jeffery and Jeffery 1997; Kabeer 1999; Kumar 1994). Unitthan-Kumar (2001: 33) also argues that "woman might initiate action without necessarily getting the outcome she desires, or might be active in decision making but unsuccessful in her attempts to influence others". For her, reproductive agency includes ideas, actions and planning as well as strategies, motivations and compulsions.

Furthermore, relationships among members of the household do not simply involve the presence of power for one individual and the lack of it for another. They also constitute less tangible virtues like intimacy and emotions. Although inhibiting

aspects like kinship patterns, household structures or domestic violence have been used to evaluate the link between the family context and women's agency, the "emotions" or "relationship quality" among members of the household have not been adequately addressed in fertility research (Allendorf 2012; Basu 2006). Basu (2006) argues that conjugal love can be as empowering as education and economic empowerment when it comes to reproductive health, such as by weakening the extended-kin influence. She gives the example of popular fiction in India, stating that the "stereotypical South Asian mother's biggest nightmare is that her son will fall in love with his wife. The fictional mother-in-law knows that this is the surest way of dismantling her control over household affairs" (Basu 2006: 117).

Furthermore, the role that gender and family systems play in the readiness, timing and pace of fertility transition in a country is widely acknowledged as unidirectional. The possibility of a reverse association between these factors – the influence of fertility declines on gender and family systems – has only recently gained attention in South Asia. Recent research suggests that fertility transitions and access to the means to control fertility can facilitate change in gender relations, promote gender equality at all levels of the family system (Lee-Rife *et al* 2012) and improve health outcomes (Arokiasamy *et al* 2013), as "changes in one family domain may contribute to further changes in that domain or in others" (Bumpass 1990: 484).

Most of the existing studies in Pakistan, however, fail to capture this more complex and dynamic nature of the "fertility negotiation process", power relationships and the quality of relationships within households. The factors have now become more crucial to investigate with emergent fertility controls, socio-economic changes and increasing longevity of the older generation in Pakistan.

1.3 Family change: Weakening kin relationships and parental authority

Since the 1960s there have been major transformations in families leading to the emergence of new forms of families, particularly in industrialised countries. In

addition to a decline in fertility levels, there has been an increase in the age at marriage, the rate of divorce and the incidence of single-living. Women's employment has also become common and intergenerational relationships between parents and (adult) children have become more egalitarian. While family formation and dissolution, and the emergence of new forms of families in Europe and North America have received particular attention in recent years (Kiernan 2004), the changing functions of the family and parental authority continue to be the main areas of research in developing countries, particularly in those societies where marriage is universal and extended family structures are common.

Although the focus of sociology has shifted away from functionalist approaches to family towards family practices and relationships, the most prominent discussion underpinning family theories remains the convergence theory of Goode (1963). Goode argues that as industrialisation spreads, extended family patterns in the world will uniformly converge into "conjugal families". Extended kinship patterns dissolve through the rise of individual autonomy, including choice of partner and gender "equalitarianism" (Goode 1963: 54). Although the theory has been shattered by empirical counter evidence which reveals that there is no uniform convergence,[15] it still has a significant bearing on approaches to industrialisation/modernisation/globalisation, fertility transition and familial relationships (Säävälä 2001), particularly when Goode's secondary hypotheses are considered: a) weakening extended kinship ties and b) declining authority of parents (Cherlin 2012).

While Goode (1963) considered that new forms of nuclear or "conjugal families" were weakening intergenerational relationships, the evidence from developing countries indicate that when combined with cultural contexts, more hybrid forms of family ties emerge. For example, in their study of Taiwanese families, Thornton and Lin (1994) suggest that changes in economic and social environments can occur

[15] Not only the Western family remained 'conjugal' i.e. many divergent patterns of families emerged, in West, but also the existence of extended families in Northwest Europe at the beginning of transition is challenged (Thornton 2005). Furthermore, the developing countries did not follow a single path of convergence (Cherlin 2012; Therborn 2004).

simultaneously with continuities in historical relationships and family values. They show that in Taiwan, nuclearisation of households and weakening parental authority has not been accompanied by the withdrawal of extensive care and support for parents by their children (ibid.). Furthermore, family ties might even be given more importance as families become smaller. Relationships between generations, parental considerations of the quality of life of children, and protecting traditional ways of family life might be given more importance as families experience social and economic changes (Reher 2013).

With regard to parental authority, Cherlin (2012) argues that across the world parents' ability to control major decisions in their children's lives – timing of marriage, choice of spouse, place of residence, and number of children – has diminished significantly, although the pathways and outcomes of this change have led to the emergence of hybrid models of parental authority as well. For South Asia, for example, although there has been very little change in terms of both declining parental authority and weakening kinship ties, *the ways in which authority is exercised* have been changing. This is particularly the case for decisions about marriages. Rather than possessing sole authority for choice of children's spouse, parents now tend to decide in consultation with children, or children choose a spouse themselves with parental agreement. As previous studies show, any patterns that a society follows will vary "because of pre-existing differences in family structures, residential patterns of children, age at marriage, autonomy of children, and the role of marriage within ramifying systems of kinship and alliance" (Thornton and Fricke 1987) and levels of patriarchy (Therborn 2004). Therefore as Thornton and Fricke suggest (1987: 770) "[a]ny consideration of family change must begin with a look at cultural definitions of family boundaries, the roles of family members, and the position of the family within the wider society".

1.4 Conclusion

The aim of this chapter has been to summarise the contours of academic discussions on fertility transitions and changes in family relationships. It has shown that while

the pathways to any change in families (in terms of size or relationships) might vary widely, the changes in fertility preferences and behaviour, and the social changes in families, cannot be studied without considering the broader social and economic contexts and existing family systems of a particular country.

2. Fertility transition in Pakistan and the changing context

Pakistan is the sixth most populous country of the world with an estimated population of 184 million.[16] Between the 1950s and 1980s, Pakistan's population rapidly increased as a result of declining mortality and persistently high fertility.[17] High population growth has been acknowledged as a threat to the country's already slow socio-economic development since the late 1950s, and since then its population and health policies have been geared towards lowering the TFR. Fertility levels, however, remained almost stable until the end of the 1980s, and the onset of fertility transition was confirmed only in the 1990s. Since then the TFR has declined very rapidly: from around six children per woman in the 1980s to four children per woman in 2006/7 (NIPS *et al* 2008). Recent estimates indicate a further decline in TFR to 3.3 in 2011 (United Nations Population Division 2013).

The nineties also coincided with a period characterised by structural changes in the economy, improvements in mass media and increased political commitment to socio-economic development and family planning programmes. This resulted in increased urbanisation rates, improved education and health outcomes, developments in communications, and a more effective family planning programme. While these were widely considered to be positive improvements that could facilitate the transition, patriarchal family systems and the low position of women in public and domestic spheres were consistently seen as the main inhibitors of fertility declines.

This chapter aims to present the country context, including trends in fertility transition, relevant contextual developments, family organisation, and findings from relevant research conducted in Pakistan. The first section details the fertility transition in Pakistan. The second section focuses on developments in education, health, economy, communications and family planning programmes since the 1990s.

[16] Population Census Organisation of Pakistan (2013).
[17] The sharp declines in mortality in the 1950s were not followed by fertility declines until the 1990s. As a result, the population increased fivefold from 37.5 million in 1950 to 184 million in 2013.

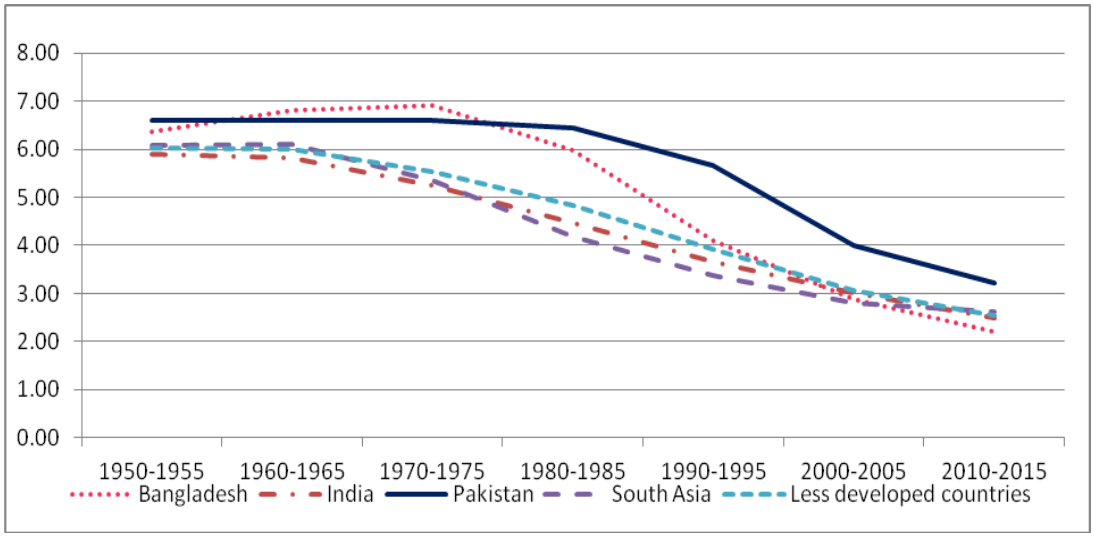
The last section presents the main features of family organisation and gaps in the literature in Pakistan.

2.1 Fertility transition: Trends and challenges

Pakistan is going through a remarkable demographic phase that started in the early 1990s. The TFR, which remained stagnant at around six to seven children per woman during the 1970s and 1980s, declined rapidly from 5.6 in 1990/91 to 4.1 in 2006/07 and to 3.3 by 2011.[18]

Despite this sharp decline in TFR over the past two decades, by the end of the 2000s, Pakistan was still one of the two countries that had a population of more than 100 million and a TFR of four (Sathar and Zaidi 2011). Currently, it continues to have a higher TFR rate as compared to less developed countries (Figure 2.1) and stands apart from its populous neighbours in South Asia (Chatterjee *et al* 2009).

Figure 2.1: Estimated trends in total fertility rate: A comparison of Pakistan with similar countries, 1950-2015

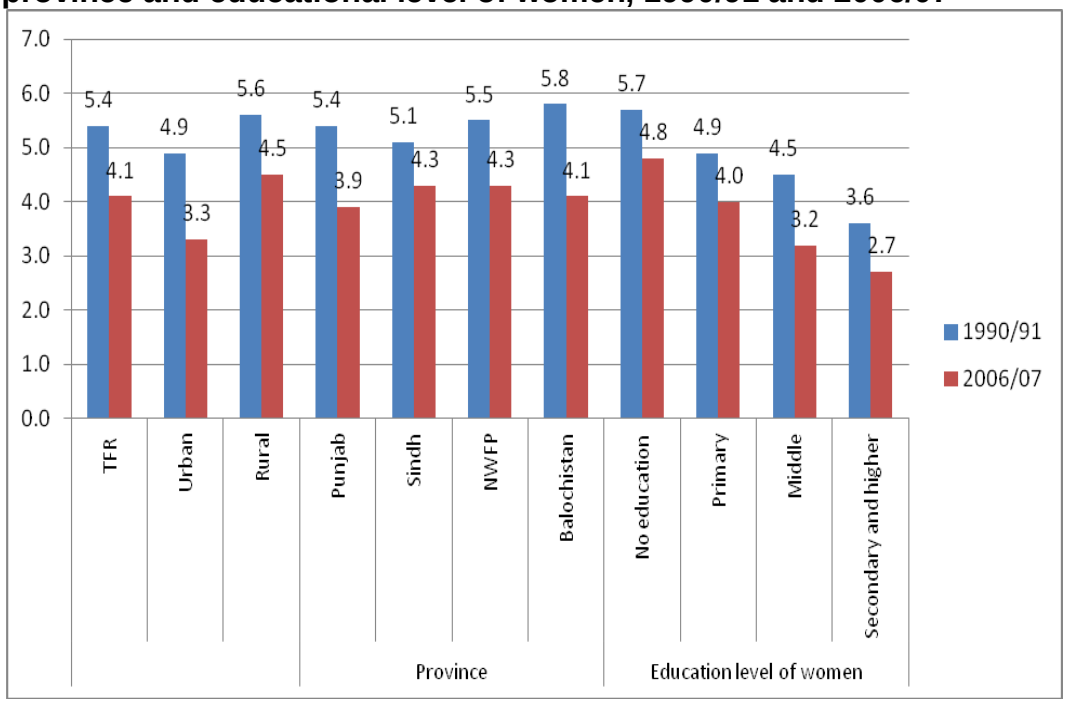


Note: Estimations are based on medium variant fertility assumption of UN Population Division
Source: United Nations Population Division (2013)

[18] The preliminary report of DHS 2012-13 indicates a higher TFR, which is 3.8 children per women. The TFR is 3.2 in urban and 4.2 in rural areas (NIPS and Measure DHS 2013).

Figure 2.2 shows that between 1990/91 and 2006/07, the TFR declined considerably among all women from different provinces and educational backgrounds. The TFR decreased more rapidly among urban women, women from Baluchistan and Punjab, and among women who have completed middle and secondary schooling. Currently, the TFR for women living in urban areas (3.3) is considerably lower than that for women from rural areas (4.5). It is lowest among Punjabis (3.9) and for women who have completed secondary schooling and above (2.7).[19]

Figure 2.2: Change in TFR and TFR differentials by rural/urban locality, province and educational level of women, 1990/91 and 2006/07



Sources: DHS 1990/91 & 2006/07

Fertility declines were associated with a decrease in desired family size and an increase in the percentage of women who are willing to stop childbearing or space subsequent births. Contraceptive prevalence rate (CPR), also increased from 12% in

[19] For an example of differences based on ethnic, educational and place of residence: in 2006/7 mean number of children ever born to women aged 15-49 was 2.2 among Punjabi women who lived in urban areas and completed at least Grade 12, while it was 4.3 among uneducated women who lived in rural areas of KP.

1990/91 to 30% in 2006/07, and, along with increasing age at marriage, is seen as one of the main contributors to the recent declines (Sathar and Zaidi 2011).[20]

CPR in Pakistan, however, is still very low as compared to that of other countries from the region. For example, in India and Bangladesh, countries with similar levels of socio-economic development, CPR is as high as 56% (Chatterjee *et al* 2009). Furthermore, actual TFR in Pakistan continues to be higher than desired levels of fertility, indicating that one in every four pregnancies is unwanted or mistimed in Pakistan (Ali and Ahmad 2008). The increase in CPR has been slow, resulting in higher unmet need for contraception[21] and a widening gap between wanted and unwanted fertility rates. It is estimated that TFR in Pakistan would have been lower by one child if all unwanted births were prevented (Ali and Ahmad 2008).

While the decline in fertility rates confirms the ongoing fertility transition in Pakistan, high unmet need and the gap between the desired and actual fertility rate also reflects the inability, reluctance and ambivalence of women to translate their reproductive aspirations into behaviour. The available studies stress the importance of psychic costs of contraception. They show that the desire to not conflict with husband's and in-laws' fertility preferences and attitudes towards contraception, the perceived social unacceptability and side-effects of contraception, fatalism and son preference are main obstacles to contraceptive use (Casterline *et al* 2001; Hussain *et al* 2000; Kamran *et al* 2012). Moreover, in-laws' perceived support (Agha 2010) and access to services (Douthwaite and Ward 2005; Hennink and Clements 2005) might facilitate the uptake of contraception. These findings also associate the low status/autonomy of women in the domestic sphere and pressures by husbands and in-laws with unmet need. As Ali and Ahmad (2008:77) state,

> woman's fertility preference may not necessarily predict her reproductive behaviour, because childbearing decisions are not made solely by the woman but are frequently affected by the attitudes of other family members,

[20] The preliminary results of DHS 2012-13 suggest a further increase in CPR to 35%; 45% in urban and 31% in rural Pakistan (NIPS and Measure DHS 2013).
[21] Unmet need is the percentage of fecund women who do not want to have another child or want to delay the next pregnancy but do not use any family planning method (NIPS *et al* 2008).

particularly the husband and, in Pakistani society, the mother-in law, both of whom may exert a major influence on reproductive decisions.

Contemporary rapid fertility declines therefore do not only represent long-awaited demographic change but also possible cooperation, conflict and ambivalences within families.

2.2 Development in Progress: Socio-economic and policy developments in Pakistan

This section provides an overview of Pakistan's country context and relevant socio-economic and policy developments.

2.2.1 Pakistan: Government structure, economy and demographics

The Islamic Republic of Pakistan has a federal republic system of government. The country is a federation of four provinces (Punjab, Khyber Pakhtunkhwa [KP], Sindh and Balochistan), the Islamabad capital territory and the federally administered tribal areas.[22] Since 2008, the provinces have been governed by a four-tiered local government system, which includes divisions, districts,[23] *tehsils* (sub-districts) and union councils. The provinces differ greatly in terms of their demography and socio-economic development, and to some extent their traditions and cultural norms. Within the provinces, the districts are also not homogeneous and differ on similar grounds depending on their geographical position, economic structures, and access to main road networks. Among the four provinces, Punjab is the most populous (slightly more than half of the population) and has the highest levels of socio-economic development.

[22] Azad Jammu and Kashmir, and Gilgit-Baltistan are two other disputed areas controlled by Pakistan. KP and Balochistan have some provincially administered tribal areas as well.
[23] There are currently 139 districts in Pakistan.

Pakistan is considered as a lower-middle income economy with an annual per capita GDP (Gross Domestic Product) of US$ 2,491 in 2012 (World Bank 2013).[24] The economy is mainly agrarian in terms of labour force participation; although agriculture accounts for approximately 25% of the GDP, around half of the labour force is in the agricultural sector. Women's participation in economic life is very low. According to a recent Labour Force Survey, in 2010/11 women's labour force participation rate (LFPR) was only 21.7%, [25] and among those who were employed only seven percent were in formal sector jobs (Government of Pakistan 2011c). Punjab, among other provinces, has the highest LFPR of women at 26.7%, followed by Sindh at 15.9%, KP at 14.7% and Balochistan at 9.2%.

Two-thirds of Pakistanis live in rural areas. The urban population, which has been increasing with an average annual growth rate of 2-3% since the 1990s, constituted only 36.5% of the total population in 2012 (World Bank 2013).[26]

Ninety-seven percent of the population of Pakistan is Muslim. Religion has been one of the most important tenets of Pakistani identity and has influenced not only people's daily lives but also state laws, particularly those related to gender, family and inheritance. Most of the issues concerning marriage, divorce and inheritance are dealt with by a pluralistic system of Islamic, customary and state laws in Pakistan, with resolutions to these disputes mostly being discriminatory against women.

Pakistan is also a multi-language, multi-ethnic and multi-cultural country. The national language is Urdu.[27] Each province has its own spoken language and several local languages and dialects spoken by different ethnic groups. There are also some differences in cultural norms and practices among different ethnic groups. The most significant of these would arguably be the varying levels of seclusion and physical mobility of women which run along ethnic lines. While women from the rural

[24] Calculations based on purchasing power parity at 2005 constant prices.
[25] The labour force participation of women increases to 37.4% when unregulated and unpaid work performed by women is also considered.
[26] Urban areas include the places with municipal corporation, town committee or cantonment, and the remaining areas are classified as rural.
[27] English is also used as an official language.

Pakhtun and Balochi ethnic groups have very limited mobility, Punjabi women are more likely to be mobile, at least in their own communities. Ethnicity, by having an impact on demand for children, age at marriage, value placed on children and educational levels, also has a bearing upon fertility levels in Pakistan (Muhammad 1996).

In addition to the more recent challenges of security and instability as a result of growing ethnic and sectarian violence, Pakistan faces various developmental challenges. These include alleviating poverty, improving gender equality and advancing the education and health status of its citizens, in addition to slowing down the population growth. The country is ranked as 146st among 186 countries in the Human Development Index (United Nations Development Programme 2013) and was 99th among 109 countries in the gender-related development index in 2009 (United Nations Development Programme 2009). Around 22% of its population lives below the national poverty line and around half of those aged 15 and above are illiterate. The health conditions of women and children are also disheartening: according to estimates from 2010, around 260 women die per 100,000 births. Almost one in ten children dies before seeing their fifth birthday (World Bank 2013).

Although Pakistan performs poorly in most of its development indicators and also lags behind its counterparts in the developing world and South Asia, particularly in terms of education and health, it has experienced notable improvements in a number of areas since the 1990s, which are now discussed in turn.

2.2.3 Expansion of schooling and improvements in educational outcomes

Achieving universal primary education has been on the agenda of Pakistani governments, with varying degrees of priority, since the foundation of the country in 1947. Most recently, education for all children aged 5-16 was made free and compulsory by the insertion of Article 25-A to the 18th amendment of the constitution in April 2010.

The education sector in general and girls' education in particular were prioritised in Pakistan after the World Conference on Education for All in 1990 and the United Nations Millennium Summit in 2000. To achieve the targets set by these international commitments, a number of programmes and strategies were adopted by the federal and provincial governments, in addition to a number of foreign-aided development projects that aimed to increase access to education, particularly for girls.[28] One of these strategies has been the promotion of the private sector, which includes public-private schools, in the provision of education.

There was some expansion of private schools, both in terms of the number of schools and school enrolments, after denationalisation in the late 1980s.[29] Since the 1990s, in addition to a marginal increase in the number of public sector schools, the private sector has expanded rapidly both in urban and rural areas and at all levels, particularly above primary level (Table 2.1). The presence of the private sector was, expectedly, higher in urban areas, but it expanded rapidly in rural areas particularly at middle and high school levels.

Table 2.1: Public and private sector schools and enrolments by levels, 1992/3 & 2010/11

	Primary		Middle		High	
	1992/93	***2010/11***	***1992/93***	***2010/11***	***1992/93***	***2010/11***
Total number	95,690	154,641	11,808	41,591	8,724	25,209
% of private schools	10.5	11.6	17.1	62.2	12.6	58.1
% of private schools in rural areas	0.0	6.9	0.0	48.1	0.0	37.8
% share of private school enrolments (in total enrolment)	12.0	31.0	11.5	39.0	13.0	29.0

Sources: Government of Pakistan (1993; 2011a)

[28]The Social Action Programme Project (1993-1998) and The Social Action Programme Project II (1998-2002), a national level project funded by The World Bank focused on primary education. The Punjab Education Sector Reform Programme (2003) aims to improve access, quality and governance in the education sector with a focus on increasing enrolments and retention of pupils, especially for girls. The Punjab government has provided free textbooks up to grade 10 since 2004-2005 and stipends to girls in middle schools in selected districts.

[29] The education sector was nationalised in 1972. Before nationalisation, private schools existed in limited numbers in the form of *madrasa* (religious schools, usually in mosques), schools run by NGOs and private entrepreneurs and missionaries.

The expansion also brought variations in types of schools within the private sector. In addition to high cost private schools in urban areas, which were also available before the 1990s, there has been a significant growth of no-cost NGO and low-fee private schools, which provide schooling to girls and boys in both rural and urban areas. The emergence of no- or low-cost private schools[30] also led to a change in access to schools: by 2010-11 private schooling, which was mainly available to urban elites in the 1990s, had also become accessible to both low and middle income families in rural and urban areas. As Table 2.1 suggests the percentage share of private sector in enrolments also increased in Punjab for all levels.

The expansion of private schooling reflects the increasing demand for schooling and the inability of the public sector to match it. It is particularly important for providing *access to schools* in places where there are no public schools, or for *offering school choice* to parents as an alternative to public sector schooling, which is generally considered to be "low quality" in Pakistan. By providing access to low-cost (but varying quality and size) and higher levels of schooling, particularly in rural areas, private schooling indeed shortened the distance travelled to schools, which has been shown to have a strong negative association with girls' attendance particularly when girls reach puberty in Pakistan (Zaidi *et al* 2012). Hence, the expansion of the private sector in rural areas and at middle and high school levels was particularly important for girls' access to schooling at higher levels. The availability of female schooling, as well as the increased schooling levels for girls, also created jobs for women as teachers in both urban rural areas.[31]

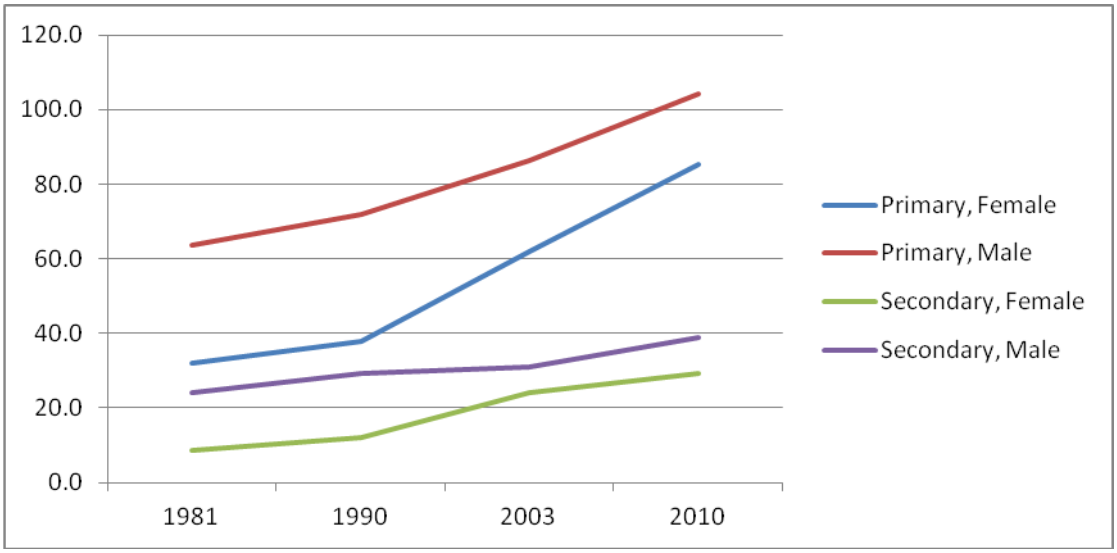
Although currently educational indicators are still far from being satisfactory in terms of achieving any of these international targets set by Education for All or Millennium Development Goals, there have been gradual improvements in enrolments and educational outcomes (literacy and educational attainment levels) in

[30] No-cost private schools are mostly public-private partnerships, which constitute around two percent of total schools in Punjab.

[31] The share of female teachers increased from 37.4% to 47.4% at the primary level, from 44.3% to 65.8% at the middle level, and from 30.9% to 56.2% at the high school level between the years 1992/3 and 2010/11.

Pakistan since the 1990s. As Figure 2.1 shows, there has been a significant increase in gross enrolment rates (GER) of both girls and boys, particularly at primary level after 1990. The figure also indicates that the increase in GER has been faster for girls.

Figure 2.3: Trends in gross enrolment rates for boys and girls in Pakistan



Source: World Bank (2013)

There have been some improvements in adult and youth literacy rates in Pakistan: both doubled between 1981 and 2009, from 25.7% to 54.9% for adults and from 34.8% to 70.7% for youth. Despite large gender differences in literacy rates, even in 2009, the increase in literacy rates of females was faster than that of males (Table 2.2).

Table 2.2: Trends in youth and adult literacy rates (%) by gender, 1981-2009

	1981	1998	2009
Adult (15+) literacy rate	25.7	42.7	54.9
Female	14.8	29.0	40.3
Male	35.4	55.3	68.6
Youth (15-24) literacy rate	34.8	55.3	70.7
Female	23.8	43.1	61.5
Male	44.5	67.1	79.1

Source: World Bank (2013)

Mean years of schooling and educational attainment levels have also improved. Among the general population, mean years of schooling increased from 2.9 years to 5.5 years and the percentage of people who did not receive any schooling decreased from 66.2% to 39.9% between 1990 and 2010. Women were also more likely to receive schooling: the proportion of women (above the age of 15), who did not receive any schooling decreased from 80.6% in 1990 to 51.8% in 2010, and the proportion of women who completed at least secondary school also increased from around seven percent to 20% during the same period (Table 2.3).

Table 2.3: Female educational attainment levels (population aged 15 and over), 1990-2010

		Highest level attained						Mean years
		Primary		Secondary		Tertiary		
		Incomp.	*Complete*	*Incomp.*	*Complete*	*Incomp.*	*Complete*	
Year	None	(% of population aged 15 and over)						
1990	80.6	0.9	7.3	4.2	6.0	0.3	0.7	1.6
2000	73.3	1.1	7.7	5.2	7.8	0.6	4.3	2.5
2010	51.8	1.6	15.9	9.6	16.7	0.5	3.9	4.3

Source: Barro and Lee (forthcoming).

There were large differences between rural and urban areas in terms of educational attainment levels among young women. For example, according to the DHS, in 2006/7 two-thirds of women aged 15-49 did not receive any schooling in rural areas, whereas 43% of women did not receive any schooling in urban areas, and 31.1% of urban and 6.3% of rural women aged 15-49 completed at least secondary schooling.

As can be expected, the educational attainment levels were also higher among younger age groups as compared to older ones. For example, according to the DHS, young women (aged 25-34) in Punjab were more likely to receive schooling as

compared to older age cohorts (aged 40-49) in 2006/7: the proportion of women who did not receive any schooling was 51.7% among young women while it was 72.6% among older women. Younger women were also more likely to receive higher schooling: the percentage of younger women who completed more than secondary schooling in 2006/7 was 10.7%, three times higher than that of older women, at 3.2%.

Increased schooling has been shown to influence fertility preferences and behaviour, through both parental schooling and children's schooling.

2.2.3.1 Parental schooling and fertility

Literacy or educational attainment has been included in almost every study exploring the determinants of parental fertility behaviour. Aside from demographic factors such as age, education emerges as the most robust factor influencing fertility in the developing world, including Pakistan (Chani *et al* 2011; Cochrane 1979; Jeffery and Basu 1996; Jejeebhoy 1995).

Earlier studies indicated that the level of mothers' schooling is important for affecting fertility behaviour: schooling for a few years is not always associated with fertility decline, particularly in low-income countries where fertility levels are high, female schooling is rare, and patriarchal kinship structures and son preference are strong (Ainsworth *et al* 1996; Cochrane 1979; Diamond *et al* 1999; Jejeebhoy 1995). In these countries, female schooling usually has a strong negative effect on fertility only after a significant level of schooling (particularly post-primary level) is attained. Similar findings have also been found in earlier studies in Pakistan (Azhar 1980; Mahmood and Khan 1985; Sathar 1984) and for husband's schooling (Hakim 1994; 1996; 1999; 2001).

Schooling is found to affect fertility preferences, fertility regulation, age at marriage and women's status/autonomy in Pakistan, which are discussed in turn.

Fertility preferences: Schooling of women is expected to contribute to fertility decline by creating favourable attitudes towards small family norms and lower son preference. Schooling might alter the number of children that a couple wants through:

- Increasing the economic and time costs of children;
- Lowering infant/child mortality. Educated parents who perceive lower child loss have lower desired family sizes (Subbarao and Raney 1995);
- Increasing receptiveness to modern social norms and lower fatalism;
- Empowering women to better design their fertility goals, which also leads to decreased desired family size.

Fertility regulation: Schooling might promote contraceptive use through:

- Increasing the motivation to use contraception by improving knowledge about access to contraceptives, methods and their side effects;
- Improving women's decision-making regarding contraceptive use and continuation. It is assumed that women with higher schooling levels are more likely to override the opinions of elders and influential family members regarding fertility regulation and family size norms;
- Enhancing communication between couples. Women with higher levels of schooling are more likely to discuss issues related to their reproductive health with their husbands than women with no education.

Parental schooling of women has the most prominent role among the various socio-economic variables used to explain the determinants of contraceptive use in Pakistan (Saleem and Bobak 2005). There is a strong positive relationship between maternal schooling and contraceptive use (Fikree *et al* 2001; Hakim 1993; Mahmood and Ringheim 1996; Sathar *et al* 1988), particularly if schooling is post-primary level (Hakim 2000; Hamid and Stephenson 2006).

Age at marriage: Schooling contributes to a reduction in fertility through promoting delays in marriage. Girls with higher schooling are more likely to marry later than girls with lower or no education for a number of reasons:

- Schooling might provide girls with a better position in deciding about the timing of their marriage or about their partners;

- If it creates better premarital employment opportunities for girls, schooling may encourage families who do not want to forgo income earned by their daughters to opt for delaying the marriage;
- Schooling might also delay marriage for girls by decreasing the marriageability of girls, particularly in those settings where girls are required to marry boys with higher educational attainment levels.

While increased age at marriage has been considered as the major factor contributing to the onset of fertility transition in Pakistan (Sathar and Kiani 1998; Soomro 2000), female schooling has been shown as the most important factor leading to delays in marriage,[32] particularly when women have more than primary school level attainment (Gangadharan and Maitra 2003; Sathar 1984). It is also argued that the relationship between education and age at marriage is positive but these two factors occur concurrently, and therefore schooling is both a cause and consequence of changes in age at marriage patterns in Pakistan (Sathar and Kiani 1998).

Status/autonomy: Jejeebhoy (1995) argues that education might improve women's autonomy by providing:

- greater knowledge of and exposure to the outside world;
- higher decision-making autonomy at home;
- greater physical autonomy in interacting with the outside world;
- greater emotional autonomy that leads to closer bonds with husband and children;
- greater social and economic autonomy and self-reliance.

However, she also adds that the extent of the impact of schooling on autonomy and thus on fertility behaviour depends on the culture and level of gender stratification in a particular country. In societies that are highly patriarchal, the impact of schooling on women's autonomy is usually minimal and visible only when a moderate level of schooling is reached, as is the case in South Asia generally (Jeffery and Basu 1996) and Pakistan in particular (Sathar 1996).

[32] Various other studies also reinforce the negative association between age at marriage and fertility levels. For examples see Durr-e-Nayab (1999); Faizunnisa and Ul Haque (2003); Gangadharan and Maitra (2003); and Hakim (1999).

The notion that female schooling leads to higher autonomy and an automatic change in fertility behaviour has been widely criticised. For example, Jeffery and Basu (1996) warn that schooling does not always lead to higher autonomy and fertility change, and that the links between education and female autonomy have not been fully explored. They suggest that schooling might even reinforce existing gender inequalities, particularly in South Asia where the content of schooling supports prevailing gendered values and norms (Basu 2002; Jeffery and Basu 1996).

The available literature on Pakistan indicates that women's schooling and work status do not necessarily have an impact on women's reproductive autonomy. Rather, autonomy is generally shaped by traditional and cultural factors such as age, number of living sons, ethnicity and place of residence (Hakim *et al* 2003; Jejeebhoy and Sathar 2001).

2.2.3.2 Increased schooling of children and parental fertility

Most of the theories concerned with demand for children have shown that the cost of schooling is one of the main pathways to fertility transition. Three panel surveys conducted in 1997, 2004 and 2011 in 12 villages and 6 districts in Punjab and KP analyse the effects of schooling opportunities for girls and the development levels of villages on the desired family size (Sathar *et al* 2000; Sathar *et al* 2003; Sathar *et al* 2006; Zaidi *et al* 2012). The results reveal a positive correlation between number of girls' schools in the village and parental desires to stop child bearing through increased aspirations for investments in children's education.

In the present study, I explore not only the possible fertility inhibiting effects of female schooling and the growing importance given to the schooling of children among younger generation parents, but also the widening educational gaps between the younger and older generations.

2.2.4 Improving Health Outcomes

Pakistan has committed to improve health outcomes by strengthening the health system and health service delivery, in terms of both quantity and quality of services provided. In addition to the Programme for Family Planning and Primary Health Care, the Expanded Programme for Immunisation, and the Maternal and Child Health Programme, it is running various programmes to control and treat diseases like tuberculosis, HIV/AIDS and Malaria.[33] Table 2.4 provides some of the improvements in health outcomes since 1990.

Table 2.4: Trends in selected health indicators in Pakistan, 1990-2010/11

	1990	2000	2010/2011
Life expectancy (years)	60.8	63.2	65.4
M	60.1	62.4	64.5
F	61.5	64.0	66.4
Mortality			
Infant (per 1,000 live births)	94.6	75.9	59.2
Under-5 (per 1,000 live births)	122.2	95.3	72.0
Maternal mortality			
Ratio (per 100,000 live births)	490.0	380.0	260.0
Life time risk of maternal death (%)	3.0	1.7	0.9
Reproductive Health service utilisation			
Births attended by skilled health staff (% of total)	18.8	23.0	43.0
Pregnant women receiving prenatal care (%)	25.6	43.3	60.9

Source: World Bank (2013)

As Table 2.4 shows, a Pakistani woman or man now lives five years longer than he/she used to live in 1990. Although the declines in infant and under-five mortality were faster before the 1990s,[34] there have been notable improvements in preventing child and maternal deaths since the 1990s, and the percentage of women receiving skilled services before and during birth also improved.

[33] For a complete list and details of these programmes see Government of Pakistan (2013).
[34] In 1960, infant mortality was 175 and under-five mortality rate was 238.

The negative association between infant/child mortality and fertility is well established in the literature, particularly as the main factor leading to fertility transitions in pre-transitional societies (Dyson 2010). Earlier studies on Pakistan showed that lower child mortality leads to lower fertility levels (Yusuf and Rukanuddin 1991) and higher infant mortality tends to increase fertility, particularly when the lost child is a boy (Rukanuddin 1982). Lower infant/child mortality might decrease fertility levels through decreasing risks to pregnancy and desired family size. Lower infant mortality lowers the time that women are at risk of conceiving a child through extending the period of lactation and postpartum infecundability (Hannum and Buchmann 2005). Improved infant and under-five mortality also enables parents to plan their family sizes and to stop child bearing when actual fertility reaches the desired level (Subbarao and Raney 1995). This is because with mortality decline, the number of surviving children in the family creates stresses and strains for the parents, which may lead to land fragmentation, falls in real wages and thus delayed marriage. However, "[e]ventually...sustained fall in mortality from high to low levels means that people are faced with the choice between either reducing the number of children they have, or experiencing a fall - or slower rate of improvement - in their standard of living" (Dyson 2010: 20).

The developments shown in Table 2.4, in addition to highlighting increased reproductive health service utilisation among women, which is directly linked to the present study, also indicates that families are now more likely to be living in three-generational households as compared to the 1990s, meaning that young women today are more likely to live with their mothers-in-law for a significant period of their life than the older generation was.

2.2.5 Economic developments and urbanisation

Pakistan's economic landscape has also changed substantially over the past two decades. The economy was nationalised during the Bhutto regime (1970-77), and the government continued to control a large portion of the market, particularly through

production and price controls, until the 1990s. While economic liberalisation[35] began with the World Bank and International Monetary Fund's structural adjustment programme in the early 1980s, "denationalisation" efforts did not gain momentum until the 1990s. In 1991, the Denationalisation Programme was initiated with the aim of promoting market economy and privatisation, and attracting foreign investment. Privatisation efforts were intensified during the Musharraf regime (1999-2008) and by 2008 more than 80% of the industries were privatised. Policies that encouraged privatisation and (neo)liberal open market economy, and perhaps technological improvements in the agriculture and transportation sectors, also changed the employment structure. Table 2.5 shows that as the share of agriculture in the GDP has declined since the 1980s, so has the employment share of the sector. The services sector on the other hand has expanded, with changing demands for employees' educational and skills levels.

Table 2.5: Economic developments and labour force structure 1980s-2010

	1980	1990	2000	2010
Value added as % of GDP				
Agriculture	29.5	26.0	25.9	21.2
Manufacturing	15.9	17.4	14.7	17.7
Services	45.6	48.8	50.7	53.4
Employment by sector (% of total employment)				
Agriculture	52.7	51.1	48.4	44.7
Industry	20.3	19.8	18.0	20.1
Services	26.8	28.9	33.5	35.2

Source: World Bank (2013)

The economy in Pakistan is largely informal.[36] There are no unemployment benefits and there is very low coverage by social security. The income insecurity is high due to high casual employment and low remuneration of existing agricultural, casual and manual jobs, creating a "working poor" (Dev 2000). Social background is important

[35] Liberalisation was carried out in the fiscal, trade, agriculture, education and healthcare sectors, and in the legal system and administration.

[36] Around three out of four women and men are employed in informal jobs, even in the non-agricultural sector (Government of Pakistan 2013).

within the employment market, possibly leading to discrimination based on gender, ethnic group or kinship.

Women's labour force participation, although increasing since the 1990s, is still very low and women are twice as likely to be unemployed as compared to men. Women are also more likely than men to be unpaid family workers and employed in the agricultural sector (75%).

Table 2.6: Trends in labour force participation rate and unemployment by sex, 1990-2010

	1990	2000	2010
Labour force participation (% of population aged 15-64)	51.7	52.1	54.9
M	87.1	86.1	85.9
F	13.9	16.4	23.0
Unemployment (% of labour force)	2.6	7.2	5.0
M	2.8	5.5	4.0
F	0.7	15.8	8.7

Source: World Bank (2013)

The urban population in Pakistan increased from 30.5% in 1990 to 36.6% in 2012 (World Bank 2013). The urbanisation process has been fuelled by rapid population growth, the changing structure of the employment sector, better living conditions in urban areas (in terms of access to services and technology), economic necessity, and insecurity factors which have encouraged rural-urban migration (Kugelman 2013). In addition, the spread of urban ways of living to rural areas is also underway due to developments in communications and transportation.

As discussed in the previous chapter, urbanisation, changing economic structures and women's labour force participation are all factors which have been shown to contribute to fertility declines. Although studies have confirmed that urban residence is one of the important determinants of fertility preferences and behaviour, they have also revealed that employment opportunities for women are less likely to alter

fertility behaviour in Pakistan than in many other developing country contexts unless they are formal and high status jobs (Sathar and Kazi 1989).

2.2.6 Developments in the communications sector

A number of studies have revealed that information and exposure provided by television can affect the values, attitudes and behaviour of viewers in a wide variety of areas,[37] including family size and fertility. For example, Westoff and Koffman (2011), using the Demographic and Health Surveys of 48 developing countries, show that exposure to media is associated with higher use of modern contraception, the desire for smaller families, and lower fertility. In Brazil, telenovelas which showed families smaller than in reality were found to be associated with the decline in fertility in the country (La Ferrara *et al* 2012). In rural India, a study based on individual level three-year (2001-2003) panel data from 180 villages across five states showed that after accessing cable television women were less likely to report preference for sons and had lower fertility, in addition to reporting to have higher involvement in household decision-making and higher school participation of children (Jensen and Oster 2009). Increased exposure to condom advertisements in urban Pakistan through private television and radio channels has also been found to be associated with reduced embarrassment in purchasing condoms and negotiating condom use, increased discussion of family planning, and increased use of condoms or other family planning methods among urban men (Agha and Meekers 2010; Agha and Beaudoin 2012).

Until the first private channel in Pakistan started its transmissions in 1990, television broadcasting had been carried out through a single government channel since 1964. Since the 1990s, and particularly after 2000, there have been significant developments in terms of increased access to television, growth of satellite and cable

[37] Some of these include voting patterns in the United States (Vigna and Kaplan 2007), divorce rates in Brazil (Chong and La Ferrara 2009), social capital and participation in social organisations in Indonesia (Olken 2009), and time spent with family in a city in Indian Punjab (Adhikari *et al* 2005).

networks, and growth of private sector television broadcasting, which are summarised below.

Increased access to television: The percentage of people who have a television set at home has increased substantially over the past twenty years. According to the DHS, in 1990/1 only one-quarter of young women (aged 25-34) in Punjab reported that they had a TV set in their homes. By 2006/7, the percentage of young women who reported having a TV set increased to 59.1%. According to Pakistan Institute of Public Opinion (PIPO) media survey conducted in 2010, 81% of Pakistanis reported that they watched TV, and 89% of these had a TV set at home (Murthy 2010).

Increased access to satellite television through cable networks: Access to satellite television channels, which was mostly through expensive private dish antennas, was very low and limited to major urban areas and higher income households throughout the 1990s. By the end of 1990s, satellite television channels became available in major cities through unregulated cable network providers.

Cable television networks became widely available in other cities and rural areas after the legalisation of cable television in 2000: the number of registered cable TV operators reached 2,500 by 2010 and there were around 4.2 million cable subscribers in 2010 (PEMRA 2010). The cost of cable networks was as low as 300 Rupees (around two pounds) per month in 2010/11, in addition to an installation cost which was not more than 4,500 Rupees (around 30 pounds). By the end of the 2000s, therefore, satellite television channels that were initially restricted to upper-class urban households had become accessible to lower-income households and residents of rural areas after the expansion of cable operators, and cable television transformed from being a "luxury" to a normal household commodity (Zia 2007). According to the PIPO media survey, in 2010, 57% of television viewers in Central Punjab were subscribers to cable/satellite TV.

The growth of cable television networks meant access not only to Pakistani channels but also to international and Indian TV channels. In 2010, around 50 international

channels were being aired through cable networks in Pakistan, in addition to more than 80 national and local private channels that aired through satellite and cable networks.

Growth of the Pakistani private sector in television broadcasting: In addition to the gradual expansion of public sector broadcasting in the 1990s and 2000s,[38] private sector broadcasting grew rapidly after a change in government policy under the Pakistan Electronic Media Regulatory Authority Ordinance in 2002, which allowed private channels to operate and produce their own programmes. There was a proliferation of private channels at the national, provincial and local levels: The number of registered private TV licenses increased from four in 2003 to eighty-five in 2010 (PEMRA 2010).

The growth of private sector and cable television not only led to the weakening of historically heavy government control over television broadcasting but also increased access to a variety of programme genres, such as news, sports, religion, music, children and entertainment, in English, Hindi, national or provincial languages.[39]

The programme offerings of the private and cable/satellite network channels have been quite different to those of government channels. Government channels provide extensively controlled programmes consistent with the values of the majority of Pakistanis and the politics of the ruling government. The private channels are more entertainment oriented, and are more likely to challenge the existing gender roles and family value systems by showing the lives of people in more liberal households and educated or working women. They might also increase the aspirations of viewers for "a better life" as they showed the lifestyles of people in urban settings and upper-income households, which are the most common settings in the majority of serials and movies. In addition, Pakistani and Indian dramas, movies and morning shows have not only been a source of entertainment but have also been used for the provision of information and the promotion of certain health behaviours, particularly in relation to maternal and child health, and family planning. There have been

[38] By 2012, PTV had five national and three regional channels.
[39] Punjab has its first Punjabi language channel since 2004.

growing numbers of talk shows that discuss not only politics but also gender inequality and socio-economic concerns.[40] These are expected to have far-reaching implications in terms of increased knowledge about contraception, and attitudinal changes towards family and life in Pakistan.

Another major development of relevance to my study has been improvements in the family planning programme.

2.2.7 The National Family Planning Programme: Before and after the 1990s

The provision of family planning services in Pakistan unofficially started in 1953 with the establishment of the Family Planning Association of Pakistan (FPAP), a Lahore-based non-governmental organisation (NGO) that provided contraception to women. The first government initiative came during the second five year plan (1960-65), however, after 30 years of family planning service provision, CPR stood at 12% in 1990/1. Appendix A provides the evolution of the national family programme until the 1990s. The main problems during this time can be listed as inconsistent political support and religious politicisation of the programme, inadequate coverage, inadequate importance given to awareness raising campaigns, and inadequate focus given to reproductive health of the couple. The government of Pakistan renewed its emphasis on family planning within a more holistic reproductive health framework in the 1990s.

The Family Planning Programme: 1990-2010

The 1990s have been a "turning point" for the Family Planning Programme in Pakistan (Carton and Agha 2012; Hakim and Miller 2001). Since the pro-natalist Zia regime ended, government support for the programme has in increased substantially

[40] A study conducted among women in Pakistan shows that more than two-thirds of female cable users were watching cable for dramas and movies (Zia 2007). In another study, the majority of 10,000 female participants mostly preferred dramas that were based on social issues (Hasan *et al* 2012), indicating not only availability of such programmes but also the interest and preference of women to watch them.

in early 1990s. Most of the problems associated with the programme prior to the 1990s were addressed through the expansion of services, particularly in rural areas, and improvements in the programmatic approach, as set out in successive five-year plans.

Expansion of services: The seventh five-year plan (1988-1993) followed the multi-sectoral approach with expanded service delivery. Specific provisions included increasing the number of family welfare centres (FWC); introducing mobile service units (MSU) at *tehsil* level; improving the services of existing reproductive health service systems in health departments; increasing the involvement of semi-government target institutions;[41] increasing the involvement of NGOs, *ḥakīms* (Muslim physicians), homeopathic practitioners and registered medical doctors; expanding the social marketing of contraceptives (which was initiated in 1986); and increasing IEC activities through mass media.

The real expansion of the programme occurred after the eighth five-year plan (1993-1998). This plan was the first to introduce two separate strategies for urban and rural areas. It focused on the delivery of services to rural areas through hiring female village-based "motivator-cum-providers", and the expansion of services in urban areas through increasing availability and performance of existing services, as suggested in the seventh plan. During this period, the IEC component evolved to focus more on communicating/promoting the importance of birth spacing for maternal and child health.

By 1994, two predominantly rural outreach programmes had been launched and 12,000 village-based family planning workers (under the Ministry of Population Welfare) and 33,000 Lady Health Workers (LHW) (under the Ministry of Health) had started providing services, mainly in rural areas. Later, in 2001, these two programmes were merged under a vertical health programme, the National Programme for Family Planning and Primary Health Care, which is still being run by

[41] Semi-government institutions that were asked to promote family planning and products among their workers, such as through family planning advertisements on train tickets.

the Ministry of Health and had the strength of around 103,000 LHWs in four provinces by March 2012 (Government of Pakistan 2011b). The LHW programme, which followed the rationale of Bangladesh's successful door to door service provision through community health workers, has been shown not only to increase knowledge, acceptability and usage of family planning, particularly in rural areas, but also to make various health improvements, such as in child immunisation, ante-natal care, and control and treatment of childhood diarrhoea (Douthwaite and Ward 2005; Oxford Policy Management 2002; Sultan *et al* 2002) through equitable distribution of services to all economic classes (Arif *et al* 2012). Since the merger of the two programmes, the Federal Ministry of Population and Welfare has continued to provide family planning services through FWCs, mobile units and public-private partnerships with NGOs, private doctors, and social marketing projects.

Involving men: With the ninth plan (1998-2003), the involvement of men in family planning through male village-based family planning workers[42] was introduced as a strategy. The following plan (2003-2008) also focused on male involvement in addition to addressing the unmet need for contraception by increasing the quality of available services through existing systems. By 2009 there were 4,701 male mobilisers working throughout the country (Durrani *et al* 2009). In addition to providing contraceptive methods and awareness raising, they were also trained to convey Islamic messages that supported birth spacing and the need to plan a family for responsible parenthood.

Rationalising family planning in Islam: In addition to communicating an Islamic rationale for family planning through male mobilisers, the family planning programme also enlisted the Islamic clergy in the formulation and dissemination of family planning discourses from the mid-2000s. Likewise, some of the NGOs have used an Islamic approach to family planning. For example, FPAP-Rahnuma, which has an office in Sargodha, has started distributing messages that "centralize Islam and apply religious criteria to authenticate and rationalize specific strategies" for family planning (Varley 2012: 191).

[42] The name changed to male mobilisers in 1998-99.

Private sector involvement: The 1990s was also a time when private sector involvement in family planning increased. NGOs started to emerge in family planning service provision, particularly in rural areas and semi-urban areas. Since 1995, there has been an expansion in the social marketing of contraception in urban areas through Greenstar franchised clinics.[43] Furthermore, despite only partially addressing family planning (20% of all private health sector services), the private health sector has expanded enormously since the 1990s. Indeed, by the mid-2000s it was providing health services to around 70% of the population (Hamid and Stephenson 2006).

Dissemination of family planning messages through television: As previously mentioned, the media coverage of family planning matters also gained some momentum after the 1990s, particularly through advertising of contraception and messages about the benefits of smaller families in television serials.[44]

2.3 Social and familial context

Pakistani social life is centred on the family and *birādrī* (brotherhood, patrilineal kin), which are the most important social institutions. They provide individuals with identity, social and economic security (Blood 1994), and lines of authority in matters pertaining to marriage, the maintenance of honour and the moral behaviour of family members (Eglar 2010 [1960]). Men are expected to live in close proximity to their families, ideally in extended households, which continue to be the most common household structure in Pakistan.[45]

[43] For examples of impact of social franchising campaigns run by NGOs see Agha and Meekers (2010); Agha and Beaudoin (2012); Syed *et al* (2013).
[44] For example, *Aahat* (An approaching sound), which aired in 1991-92, was the first PTV serial to address family planning by showing the consequences of having too many children too soon for a young couple. *Paiman* (Promise), which aired in 2008, provided messages on birth spacing and promoted the involvement of men in the reproductive healthcare of women.
[45] According to Pakistan Socio-economic Survey 2001 results, only three percent of women and men aged 60 and above lived in nuclear households and 86% of them reported having a major say in household decisions fully or with consent of the others (Syed and Kiani 2003).

Pakistani society is highly patriarchal with clearly defined roles for women and men. There is a hierarchal relationship between and within sexes based on age. Men have greater status and say in most decisions, followed by older women. Cain's (1988: 21) observation for Bangladeshi and Indian women also applies to Pakistani women:

> [U]nder ideal circumstances, a woman's progression through life is marked by the successive transfer of her dependency from one category of male to another: father, husband, and finally son.

Issues related to fertility and child bearing mostly remain within the domain of women (Sathar and Kazi 1997). A man even showing an interest in his wife's reproductive health might be considered inappropriate by other family members. To that end, communication and decisions about reproduction and reproductive health are also largely restricted to women (Casterline *et al* 2001).

Marriage and reproduction are very important aspects of social and familial life. Marriage is almost universal[46] and is mostly arranged by the elders of the family. The mother of the groom is likely to spend more time with her daughter-in-law than with her son.

The legal age for marriage in Pakistan is 16 for girls and 18 for boys; however, early marriages continue to exist and are socially acceptable. In order to prevent any danger to the chastity of the girl before marriage, families are likely to opt for their daughter's marriage as soon as possible, which, according to Islam, could be as soon as she reaches menarche. According to the DHS 2006/07, although the median age at marriage was 19.1 years for women (and has been increasing over the past two decades), one in every six women aged 15-19 was already married at the time of the survey. This might have a negative impact on women's autonomy and position in the household, particularly if there is a large gap between the ages of the spouses (Sathar and Kiani 1998).

[46] According to the DHS 2006/07, only one percent of women aged 45-49 reported that they had never married.

After marriage the bride shifts to her husband's household and is expected to live with his parents and/or siblings until the death of the husband's father or the premature separation of the couple from the extended household (usually caused by economic migration, disputes among household members or lack of space after the marriage of husband's male siblings). The bride must negotiate her relationships with her husband and other household members. Her situation may be easier if she is in a consanguineous marriage, which constitutes half of all marriages in Pakistan, as she already has an established relationship with the other household members.[47] The tradition of dowry is also common; while large dowries can be used as a means to increase the status of the bride in her new home, lack of dowry is likely to create problems including verbal and physical violence against the bride perpetuated by her husband and in-laws.

There are high expectations on a newlywed woman to conceive as soon as possible, from both the family and the wider community. Having a child, especially a son, strengthens a woman's position in the family, protects her marriage from dissolving and/or reduces the likelihood of her husband marrying another woman.[48] While bearing sons can be an avenue for increasing status for some women, those who give birth only to girls and those who bear no children at all are likely to be harassed by family members and society (Mumtaz *et al* 2013; Winkvist and Akhtar 2000). Women continue childbearing until they have the desired sex composition of children rather than a particular number of children, particularly when the couple does not have any sons (Muhammad 2009). Desire to have a son shapes the fertility-related behaviour of couples, by shortening the duration to the subsequent birth and influencing the uptake of contraception (Hussain *et al* 2000; Maitra and Pal 2005).

[47] This does not necessarily mean that she knows her husband well as the spaces in which they can communicate are very limited due to gender segregation. The woman's relationship with her aunt/cousins might also change once she becomes the daughter-in-law of the house. Research has shown that women in consanguineous marriages are likely to marry earlier, less likely to use modern contraception and experience a higher number of pregnancies and child deaths (Hussain and Bittles 1999).

[48] Polygamy of up to four wives is legal in Pakistan, as long as the previous wife/wives give(s) permission. However it is rarely practiced.

In Pakistan, as in most of India, Bangladesh and Nepal, sons and daughters are valued differently by their parents. Sons are considered as providing old age security as well as the continuity of the lineage, while daughters are perceived as a burden in certain parts of the country where the tradition of dowry is widespread (such as Punjab) (Muhammad 2009; Sathar and Casterline 1998). Mothers are also likely to favour sons because sons bring a bride to take care of them during old age, while daughters are given away to another household. It is also argued that even after the marriage of a son, the relation between mother and son remains intimate, with a high probability of the mother having more influence over her son than the latter's wife (Blood 1994). With regard to the influence of mothers on their sons' fertility, Kadir et al (2003) showed that mothers-in-law wanted a larger number of children compared to their daughters-in-law, and their desires were closer to those of their sons than those of their daughters-in-law. Women living a nuclear household, as argued by Durr-e-Nayab (1999), does not always mean that they are completely free to make their own decisions. She shows that despite having smaller family size desires women living in nuclear household might even have a higher number of children.

Despite patrilineal kinship structures, women continue to have a relationship with their natal family after marriage, especially considering the high likelihood of young women living close to their parents and/or siblings as a result of the high incidence of consanguineous marriages (World Bank 2005). A young bride's relationship with her mother – among others in her natal home – is often the most important one, particularly on issues related to her reproductive health, since her mother is in a position to provide a variety of support, such as guidance to dispute resolution or accompanying her to a healthcare unit (for an example from India see Grover 2009). These relationships, however, has not been investigated empirically in Pakistan.

2.4 Pakistani literature: Identifying the gaps

Fertility in Pakistan has received particular attention from scholars since the 1970s. Although there is an extensive literature on the disparities and correlates of fertility

in Pakistan, few studies attempt to understand the reasons behind them, or to substantively investigate the differences between younger and older generations, and the role of older generations in the fertility-related aspirations and behaviour of young.

Furthermore, as is the case with the international literature, most research in this field is quantitative. The majority of studies explore the correlates of fertility differentials, drawing heavily on multivariate analysis of cross-sectional datasets. They indicate that much of the variation in fertility levels, demand for children or contraceptive use can be explained as an interaction of age and socio-economic indicators, including schooling (particularly female), economic status of households, location of households (rural/urban), and ethnicity (Hagen *et al* 1999; Hakim 1994; 1995; 1999). More detailed studies have also revealed associations between fertility preferences/behaviour and women's status/autonomy (Ali and Sultan 1999; Ali *et al* 1995; Casterline *et al* 2001; Hakim 2000; Hakim *et al* 2003; Mahmood 2002) and other religious (Zafar *et al* 1995 ; Zafar *et al* 2003) or socio-cultural influences such as patriarchal structures (Jejeebhoy and Sathar 2001) and son preference (Hussain *et al* 2000; Muhammad 2009), or the impact of specific family planning efforts (Arif *et al* 2012; Douthwaite and Ward 2005).

Despite the wealth of studies which analyse the correlates of fertility, those which attempt to explore the processes of fertility change are very scarce. The few studies which are available are based on a number of conflicting conjectures, and attribute macro-level changes to micro-level household/individual behaviour without any substantial empirical evidence of how these changes impact on households and individuals. For example, Sathar and Casterline (1998), using macro-economic trends such as poverty levels or urbanisation rates, presume that the onset of fertility transition in Pakistan is the result of macroeconomic trends (leading to economic distress at the household level); social changes in the sphere of kinship (reduced influence of extended kin and greater husband-wife convergence in reproductive decision-making); reductions in desired family size; and reductions in the social, cultural and psychic costs of contraception (Sathar and Casterline 1998). Soomro

(2000), on the other hand, argues that increasing poverty levels and employment opportunities for women have indirectly affected fertility levels, by decreasing the proportion of married women. To that end, most of the quantitative studies remain ineffective in capturing the more complex nature of and processes behind fertility change. They neglect *how* these changes have been negotiated between two generations of women, as they use relatively rigid quantitative data and lack any diachronic analysis.

Alternatively, a small number of qualitative studies, despite limitations on the generalisability of their findings to the whole population due to their localised nature, have been more useful in reflecting the complex nature of fertility-related decision-making processes among women. For example, Mumtaz and Salway (2005; 2007; 2009) use qualitative techniques to explore existing gender structures and their role in women's access to basic health care services. Winkvist and Akhtar (2000) explore the perceptions and experiences of bearing sons and daughters in an urban area in Punjab. These studies show that mothers-in-law directly or indirectly play a role in the fertility desires and behaviour of young women in Pakistan. Another area that few studies have examined is the role of mothers in married daughters' lives. One exception is Mumtaz and Rauf's (1996) study of women's decision-making and reproductive knowledge in a Punjabi village. They found that grandmothers and mothers were very influential in matters relating to pregnancy, and in some reproductive health matters such as menstrual cramps and abortion.

Although a large number of studies in Pakistan recognise the control that mothers-in-law have over young women's reproductive decisions (Ali and Sultan 1999; Fikree *et al* 2001; Hakim *et al* 2003; Hamid *et al* 2009; Jejeebhoy and Sathar 2001; Kadir *et al* 2003; Mumtaz and Salway 2005; Sathar and Kazi 2000; Winkvist and Akhtar 2000), few investigate in detail the role of mothers-in-law in young women's fertility behaviour. For instance, a study conducted among urban squatters in Karachi showed that mothers-in-law wanted women to have more children than the young women wanted for themselves (Kadir *et al* 2003). Another study of the same community showed that the influence of mothers-in-law on young women's contraceptive use

was higher than the influence of husbands, and daughters-in-law were more likely to use modern contraception if mothers-in-law discussed it with them (Fikree *et al* 2001). In a recent study, young women's perception that their in-laws support contraception was found to be the strongest determinant of their intentions to use contraception (Agha 2010). However, there has not been any systematic and holistic study, in which changes in the fertility-related aspirations and behaviour of two generations have been analysed, and intergenerational relationships and the influence of older generations on younger ones have been explored in detail, during an era of rapid fertility transition and socio-economic developments.

This study aims to address these gaps in the literature by:

1. Using several existing datasets for reanalysis of the fertility preferences and behaviour of young women (aged 25-34) to gain insights into changes through time;
2. Collecting new qualitative data to understand the processes behind the changes in fertility preferences and behaviour between two generations of women, in particular by interviewing young married women, their mothers and their mothers-in-law, mainly to discover:
    - Perceptions of differences between the situations of older and younger generations.
    - The nature of interactions and dynamics of intra-household power relationships with regard to fertility, and changes in them.

The next chapter describes the methodological approached followed in this study.

> The reasons for this [fertility transition] are known to the participants, and any reported mystery is the product of the nature of large-scale surveys and not of social forces so deep that they are neither noticed nor understood by the actors.
>
> Caldwell *et al* (1988: 67)

3. Researching fertility in Punjab: Research design and methodology

The previous chapters broadly framed the conceptual rationale for the thesis by providing the background of the country context, and reviewing the existing literature and theoretical approaches with regard to fertility transition. Building on these, this chapter sets out the methodological approaches that guided the research process by describing the research design and its implementation, before moving into analysis of data in the subsequent chapters. For this study, I employed a mixed methods approach, in which two existing quantitative datasets were re-analysed and new qualitative data was collected in Punjab, Pakistan. Therefore, in addition to providing the details of my research design, this chapter also sets out the particulars of the datasets used for quantitative analysis and the course of the qualitative study, from district selection to interviews. Data analysis, ethical considerations and validity and reliability procedures are also outlined.

A wide range of research designs and methods, with diverse ontological and epistemological assumptions about the truth and reality of the social world, can be used in sociological studies to acquire data about fertility transitions, how they are perceived, and how social and familial relationships influence the fertility decision-making processes of women/couples. Being a pragmatist, I believe that the suitability of the research design and methods depends on their ability to answer the research questions (Bergman 2008; Johnson and Onwuegbuzie 2004) rather than the ontological views and epistemological assumptions that underpin them. Therefore, I derive my research design and the methods used in this study from my research questions. These require a mixed methods approach that involves utilisation of two

cross-sectional quantitative datasets to identify the changes in fertility preferences and behaviour of women across time, and a qualitative study with two generations of women to ascertain their perceptions of the reasons for fertility change, capture the complex nature of fertility negotiation processes, and examine the role that intergenerational and familial relationships play in the fertility decision-making processes of young women.

The first section of this chapter outlines the research design and methods, and the rationale for them, before moving on to describe how the research design was executed. The second part of the chapter provides details of the quantitative datasets and how they were utilised for the purposes of this study. The third section outlines the fieldwork processes of the qualitative study, including how district and communities were selected, how communities were accessed and participants recruited, and how semi-structured interviews were piloted and conducted. This section concludes with reflections on the conduct of these interviews and the way in which ethical issues were handled. The final section of the chapter describes the particulars of data analysis, data limitations, and validity and reliability of the study.

3.1 Research design and methods: Sequential mixed methods for comparative analysis of two generations

> Mixed methods research is a research design with philosophical assumptions as well as methods of inquiry…Its central premise is that the use of quantitative and qualitative approaches, in combination, provides a better understanding of research problems than either approach alone.
>
> Creswell and Plano Clark (2007: 5)

Mixed methods research, while lacking a conclusive definition, usually involves bringing together quantitative and qualitative methods (Bryman 2006b; Tashakkori and Teddlie 2003) in a single study.[49] Despite being used since the 1960s, mixed methods has more recently emerged as "a research movement" and "the third

[49] Studies that involve two different qualitative methods (Guba and Lincoln 1994) or two different quantitative methods (Gray 2009) are also defined as mixed methods.

paradigm for social research" (Denscombe 2008; 2010). Increasing numbers of studies have employed a variety of forms of mixed methods on a wide range of subject areas (for some examples see Bryman 2006a), including demography and reproductive health.[50]

The increasing shift towards mixed methods in social research incited widespread debate on "paradigm wars" or "incompatibility thesis" within social sciences. Mixing two approaches was generally perceived as epistemologically inappropriate and compatibility of mixed methods was widely challenged by quantitative and qualitative purists. Those who perceived clear-cut distinctions between qualitative methods (associated with constructivism) and quantitative methods (associated with positivism/post-positivism) propounded the "incompatibility thesis", which suggests that the quantitative and qualitative research paradigms and thus their methods cannot be mixed (Bergman 2008; Johnson and Onwuegbuzie 2004). The explicit associations of quantitative and qualitative methods with positivism and constructivism, respectively, are highly questionable in the first place, considering that neither is entirely free from the epistemological tenets of the other. For example, all quantitative methods involve interpretation in construction and analysis of data, while qualitative research is likely to involve some scope for generalisation, which is considered important for the quality of the research (Lewis and Ritchie 2003). In opposition to the purists, some scholars supporting mixed methods designs argued that a) there are more than two paradigms and a range of positions that a researcher can take, and these positions should depend on research rather than methodological and philosophical commitments (Hammersley 2006), and b) mixed methods research can be used if the same ontological assumptions are applied in concurrent designs, or if researchers switch research strategies in sequential designs (Blaikie 2000). In addition, pragmatism has been recognised as the "philosophical partner" of mixed methods research as "it rejects either-or choices from the constructivism-positivism debate" and "offers a third choice that embraces superordinate ideas gleaned through

[50] Edmeades et al (2010) show that in India, a qualitative study followed by a quantitative survey on abortions can improve estimations of the number of abortions in Madhya Pradesh. Bhatti and Jeffery (2012) show the insufficiency of female schooling in explaining decision-making around marriage and fertility in Punjab and KP when the social and familial contexts are not defined.

consideration of perspectives from both sides of the paradigm debate in interaction with the research question and real world circumstances" (Teddlie and Tashakkori 2009:73). Finding this approach congruent with my own, I position myself among the pragmatists. I also believe that "individual researchers should be free to identify the most productive areas of inquiry and to determine the most effective means for investigating them" (Hammersley 2005: 144).

Methodological approaches, which are usually compartmentalised by disciplines, also tend to dictate the methods used by each discipline without any obvious scientific reasons. Demographic studies has always been dominated by quantitative approaches because of this methodological compartmentalisation and perhaps also because of the easy availability of data from multiple sources (large scale surveys, vital registration systems, population censuses etc). Sociology, on the other hand, has been more interested in meaning, which cannot be adequately researched by quantitative approaches, particularly without "situating fertility"; showing "how it makes sense given the sociocultural and political economic context in which it is embedded" (Greenhalgh 1995: 17). For South Asian settings this entails consideration of family structures, age hierarchies, gender relations, power and agency.

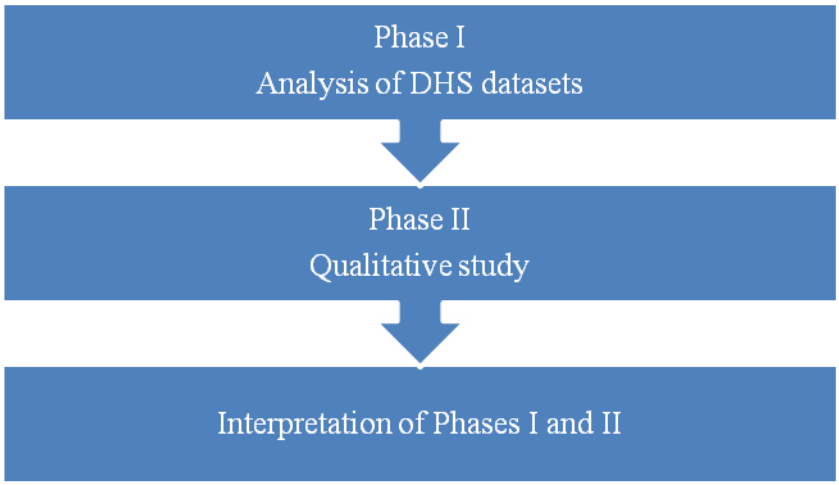
Although the paradigm wars are still present in methodological publications on mixed methods, by the mid-2000s there was a shift towards defining and categorising how mixed methods can be applied in social research.

Mixed method designs can be shaped in a number of ways. They take three main forms based on the order/level of the method used: sequential, concurrent and multi-level designs. Within these, there are many possible ways in which quantitative and qualitative methods can be combined in a study. The strengths and weaknesses of each method, the order of the methods used within the study, and the relative importance of each method for the study help to determine the specific form of mixed-method approach used, and all of these are linked with the research questions and the purpose of the researcher in mixing methods. Denscombe (2008; 2010)

summarises five main reasons why researchers opt for mixed methods approaches: to improve the accuracy of their data; to produce a more complete picture; to compensate for the strengths and weaknesses associated with particular methods; to develop analysis and build on initial findings using contrasting kinds of data or methods; and to aid sampling.

Among all other possible ways of addressing my research aims and questions, I preferred an explanatory sequential mixed methods design (Figure 3.1): a two-phase study in which quantitative findings of the first phase are explored further through the qualitative methods of the second phase (Creswell 2003; Creswell and Plano Clark 2007; Creswell *et al* 2008; Teddlie and Tashakkori 2009).

Figure 3.1: Implementation of explanatory sequential mixed methods design of the study



Phase one involved utilisation of two existing cross sectional nationally representative quantitative datasets. These were used to compare the fertility preferences and behaviour of Punjabi women from age cohort 25-34 in 1990/1 and 2006/7, and also to investigate whether there have been any changes in differentials[51] of fertility preferences and behaviour among these women. Phase two was designed as a qualitative study. It included semi-structured interviews with young women aged

[51] The main factors that I investigate are the rural/urban residence and educational attainment levels of young women. Social class, while important, was highly associated with the educational attainment levels of women.

25-34, their mothers, mothers-in-law, and husbands[52], to gain insights into more complex decision-making around fertility and how fertility-related decisions are negotiated across generations of women within their familial structures and relationships.

A quantitative-qualitative sequential design was preferred for two reasons. Firstly, showing the changes in women's fertility preferences and behaviour, and the changes in its differentials in a systematic and time-bound manner necessitated the utilisation of (quasi)-longitudinal quantitative datasets that collect data at two points in time as a first step. Secondly, a qualitative study was needed to capture the perceptions of women regarding the reasons for change and to build on some of the findings of the quantitative data. Only through an explanatory sequential mixed methods approach could the desired "completeness"[53] and "complementarity"[54] be attained. This approach would help to develop the analysis by building on the initial findings on fertility change, as well as producing a more complete picture of the fertility transition. I also used quantitative surveys in two further ways. Firstly, during the initial stages of my fieldwork, as described in Appendix B, I utilised two quantitative datasets that allowed analysis at the district level to inform my district selection in Punjab. Secondly, my sampling strategy for the interviews for the qualitative study was partially guided by the initial analysis of Pakistan Demographic and Health Surveys, as discussed in more detail in Section 3.2.1.1 below.

The outline of each phase, including data sources, sampling and the data analysis, are summarised in Appendix C. The findings of the two phases were integrated at the interpretation stage. Although in explanatory sequential mixed method designs the quantitative findings are usually given more importance in the analysis, in my study quantitative and qualitative findings are given equal importance in the analysis of

[52] Since the DHS 2006/07 did not collect information on men, it was not possible to capture the changes in preferences and behaviour of men using quantitative data. Husbands were also not included in the initial sample for the qualitative study (see Section 2.3.3.3).

[53] Bryman defines completeness as "the notion that researcher can bring together a more comprehensive account of the area of enquiry ... if both quantitative and qualitative research are employed" (Bryman 2008: 609).

[54] Complementarity or "complementary understanding" (Creswell 2003: 175) can be defined as "seeking elaboration, enhancement, illustration, clarification of the results from one method with results from the other method" (as cited in Johnson *et al* 2007: 115).

changes in fertility preferences and behaviour, while a greater weight was placed on the qualitative findings in the research questions 2-5 provided in the introduction. The details of the two phases are provided in the following sections.

3.2 Phase 1: Quantitative analysis of secondary data

Considering the financial and time limitations of the study, as well as the possible expectations of policymakers regarding the generalisability of the findings, the quantitative phase of the survey utilised two existing nationally representative cross-sectional datasets: the Pakistan Demographic and Health Surveys of 1990-91 and 2006-07.[55]

Among many other datasets conducted at the national level in Pakistan,[56] and in the absence of large longitudinal surveys covering the period of the contemporary rapid transition,[57] the Pakistan Demographic and Health Surveys were selected for this study as they are highly comparable and reliable, with very high response rates.[58] The years these surveys were conducted would also allow me to capture the time period that I was interested in exploring: right after the onset of the fertility transition when it gained momentum in Pakistan. Accessing these datasets was also relatively easy as they were available online and downloadable free of charge for the purpose of research.[59]

[55] The DHS 2012/2013 data collection, with a sample size of 14,000 women and 5,000 men, was ongoing during the writing-up stage of this thesis.
[56] These surveys include the Pakistan Fertility Survey (1975), the Pakistan Contraceptive Prevalence Survey (1984−1985), the Pakistan Contraceptive Prevalence Survey (1994-1995), the Pakistan Fertility and Family Planning Survey (1996-1997), the Pakistan Reproductive Health and Family Planning Survey (2000-2001), and the Status of Women, Reproductive Health and Family Planning Survey (2003).
[57] The Population Council of Pakistan has conducted a longitudinal quantitative survey for the years 1997, 2004 and 2011 in selective districts in Punjab and KP. However, it does not cover the period starting from the onset of the fertility transition.
[58] The DHS programme is international and uses similar methodologies and questionnaires, allowing for comparisons over time. The response rate among eligible women is around 95% in each survey in Pakistan.
[59] Accessing datasets through official routes proved to be time consuming and required strong personal links.

The Pakistan Demographic Health Survey 1990-91 collected data from 6,611 ever married women aged 15-49. It covered background characteristics, reproductive history (number of children born, living, dead, birth spacing), knowledge and use of contraception, pregnancy and breastfeeding, vaccinations and the health of children, marriage, family size preferences and husband's background. A sample of 1,354 husbands were also interviewed and questioned about their background, contraceptive awareness and usage, marriage and polygamy, and fertility preferences.

The Pakistan Demographic Health Survey 2006-07 collected data from 10,023 ever married women aged 15-49. It gathered information on women's background characteristics (education, literacy, mother tongue), household characteristics (wealth, rural/urban residence), marriage (age at marriage, consanguinity), reproductive history (children ever born, died, birth spacing), knowledge and use of family planning, fertility preferences, antenatal and delivery care, pregnancy complications and maternal mortality, breastfeeding practices, vaccinations and illnesses of children, work, husband's characteristics, child mortality, awareness about HIV/AIDS and other sexually transmitted diseases, and other health issues. This round of the survey did not collect data from husbands.

3.2.1 Data analysis for Phase I

The analysis of the DHS datasets was descriptive. It consisted of two stages. The first phase took place before the start of the fieldwork and involved the analysis of selected indicators by background characteristics of all ever-married women aged 15-49 in Pakistan. The second phase occurred at the interpretation stage and involved the detailed analysis of all indicators listed in Table 3.1 for a selected sample (Punjabi women aged 25-34), for the purposes of answering the first research question.

3.2.1.1 Initial analysis of the DHS datasets

The analysis of the DHS datasets started prior to the fieldwork for the qualitative phase. The purpose was to produce initial descriptive statistics and identify various relationships between variables that might require further investigation during the qualitative phase.[60]

The DHS datasets were analysed for all women aged 15-49 covered by the survey. The analyses of indicators including children ever born, desired family size and contraceptive use by place of residence and educational attainment levels indicated disappearing differentials in rural and urban areas and among women with different educational backgrounds. In other words, rural and less educated women experienced the change faster than others. This finding was used to confirm the main contours of the sampling strategy for young women in phase two, namely, inclusion of both rural and urban areas as well as women with different levels of schooling (none/low, middle and higher) to allow for comparisons between groups that are experiencing fertility change at different paces.

3.2.1.2 Detailed data analysis: why Punjab, why women aged 25-34?

For the detailed analysis of these datasets, the sample size was restricted to one province (Punjab) and to a young age cohort (25-34 years) primarily for consistency with the qualitative phase but also for other strategic reasons.

As shown in the previous chapter, Punjab is the most populous province in Pakistan and has the highest socio-economic development levels and lowest total fertility rates. It also has faster improvements in both areas as compared to other provinces. Focusing only on data for Punjab, therefore, would maximise the possibility of understanding contemporary processes for the majority of the population. In addition, Punjab was the only option for my qualitative fieldwork logistically,

[60] The initial analysis mostly looked at the relationships between factors such as children ever born, desired number of children and contraceptive prevalence rates, and background characteristics including rural/urban residence, schooling levels and household wealth status.

linguistically[61] and for security reasons.[62] In addition, given that experiences of fertility, gender and familial relationships (particularly relationships with natal and affinal families) in Pakistan are different among ethnic groups, focusing only on Punjab in both phases would facilitate more consequential interpretation of quantitative and qualitative data as the ethnic group covered would be the same in the two phases. Furthermore, after the 18th Amendment of the Constitution in 2010, the responsibility of planning and implementing health and family planning services shifted from the federal level to provincial governments. The federal level ministries of health and population welfare were dissolved and provincial level policy making and implementation began. I intended to disseminate the findings of my research to policy-makers, so a study focusing only on Punjab would receive more attention from the Punjabi government, which had become solely responsible for policy-making in the province, than a study covering the whole population.

I restricted my quantitative sample to ever-married women aged 25-34, because in this age group women are more likely to be married, have a child, and actively consider family limitation. The same age category was used for the sampling strategy of the qualitative study for similar reasons. Using the same age cohort would also ensure consistency between two phases.

Table 3.1 provides the details of the sample size for ever-married Punjabi women aged 25-34 for each survey and their background characteristics.

[61] I can easily converse in Urdu and can understand Punjabi but I do not have any command over other provincial/local languages spoken in Pakistan.

[62] KP and Baluchistan were not considered appropriate for a (lone) female researcher as they are more conservative in terms of women's mobility and seclusion as compared to Sindh and Punjab. Sindh would also be more costly in terms of time and money due to its distance from Islamabad.

Table 3.1: Sample size and their background characteristics

	DHS 1990/91		DHS 2006/7	
	Frequency	***%***	***Frequency***	***%***
Residence				
Urban	463	28.8	734	33.4
Rural	1,142	71.2	1,462	66.6
Educational attainment levels				
No education	1,176	73.3	1,135	51.7
Incomplete primary	32	2.0	132	6.0
Complete primary	129	8.0	242	11.0
Incomplete secondary	206	12.8	214	9.8
Complete secondary	36	2.3	238	10.8
Higher	26	1.6	234	10.7
Total	**1,606**	**100**	**2,196**	**100**

Sources: DHS 1990/1 & 2006/7

The detailed analysis mainly consisted of frequency and cross-tabulations that showed comparison of the fertility preferences and behaviour of young Punjabi women for the years 1990/1 and 2006/7, for the indicators shown in Appendix C. This data was combined with the qualitative data at the interpretation stage.

3.3 Phase II: Qualitative Study in Sargodha, Punjab

Phase II of the study consisted of collection of qualitative data through semi-structured interviews during nine months of fieldwork, from 16th September 2010 to 26th June 2011,[63] in one rural community and one urban community in district Sargodha, central Punjab. During this time, I visited Sargodha every month, staying around 10-15 days for each visit.

The following sections detail the processes of the qualitative study. They cover the selection of district, the selection of and access to rural and urban communities, the

[63] Fieldwork was delayed due to the deteriorating security situation in Sargodha City after a suicide bombing on 18th July 2010, and floods which affected one quarter of Pakistan and some parts of Sargodha during the summer of 2010.

sampling strategy and recruitment of participants, the use of research assistants, the piloting of the interview schedules, and the conduct of the interviews.

3.3.1 Location: District Sargodha, central Punjab

In order to maximise the chances of understanding contemporary fertility processes, the selection of district was based on an extreme case, where the fertility transition was most advanced. The district selection process entailed obtaining and analysing datasets that would allow comparisons of district level fertility-related data over time and attending meetings with officials and scholars involved in social/fertility research or policy-making to receive their guidance (see Appendix B).

As a result of this process, Sargodha was selected as the district for this study. Other factors, such as my prior work experience in Sargodha district, easy access to the district from Islamabad, having good personal contacts particularly at the University of Sargodha, and availability of good quality, safe hotels suitable for a lone woman in Sargodha city, also influenced my decision to work in this district. Within Sargodha, the fieldwork was further limited to *tehsil* Sargodha, as this allowed easier access to villages from the city centre, where I stayed.

Sargodha is the sixth most populous district in Punjab province. It is located in northwest of Pakistan and is considered to be a central Punjabi district reflecting the general cultural characteristics of the Province (see maps provided in Appendix D). The district economy is mainly based on agriculture and various other industries, as well as beverages, manufacturing of diesel engines, electrical goods and textiles. Based on the findings of the Multiple Indicator Cluster Survey of 2007/8, half of the adult population (aged 15+) in Sargodha was literate, the average number of children ever born to women aged 15-49 was 3.4, and the contraceptive prevalence rate was 40%. Appendix E provides a snapshot of the position of Sargodha among other Punjabi districts for various indicators.

According to the 2011 estimates of the Government of Punjab, the district has a total population of 3.2 million. It is divided into six *tehsil*s; among these *tehsil* Sargodha is home to 1.35 million people and has the highest urban population, at 42.4%. The rural and urban communities for the study were selected from this *tehsil*.

3.3.2 Selecting and accessing research sites

Officials in the district offices were contacted soon after the selection of the district to obtain the necessary permissions and further information and guidance that would help with the selection of the rural and urban communities. Necessary permissions to conduct the study were also sought from community gatekeepers (landlords and union councillors) during the initial stages of the study, in order to avoid any problems with access and to prevent opposition from different groups when working in these communities.[64]

For the rural area, I did not require any formal permission as I accessed the community through one of the landlords. For the urban area, however, I took verbal permission from the District Coordination Officer (DCO) of Sargodha[65] and the Executive District Officer (EDO) for health at the outset, because a formal connection was required to build enough rapport to ensure the start and continuity of the fieldwork.

The rural and urban communities were chosen after several field visits to the district, and based on accessibility (road networks), acceptance from the communities, size of the communities (not too large or small, around 400-500 households) and prolonged existence of girl's high school in the community or within a kilometre of the

[64] Feudalism, which has its roots in the British Colonial Rule of the subcontinent during the period 1858-1947, is still common in Pakistan in conventional and unconventional ways. It takes a more conventional form in rural areas, where individuals/families with huge land holdings/landlords (who are also likely to be politicians) run village(s) and take major decisions about how people in the constitution will live. In urban areas the feudal culture of power is found within all organisations (Siddiqa 2008). The presence of this system meant that I was required to obtain permissions, mostly verbal, at multiple levels so as not to create tension among people from different organisations or political groups.

[65] The DCO was the highest level district authority.

community in order to ensure that there were enough highly educated young women resident.[66]

Given these requirements, during my first trip to the district, I visited the EDO-Secondary Education and obtained the list of all female secondary schools in Sargodha. Using this list, I selected the villages with female secondary schools within the *tehsil*, which were also not more than 30 kilometres to the city centre and had metalled roads. After this, I received assistance from Dr Masood Sarwar Awan from the Economics Department at Sargodha University to find contacts among his students who belonged to these short-listed villages. After holding meetings with five students from the University and receiving information about some of the short-listed villages, *Chak* emerged as the most appropriate village, as one of its landlords, Mr Rashid[67], was a PhD student at the University and was interested in assisting with the study.[68] Mr Rashid took me and my team to his village for an initial visit and later introduced us to his wife as my study was "about women". His wife and their maid Amna[69] then introduced us to other women villagers and LHWs as their "guests who were doing research on women".

For the urban area of *Shahr*, Dr. Awan and his students assisted in identifying a colony suitable for fieldwork. Accessing households through an acquaintance from the area, however, proven to be an ineffective strategy as more formal connections were required to build rapport with local women who were concerned about our intentions. We ceased the fieldwork in *Shahr* and focused on the interviews in *Chak* until we met the District Coordination Officer of Sargodha, Mr Mahmood, on the 11th of January 2011, and asked for his help in getting in touch with the District Health Office. The health office was running the Programme for Family Planning and Primary Health Care (PFPPHC) and had been providing primary health care

[66] The patrilocality of marriage would reduce the chances of educated women staying in the same community after marriage, however, considering high village endogamy (around 50 percent) as a result of consanguineous marriages particularly among paternal cousins, the chance of married girls staying in the village where they have grown up and received schooling is high.
[67] A pseudonym.
[68] Three colleagues of my research assistants were also living in this village; two of them were working as teachers. The mother of one of their friends was also working as a teacher and was well respected in the village. These connections facilitated rapport building with the women from *Chak*.
[69] A pseudonym.

services to women and children in urban and rural areas through LHWs since 1996. Mr Mahmood arranged a meeting on the same day with Dr Irfan Fareed, EDO for Health, with a special request for provision of full assistance during my fieldwork in Sargodha. EDO-health introduced me and my research assistants to Dr Fawad Hussain and Ms Tabassum Jawaid, director and deputy director of the PFPPHC, who later put us in touch with Ms Ishrat Batool, one of the three Lady Health Supervisors working closely with LHWs.[70] Ms Batool was supervising around fifty LHWs. It was through her that we were introduced to LHWs, who in turn helped us to access the individual women and households in *Shahr*. We initially visited eight LHWs and decided to work in five communities, which was a sufficient number to achieve the desired sample size.

LHWs, who were the longstanding members of these, served as the main gatekeepers after our initial introduction to the communities and households. As advisors to women on matters related to their reproductive health, they were able to freely enter these households, sometimes without even knocking on the door. Their support for the study eased the recruitment of participants, particularly in the urban area where social connections with residents were not as strong as in the rural area. For instance, Meena's mother-in-law, one of our participants, asked us to take a LHW along for the interview as she trusted her but did not know us well enough to allow us into her home alone. By working with the LHWs, we also had the opportunity to observe and receive information about the health service provision in these communities.[71] A description of the selected communities is provided in Appendix F.

Although accessing participants through the LHWs eased the process of rapport building, it also produced a selection bias by limiting our participants to those women who had easy access to family planning methods. Women who did not have

[70] One of them was on maternity leave and another was busy with the vaccination programme coordination during those days.

[71] Working with LHWs was not always problem-free. Since we were introduced to them through the health department and their supervisor, they were initially more interested in proving to us that they were working by the book. Sometimes they asked me to write 'good' comments on their registers or took us to households to prove that they were working well. This involved extra time. For example, we lost almost half a day when one of the LWHs took us to the houses of all the pregnant women in her area to show that they had pregnancy cards and also received tetanus toxoid injections.

door-to-door access to family planning services were excluded from the study. Although any influence of the LHWs over the selection process was eliminated by listing and visiting all young women in the area and independently deciding about the final sample, the dates on which the *k̲h̲andān* (family) registers[72] were last updated were unknown to us, and therefore some young women who recently moved to the area might also have been unintentionally excluded from the sample.

3.3.3 Semi-structured interviews: Sampling strategy, recruitment and participants

The primary method of data collection was semi-structured individual interviews with young women, their mothers and mothers-in-law. A few interviews were also conducted with the husbands of young women and with service providers and gatekeepers. Individual interviews were selected as the primary data collection method in order to facilitate an open dialogue with the interviewee on fertility-related issues, which is usually considered as a private matter in Pakistan. Although an unstructured interview would have allowed a deeper exploration of the issues, due to the comparative nature of the study and the need for consistent team work, I preferred semi-structured interviews. Depth and new paths to explore could be achieved within semi-structured interviews through the use of probes (Gray 2009).

3.3.3.1 Sampling strategy for the interviews

The sampling strategy for the interviews was purposive. The age and educational attainment levels[73] of young women were used as sampling criteria in both the rural

[72] These registers assigned a family number to each household then recoded the name, age and gender of the each family member, and their relation to household head. They highlighted the number of children below the age of three and the number of women aged 15-49. They also registered the deaths in the household by date and cause, and members who migrated from the household. LHWs also kept a separate diary with records of pregnant women, married couples using family planning (women aged 15-49), and children under the age of three.

[73] Most of the relevant research in Pakistan indicate that there is a threshold level of education- 10 years of schooling- which schooling of females have a significant effect on the fertility related desires and behaviour of women (Jejeebhoy 1995; Mahmood and Ringheim 1994). Analysing Demographic and Health Surveys of 1990/91 and 2006/7 for Punjab and for the specific age group (25-34),

and urban area. The sampling criteria for young women were: *an-paṛh* (uneducated, grades 0-5), *kam paṛhī-likhī* (less educated, grades 8-10) and *paṛhī-likhī* (educated, grades 12 and above) women aged 25-34 with at least one child under the age of six. In this age group, women (a) are actively considering (and possibly acting on) family limitation; (b) have young children and relatively fresh memories of pregnancies and child-birth; and (c) have more varied educational experiences than their older counterparts. In addition, having a mother and a mother-in-law living in Sargodha *tehsil* was also a criterion as travelling beyond the *tehsil* would increase the financial and time costs of the study. The age for mothers and mothers-in-law, however, was not controlled as this would decrease the chances of attaining the desired sample size.

Despite criticism about exclusion of men from the fertility research (Greene and Biddlecom 1997; Jamieson *et al* 2010) and increasing inclusion of men in fertility research in Pakistan (Ali and Ushijima 2005; Ali *et al* 2004a; Ali *et al* 2004b; Avan and Akhund 2006), this study did not include men in the initial sample. The reasons for this decision were primarily cultural and practical. As female researchers, it would have been culturally unacceptable for us to interview men on matters related to fertility and attempting to do so could have endangered the achievements of fieldwork. As men are more mobile, they would not have been available for interview in their homes during the day. The interviews with young women, however, highlighted considerable involvement of men in matters related to fertility and family planning. We therefore decided to interview six willing and available husbands of young women. These men were not selected according to any criteria except their availability and willingness to participate in the interview.

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however, I have found that the differences by educational levels were closing in Punjab. Hence, the initial sampling plan that included two groups of young women based on their educational attainment levels (primary or less and grade 10 and above) was changed to three groups (primary or less, grade 8-10, and grade 12 and above).

3.3.3.2 Identifying and recruiting the sample

The sample was mainly identified through the *k̲h̲andān* (family) registers of LHWs. Each LHW had one *k̲h̲andān* register that included information about 150 to 200 households. Five LHW registers were used in each of *Chak* and *Shahr,* in order to attain the desired number of women to match the sampling strategy.

Although the *k̲h̲andān* register was a good starting point for initial sampling, the information on it was insufficient for a number of reasons. Firstly, the ages of the women were not always correct. They were usually guessed by the LHWs since the women did not always know their own ages or, according to the LHWs, they tended to underreport their ages. Secondly, the educational attainment levels of the women were not recorded. Finally, the whereabouts of the women's mothers were unknown to the LHWs. Therefore, all women close to the age criterion of 25-34 were listed and later visited with either a LHW or Amna in order to confirm their age their educational attainment levels and the whereabouts of their mothers and mothers-in-law. During such visits their initial consent and possibly a contact number for future communication was also sought.[74] The women tended not to know their exact ages so further probing was usually required. Young women also tended to report higher educational attainment levels than what they had actually completed. A conversation with one young woman during initial visits is illustrative:

> FB: What is your education level?
> A: *Matric* [Grade 10]
> FB: Have you completed *matric*?
> A: You can say under *matric* then.
> FB: Have you completed middle? [Grade 8]
> A: No. Write primary.
>
> (Field notes dated 11/12/2010)

After these initial visits, the recruitment of young women selected for interviewing was conducted face-to-face through home visits with either a LHW or Amna to lessen the chances of refusal and to ensure that the information provided to them

[74] Given the lack of proper birth registration systems in Pakistan, age reporting has always been a problem in records/surveys. Since this study samples according to the age of young women, extra care was taken to confirm the ages of young women before interviewing.

about the research project was complete before their final consent was sought. At this stage, I introduced myself, explained the purpose of the study, and talked about the voluntariness of participation, the confidentiality and anonymity of the interviews, the time required from them and how the data was going to be kept and used. A one-page introductory letter was also provided to each household in Urdu (see Appendix G-H). Sometimes the recruitment process was not straightforward as women were required to seek permission from other household members, particularly male members, and in these cases one or two extra visits were required before the interview. Sometimes, it was we who were interviewed about ourselves and our intentions in order to secure permission for an interview. Meena's husband, for example, introduced himself as the head of the household and interviewed us for about 30 minutes before allowing us to interview his wife and mother. He read all the questions in the interview schedule and also asked me to send a copy to him via email. Similarly, it was Aleena's HF who allowed us to interview his daughter-in-law and wife after learning that we had common acquaintances in Islamabad and therefore he could trust us. Once consent was obtained, participants were contacted by phone or visited again to set a date and time for the interview.

In most cases, mothers-in-law were living in the same or an adjacent household. However, mothers did not always live within the same community. The recruitment of mothers was accomplished with the assistance of young women, who provided us with their addresses and informed their mothers on the phone before we approached them. It was more difficult to schedule interviews with the older women as they were relatively mobile: attending weddings, visiting sick relatives or staying with sons living in other cities.[75]

Refusals for interviews were minimal: there was only one direct refusal from the *Chak* among the young women. In another case, after the interview with Aafia and her mother-in-law, Aafia's HeB forbade us from continuing interviews with his family as he considered our questions to be *nā-jāiz* (not allowed in Islam) as they

[75] For example, it took us more than a month to find the mother of Ghazala at home as she was out of town visiting her other children.

were about family planning, and therefore we could not conduct an interview with Aafia's mother.

3.3.3.3 Participants

A total of 75 interviews were conducted with young women, their mothers, mothers-in-law and husbands. The details of the sample size by rural/urban division and level of educational attainment are shown in Table 3.2. Most of the participants of the study were from lower-middle to middle income households, except for a few who belonged to higher income households. The details of individual participants can be found in Appendix I.

Table 3.2: Sample characteristics by educational levels and location

	Rural				**Urban**				
Educational levels	*Young woman*	*M*	*HM*	*H*	*Young woman*	*M*	*HM*	*H*	***Total***
Grades 5 and below	5	11	10	1	4	9	8	1	**49**
Grades 8-10	3	0	2	1	4	2	1	1	**14**
Grades 12 and above	4	0	0	1	4	1	1	1	**12**
Total	**12**	**11**	**12**	**3**	**12**	**12**	**10**	**3**	**75**

In addition to these, informal interviews were conducted with LHWs, family welfare centre workers and gatekeepers, with the aim of collecting information about the history of the communities and the main changes in service provision over time.

3.3.4 Hiring and training research assistants, and piloting interview schedules

Given my limited linguistic skill in Punjabi, I hired and trained two Punjabi female research assistants to help me conduct interviews with women. Qurat-ul-ain Khaliq (QK) and Masooma Jafri (MJ) were class fellows in the second year of the M.Phil

programme in Economics at Sargodha University. Both were unmarried women in their mid-20s. QK was from a lower-middle income family from *tehsil* Shahpur in Sargodha. She was also teaching English under the government Internship programme in a local girl's college in Sargodha. Her job as a teacher helped us to build rapport with some of the households in which her students were members. QK dressed like every other woman of her age in the University, except for wearing a head scarf in addition to her *dupatta* (long scarf essential to women's suits). MJ, on the other hand, was from an upper-middle income household from Sargodha city. She usually dressed in the same colour and fabric *shalwār qamīz* (long chemise and loose trousers), which was generally uncommon among urban women of her age and made her look older than she actually was. Both women had fieldwork experience in collecting quantitative data on poverty related surveys conducted by the University.

Two male research assistants were also hired to conduct interviews with the husbands after completion of the interviews with women. It was culturally unacceptable for a woman to conduct interviews with men on fertility matters. Iqra and Iffat, for example, could not hide their shock when I asked them whether their husbands would like to be interviewed for my study. They only gave their husbands' phone numbers after learning that the interviews would be conducted by men only. Both of the male assistants were also M.Phil Economics students. Ghulam Mustafa (GM), a middle income urban male from Chakwal district, was studying in Islamabad and had experience of interviewing men on fertility-related matters during his previous employment at the Population Council. Faisal Nadeem (FN) was a class fellow of QK and MJ, and lived in urban Sargodha. He was in his mid-20s and was from a middle income family.

The interview schedules were designed to collect information about the family and educational backgrounds of the women, the process of their marriages, their fertility preferences, their experiences of childbearing and their decisions about fertility regulation. While the older women could reflect on their own reproductive careers and those of their daughters and daughters-in-law, the younger women and their husbands could provide different perspectives on their own relationships with each

other, as well as how the older generation has played its part in fertility and its regulation.

The interview schedules were translated into Urdu (using Latin script) by me with the help of my ex-colleagues from Islamabad in order to save time during the training. The training of the female research assistants, QK and MJ, took place at Sargodha University[76], while the male research assistants were trained separately in Islamabad and at Sargodha University.

Pilot interviews were conducted in October 2010 with respondents who possessed similar educational background, age and familial relationships: one educated woman and one uneducated woman and their mothers and mothers-in-law in both urban and rural Sargodha. Piloting aimed to a) test the functionality of the schedules; b) measure time costs; c) check the order and cultural acceptability of the questions; d) identify areas that might be overlooked, and; e) allow us to familiarise ourselves with the schedule. The interview schedules for men were piloted in Chakwal and Islamabad in May 2011. The interview schedules were improved for structure and wordings and finalised after the piloting. The final versions of the schedules are provided in Appendix J-L.

3.3.5 Interviews

Interviews with women took place in the homes of the participants, with the exception of one interview which was conducted in the home of a HeB. Conducting interviews in participants' homes provided women the comfort of being in their usual environments and also lessened the chance of refusal considerably as some women had restricted mobility. For example, Malika first refused to be interviewed, saying that the men in her family would not allow her to go outside. When she was told that

[76] Since QK, MJ and FN did not have previous qualitative research training and experience, the training was extended to involve the differences between qualitative and quantitative research, and the importance of listening, note taking and reflexivity, in addition to familiarisation of the interview schedules.

we wished to conduct the interview in her home, she happily agreed (Interview notes, 02/03/2011).

Interviews with women were conducted individually by me, QK and MJ, either in Urdu or Punjabi, depending on the language preferred by the participant. I conducted most of the interviews with educated young women, who were fluent in Urdu. The interviews with older and uneducated women were conducted in Punjabi by QK or MJ. I was able to follow most of the Punjabi interviews and also had the chance to ask questions at the end of the interview whenever there was a need for clarifications or further probing. Interviews with men were conducted by GM and FN in the guest rooms of the men's homes or in their workplaces.

Each interview lasted for about an hour, the shortest being 21 minutes[77] and the longest 103 minutes. All but two interviews were recorded with the permission of the participants.[78] Notes were also taken during all interviews to prevent loss of information in case of recorder failure, and to record the behaviour of the participants and the presence of others during the interview. As the components of notes deteriorate with time (Robson 2002), the interview notes were written on the same day as the interview in Urdu (Latin script). The recordings of all interviews conducted in Urdu were transcribed by me as verbatim accounts, and those conducted in Punjabi were translated into Urdu and transcribed by two female researchers from Islamabad. The recordings of the male interviews were translated into Urdu and transcribed by another male researcher from Islamabad.[79]

The interview process was affected by the environment of the interview as well as the uncontrollable power imbalances between the researchers and the participants. Some of the most common issues, the ways in which we dealt with them and their possible implications for the data collected are described below.

[77] This interview was cut short as Sameena's mother-in-law was sick.
[78] Iqra did not allow us to record her and her mother-in-law's interview on the basis that her MB does not allow their voices to be heard by other people.
[79] Rizwana Batool, Naila Erum and Mukhtar Khan were hired to translate and transcribe the interviews conducted in Punjabi.

3.3.5.1 Individual interviews, multiple participants

Individualism, in practice as well as conception, is much weaker in South Asia than in most highly developed Western countries. Although the ideal was to conduct individual interviews, this was not always possible due to extended family structures and lack of private spaces. Particularly during the interviews with young women, sisters and sisters-in-law (both HZ and HBW) felt entitled to be involved in and contribute to the answers to questions posed. Multiple participants made interviewing difficult to control and also affected the responses we received from our participants from time to time.[80] During Tania's interview, for example, Tania's elder sister (also HyBW) wanted to answer most of the questions on her behalf, which made an already nervous Tania remain silent or simply repeat the answers given by her sister to our initial questions. A similar difficulty occurred during Adeela's interview when her HBWs answered the questions or giggled as Adeela was talking to us. In both cases, we controlled the situation to some extent by asking the participant to answer first, insisting that there was no right or wrong answer, and using strategies to keep the other women away for a while. In some cases, the presence of other family members led to concealment of information. The presence of their HZ during the interview, for example, prevented Iqra and Ruby from talking about contraception and Falak from talking about her husband's mental health problems and drug addiction. In these cases, we obtained information in private either on the same day or during a later visit.

It was also difficult to ensure that older women did not take part in the interview of their daughter or daughter-in-law. They, however, rarely interrupted the interview process, and were more likely to leave the room after the initial questions. It was only in one case that the presence of the mother-in-law during the interview created some tension between the young woman and her mother-in-law, when they had different views on the number of children the couple should have. Young women participants were rarely present during the interviews of their mothers or mothers-in-law, however, other young women of the household were keen to listen to the

[80] The control of the interview was mainly a problem during the interviews of Tania, Adeela, Jamila and Malika.

interviews. In these cases, we usually tried to secure some time alone with the older women, at least for covering the sections on intra-household relationships and contraceptive use. During Afaf's HM's interview, for example, in order to keep Afaf's HeBW away, I asked the HeBW to bring me water seven times.

LHWs, who helped us to access our participants, also wanted to be a part of the interviews at times, most probably to ensure that the participants were not saying something against them or just because they were curious about the interview process. They were mostly listeners who would leave after the initial sections of the interview and were rarely involved in the interview processes. Only during the interviews with Jamila and her family did the LHW insist on staying throughout the interview and also responding to the questions on behalf of the participants, as she thought "they were not educated enough to give the right answers". In her case, using the advantage of being a team of three, I asked her if I could conduct an interview with her about the village and her services in another room. This allowed QK and MJ to have a private space to conduct the interviews with the participants.

Children were also present during the interviews and this affected the flow of the interview, either by demanding the attention or the interviewee or by causing distractions through playing with our bags, stationary and recorder. In these cases either we stopped the interview and waited for our participants to attend to their children or one of the team members took care of the children for a while.

Given these constraints, rather than making individual interviews a definite requirement of the research design, we adapted to local conditions, developing strategies to deal with situations. We also documented who was present at each interview, and any evidence about the possible effects of co-presence on interview responses, as asking for privacy might have jeopardised the completion of the interview in addition to being culturally inappropriate.

3.3.5.2 Balancing power relations during the interviews

Demographic and socio-economic mismatches, and the consequent power relationships between the interviewer and the interviewee, cannot be neglected as they influence the quality and depth of the data collected (Karnieli-Miller *et al* 2009).

As a social researcher living in Pakistan since 1998, I had some idea of the social and cultural atmosphere in which I was working. I could speak the national language (Urdu) and partially understood the provincial language (Punjabi). During my fieldwork, I usually played down economic differences between myself and participants as much as possible. However, I was from a big city and a foreigner by birth. Hence, during every stage of my fieldwork, I was constantly aware of the potential implications of how I acted, dressed or spoke, and made sure that I complied with local and cultural norms as a native Pakistani would do. For this reason, in addition to wearing a simple *shalwār qamīz*,[81] I used *dupatta* to cover my head to show respect to the community members and our participants.[82] I also usually kept my gaze down when men were around, and greeted elderly people according to local norms (I allowed them to give their blessings by touching my head). All of these practices were usually appreciated by the participants: although I was foreigner, I was like one of them. A blend of my positionalities – being educated, being from a city, being a foreigner, being a student, being a mother – affected how I was perceived in the field, but this was also the source of power imbalances during some of the interviews. While proper attention was given to minimising the differences between the researchers and the participants by conducting same-gender interviews, adopting a suitable dress code and speaking local languages, it was not possible to eliminate all differences.

The difference in our educational attainment levels was one of the most common issues that came up during the interviews. Uneducated/less educated young and older

[81] Considering that most of the young women followed current fashion very closely, I tended to feel that the simple clothes I wore during fieldwork were outdated.
[82] *Dupaṭṭā* also helped me to hide my short hair, which is not very common among women in Pakistan.

women felt uncomfortable during the initial stages of their interviews. Sameena, for example, said "I feel shy talking to educated people. I might say something wrong" (Interview notes dated 15/03/2011). Nafisa, despite completing Grade 10, was concerned that she was not educated enough to answer our questions. Older women, in addition to feeling similar discomfort during the initial stages of the interviews, were also curious about why we were interested in interviewing old uneducated women like them, as they did not perceive themselves as worth being interviewed. Falak's mother stopped the interview and called her educated daughter to continue when we asked her about her schooling level. She told us that she was uneducated so her daughter could give us a better interview. Similarly, Kameela's mother repeatedly told us that she did not know much before answering the questions. In most of these cases, participants were relaxed after the initial sections, as they realised the interview was not an exam about their knowledge but was about their lives.

The marital and parental status of the interviewers also had a bearing on the quality and depth of the data collected.[83] Being a married woman facilitated the interview process for me by removing cultural obstacles that would have come up otherwise, as unmarried women in Pakistan are not expected to talk openly about issues regarding fertility. QK and MJ, however, were unmarried and their marital status was a concern from the start of the study. In order to minimise these problems we developed a strategy which would not compromise our ethical commitment to honesty. I usually responded to any questions about us by giving my background. This strategy worked well as most of the participants were more interested in hearing the story of my marriage, how I learned Urdu, what I was doing in Islamabad, how many kids I had and whether I was getting along well with Pakistanis and Pakistani culture, rather than asking QK and MJ any direct questions about their marital status.[84] This, however, did not mean that QK and MJ were comfortable during the interviews.

[83] Women participants talked more openly about fertility matters with the married researchers. Married research assistants were also more likely to interview without hesitation as they had no reason to be concerned about their reputation.

[84] After her initial interviews, QK herself felt uncomfortable and started wearing a ring on her left hand. This was not to hide her marital status but was rather an effort to minimise questions during the study.

Although they had received some training, they were initially hesitant to ask fertility-related questions of older women. Until they were comfortable and developed their own ways of initiating a discussion on fertility matters, they acted as my translators for the fertility sections of the interview. Their marital status, therefore, has not particularly affected the data collected, except for in a small number of cases: two of the participants concealed information about contraceptive methods that they used in the presence of unmarried women and one older woman indicated her disapproval of unmarried women working with me.[85]

3.3.6 Reciprocity: The dilemmas and returns

Conducting interviews in the homes of participants was strategically the best option to minimise refusals. This, however, also meant that we were "the guests" and participants felt the need to offer us the best of what they could provide. We sat in the best rooms, mostly on the best chairs, bed or *ćahārpai* (traditional rope bed). This sometimes meant disturbing the other household members. For example, during Iffat's mother's interview, Iffat's nieces who were studying for an exam were thrown out of the room. During Tania's interview, Tania woke up her sleeping children to create sitting space in the bedroom. During interviews we also often felt that we kept women from attending to their children or doing household chores. At times we felt that we were financial burdens, since as a sign of hospitality we were offered drinks and food, and some of these would be costly to households with low incomes. Given these factors, as a token for our appreciation, we took cakes, pastries, biscuits or fruits with us to the interviews. This, however, was not always what our participants were looking for.

"How will we benefit from this interview?" was one of the questions we often received from participants at the start of our fieldwork in Sargodha. Offering financial benefits to the participants could have offended them or led to the collection

[85] One of the LHWs stopped talking about condoms after learning that QK and MJ were unmarried. After learning that QK and MJ were unmarried Falak's mother told them that they were going to become *pakki* (on the level) working with me (Interview notes 19/03/2011) and QK and MJ were not happy with this comment.

of inaccurate data[86] and was therefore not considered. Participants were informed during the initial interactions that there were no individual monetary benefits from participation and that the potential benefits were rather collective, as the study aimed to improve the health of women by informing policy-makers in Punjab. In addition, participants were also encouraged to feel free to ask for assistance in terms of accessing information.

From the piloting onwards, I was often asked to help the young men of the household to find a job in Islamabad.[87] Some women also asked for help in accessing specific information. Malika, for example, was looking for a school for her two hearing impaired children but she did not have information about the available schools in the *tehsil* and the kind of disability benefits the children were entitled to receive. Through our guidance, she got in touch with one of the NGOs working with hearing impaired children, and her children started school in April 2011. Similarly, Iffat wanted to get in touch with a lady doctor in the city and she was provided the contact details and address of the doctor.

Some of the women were grateful for the interview as they saw it as an opportunity to talk about their lives, perceptions and ideas, issues that they had not previously been given the chance to discuss. Sonia's mother-in-law, for instance, complained about not being able to discuss her problems with anyone and she thanked us, saying she really enjoyed talking to us (Interview notes, 18/02/2011). Kameela's mother, who initially hesitated to give an interview due to being uneducated, also thanked us and said "nobody asked and talked about these issues with me before" (Interview notes, 15/03/2011). Ruby's mother, on the other hand, wanted to talk about her first marriage and her natal family, and after the interview she asked us for extra time to listen her story.

[86] Offering financial benefits could have caused participants to give distorted answers to our questions in an effort to please us. Considering the importance given to hospitality among Pakistanis, participants would have also been offended if they were offered money by their guests.

[87] I was presumed to have networks that would facilitate the employment of young male members of the household. In these cases, it was clearly explained to participants that my help could not go beyond circulating curriculum vitae among my networks.

3.3.7 Qualitative data analysis

The data analysis was thematic. The Urdu transcripts (in Latin script) and field notes were read several times in order to grasp the emerging topics from the interviews. After this familiarisation phase, a broad analytic coding framework was developed to include the main areas that I aimed to analyse through my research questions. Based on the topics which reoccurred within these broad areas, I developed a detailed coding framework. This enabled an inductive approach within a deductive framework, which would also facilitate the mixing of data in the interpretation stage. The data was then coded using computer assisted qualitative data analysis software, Atlas.ti version 5.2. The coded texts were analysed comparatively, by generations, location and schooling levels. The selected quotes then were translated into English during the interpretation stage.

3.4 Data integration

As Woolley (2009:23) states, "[l]inking the quantitative and qualitative components effectively is the basis for producing integrated findings that are greater than the sum of their parts". Following this approach, the quantitative and qualitative data were integrated at the interpretation stage. The results of the quantitative analysis – the differences in fertility preferences and behaviour of women aged 25-34 in 1990/1 and 2006/7 – were developed further with the findings from the qualitative study. The remaining research questions were answered mainly through the qualitative data, with some evidence from the quantitative data where available.

As explained in Section 3.7, the operationalisation of "generation" was not the same in the two phases and the data was not directly drawn from the same sample. This posed a danger for the convergence of the results. I adopted a strategy that would reflect both convergent and divergent results, as while convergent results contribute to the validity of the findings, divergent results are also valuable and play a role in identifying new avenues of research (Blaikie 2000; Creswell *et al* 2008; Daecon *et al* 2006).

3.5 Ethical considerations

The DHS data used for Phase I were cleaned and the names and any other identifying features of the participants were deleted before its distribution. Therefore there were no known ethical issues with regard to these datasets.

The second phase of the study involved collecting personal data on individuals, and therefore raised the issues of consent, confidentiality, safe storage of personal data, and the anonymisation of data prior to any analysis and publication. To that end, the procedures adopted by the Research and Ethics Committee of the College of Humanities and Social Sciences at the University of Edinburgh were followed. For this purpose a Level 2 ethics form was also submitted to the University for institutional Review prior to fieldwork. Since the research was carried out in Pakistan, I also presented the proposal and discussed its cultural suitability for local populations with researchers at Mahbub-ul Haq Human Development Centre in Islamabad.[88]

The research was conducted in responsible, open and transparent ways, taking account of the interests of key stakeholders. I was willing to change the direction of the research in the light of local concerns at every stage. All those involved in the research were given as full as possible an account of its purposes and goals, and they were assured of complete anonymity. All data collected was maintained in a secure environment. All the names used in this thesis are pseudonyms.

Informed consent procedures were followed as appropriate, given the context of the research and the circumstances of respondents; short statements explaining the purpose of the research were produced in Urdu and made available to all participants (see Appendix G-H). Requesting written consent is not usual in Pakistan, and would lead to unnecessary concerns about the procedures and our intentions, particularly among participants who could not read and write. Hence, verbal consent was taken

[88] The Centre conducts primary and secondary research on issues related to human development. I have been a part of the research team of this organisation since 2002.

from community gatekeepers (landlord, union councillors, and LHWs) and from household heads where appropriate, in addition to the interviewees themselves.

Although maximum care was taken with regard to these ethical procedures, working with LHWs in identifying and accessing the sample was a concern for protecting the confidentiality of the participants. LHWs were asked to keep the information about the participants confidential. However, when one participant asked the LHW about the other participants in the area, the LHW felt the need to provide this information. Similarly, despite taking measures to keep the information provided during the interviews confidential, this was not possible in interviews where other family members were present. This, however, was not a concern among our participants. Another issue, despite not being expressed by the participants themselves, was the extent to which they were able to give free and informed consent.

3.5.1 How free and informed was the consent?

As Pakistan has a hierarchal culture, there was a danger that women participants would be unable to exercise free consent, as they might feel forced to agree to interviews in order to obey their elders and show courtesy to the landlord/LHWs. This was also obvious in the behaviour of the LHWs, who told us that there was no need to seek consent as they were the ones asking women to give the interviews. "Give them time as much as they want or answer whatever they ask" was a common sentiment communicated by the LHWs to the young women before the interviews. Sometimes, it was the mother-in-law who gave consent on behalf of their daughters-in-law, if the latter were not present during the initial visit. The acceptance of this hierarchal culture also came up during the young women's interviews: they became fairly confused when we asked them for their consent as they did not feel the need for such a question. As such, although we could not be fully sure that the consent was freely given all the time, all the women were asked at least twice for their permission before and during the interview.

It was also impossible to determine whether the consent was fully informed. Even after we had provided multiple explanations of our work[89] and intentions, some women remained puzzled, including after the interview was completed. Khalida, for example, was informed twice that we were students, yet she remained unsure of our roles at the end of the interview:

> Khalida: Now you have done the interview, so tell me why you are doing this?
> QK: She [FB] needs to write a report for her studies [interrupting QK's response, Khalida asks]
> Khalida: Is she on duty? Is she doing it for her work?
> QK: No, no. It is for her studies. She is doing her PhD and in order to get her degree she has to write a report after seeing and talking to people.
> Khalida: Now I got it.

Research, particularly qualitative research, is still relatively rare in Pakistan. When told about the interviews our participants usually assumed that they were for the media. For example, it took us two visits to convince Kameela's mother to talk to us as she was concerned that she was going to appear on TV. Although we explained the research to her twice and also asked Kameela to inform her mother about the interview structure and who we were, Kameela's mother remained concerned throughout the interview and made sure that there was no camera with us. Similarly, Tania wanted to leave the room when her sister thought that we had cameras with us. After her interview, Ruby's mother, on the other hand, asked us to publish her story in the newspaper, although we had informed her that we were students and that interview data was confidential. It was also difficult to explain words like "PhD thesis" and "research" to women from rural areas and those with no or low levels of education. In these cases, we explained who we were and our aims in easily comprehensible ways.

[89] During the fieldwork we were also perceived as teachers, doctors, vaccinators, surveyors from Benazir Income Support Programme, media people and people trying to learn about conflicts in households or to prevent close kin marriages. An extreme case was when Nafisa's sister told us during her mother's interview that she thought we were terrorists getting information about them.

3.6 Limitations of the data

Secondary analysis of existing official datasets provides an opportunity to cut down on financial and time costs, and ensure quality of data, use of validated measures and generalisability, provided that the required indicators are available (Bryman 2008; Kiecolt and Nathan 1985). However, it also has a number of disadvantages which are mostly associated with having no control over how and what kind of data was collected (de Vaus 2007).

Utilising existing datasets, although cost-efficient for my study, limited my analysis to the indicators available from the survey. This was particularly the case for comparisons over time, when specific indicators were not collected in one of the surveys. The data on abortions was one of these indicators: it was collected in 2006/7 but was not available for 1990/1.[90] Similarly, the number of children women had at the time of first use of contraception was collected in 1990/1 but not in 2006/7.[91] Furthermore, despite the fact that the datasets were highly comparable in general, detailed analysis of the datasets revealed some differences in reference periods for some of the questions, as well as some differences in wording. For example, births and deaths were recorded for the five years prior to the survey in 1990/1 but for only the three years prior to the survey in 2006/7. The wordings for the question for all births were not exactly the same in two surveys as well.[92] Furthermore, the reliability of the data collected through other institutions could not be guaranteed for some indicators. For example, through a re-interview survey of the DHS 1990/91, it was shown that the data collected on age and dates were not always consistent; child deaths were prone to be omitted; and the concept of family size was not well established among the interviewees (Curtis and Arnold 1994). The issues that might arise from these inconsistencies are explained where necessary in the analysis chapters.

[90] In the 2006/7 DHS, women were asked whether they ever had a pregnancy that was miscarried, aborted or ended in still birth, and in a follow-up question the numbers of such pregnancy were requested for a period covering the last five years.
[91] Another indicator which was only available for 2006/7 was the type of family planning messages conveyed to women through radio and television.
[92] In 1990/1 the survey asked 'Have you ever given birth?' and in 2006/7 this question was 'Have you ever given ***live*** birth?'

Despite the value of analysis of two cross-sectional datasets in reflecting cohort differences or changes over time, it cannot reflect changes at the individual level (Bechhofer and Paterson 2000; de Vaus 2007). Moreover, relationships, differences or similarities between generations vary within families and these are not necessarily translated into cohort differences (Alwin and McCammon 2006). Therefore, only indirect evidence on inter-generational changes would be available from these datasets. This limitation was dealt with through the inclusion of two generations of women from same family in Phase II.

The qualitative data was also prone to certain limitations, particularly as it relied mostly on retrospective information in the case of mothers and mothers-in-law. The possibility of respondents' poor recall, selective remembering/reshaping, and/or telescoping, which lower the reliability of data, was another weaknesses of my design (de Vaus 2007). Using the interview accounts of the other family members and focusing the discussions around events like pregnancy and births rectified these problems to some extent. Another limitation of the qualitative data was its inability to fully reflect changes in the perceptions of older women, as these women were experiencing similar social changes to their daughters/daughters-in-law, and were therefore highly likely to have similar opinions to young women on matters such as the desirable number of children for a couple.

In addition to these individual limitations, there were some difficulties in combining data and triangulating the findings from the two phases for two reasons. Firstly, the samples were not drawn from the same population, and secondly, there is a difference between the operationalisation of "generation" in each phase, namely, age cohorts in the quantitative phase and lineage/extended kin in the qualitative phase. These differences made triangulation of the two sets of findings, which can be used as a validity check (Blaikie 1991; 2000) and is usually perceived as the "best strategy of combining quantitative and qualitative methods" (Tarrow 1995:473), impossible. This, however, does not mean that the validity and reliability of the findings were not given due importance.

3.7 Ensuring validity and reliability of findings

Although mixed methods is increasingly recognised as a distinct methodology, the criteria for defining quality in mixed methods research are still under development (Onwuegbuzie and Johnson 2006). Validity and reliability are terms used in both quantitative and qualitative research; however, the way in which they are addressed in each approach varies. Validity, which refers to the ability of a study to answer the research questions that it intends to answer, might be enhanced in quantitative research through measures such as vigilant sampling and the use of rigorous instruments, while in qualitative research it might be attained through depth of data, triangulation and reflexivity. In quantitative research, reliability is linked with the consistency, dependability and replicability of results across time, instruments and participants, but in qualitative research, it includes "fidelity to real life, context- and situation-specificity, authenticity, comprehensiveness, detail, honesty, depth of response and meaningfulness to the respondents" (Cohen *et al* 2011: 203-4). In mixed methods, the current arguments are mainly based on validity, which can be determined by construct validation including design quality, legitimation and interpretive rigor of the research (Dellinger and Leech 2007).[93] Nevertheless, current ambiguity concerning the framework for defining the validity and reliability of mixed methods research does not lessen the importance of ensuring the quality of data collection and analysis for each method used.

The quantitative data used in Phase I was obtained from secondary sources so any specific problems with the validity of instruments at the data collection/entry stages cannot be presented here, although it is noted that these instruments were piloted. The DHS datasets used in the study were nationally representative and underwent extensive and consistent sampling procedures in both years. The DHS datasets are edited and the only verifications that can be used for internal validation are recode and editing reports provided with these datasets. These reports were checked in detail

[93] For example, quality of inference, which consists of design quality and interpretive rigor, was suggested by Tashakkori and Teddlie (2003) and Teddlie and Tashakkori (2009); while Onwuegbuzie and Johnson (2006) suggested nine types of legitimation to gauge the quality of mixed methods research.

in order to ensure that there were no fundamental inconsistencies for the indicators used for this study. Any limitations of this dataset for analysis are provided in detail in Section 3.6.

There are no clear cut criteria to gauge the quality of qualitative research. While some scholars argue that the researchers can attain rigour by establishing a critical distance from the data through use of various techniques such as counting, systematic coding, and so on (Seale and Silverman 1997), others argue that this is possible by providing a transparent, reflexive account of the researcher's relationship to the process and data.[94] Meyrick (2006), based on a literature review and interviews with scholars from various disciplines, argues that the two common principles of quality in qualitative research are "transparency" and "systematicity", of the research,[95] and that these can be blended together to establish quality at different stages of inquiry. In addition, being aware of the "self" and its impact on the research process is important and needs to be reflected upon at every stage of the interviews to ensure the validity of the research findings. Reinharz (1997) argues that being a researcher is only one of the three selves in the field; research-based selves, brought selves and situationally-created selves. Each identity and non-identity of the researcher, therefore, is likely to have an impact on the relationships between the researcher and local people, and thus the availability and depth of data.

The qualitative phase included close involvement of multiple researchers in the data collection, and my own coding and the analysis of the resultant data. Since in qualitative research the "researcher is a central figure who actively constructs the collection, selection and interpretation of data" (Finlay 2003:5), the findings are likely to be influenced by my own – and my research assistants' – behaviour, choices and perspectives. Although working as part of a team – alongside my research assistants as well as my supervisors – helped me to reach more objective interpretations of the interviews, I also kept during-interview and post-interview field

[94] See Meyrick (2006) for different approaches employed by various disciplines to test the rigour/ quality of qualitative research.
[95] Meyrick (2006: 803) defines transparency as the disclosure of all relevant research processes, and systematicity as "the use of regular or set data collection and analytic process, any deviations in which are described and justified".

notes and a research diary in order to record my emotions, observations, relations, perceptions related to the interviews, and relationships with the interviewees and others. In addition, the interview schedules included some questions that would allow rigour through the triangulation of data collected from between three and four individual interviews with relatives.

3.8 Conclusion

This chapter outlined the research design and methodology and detailed the methods chosen and how they were implemented. The methodological approach, besides illuminating merely the differences in fertility preferences and behaviour of two generations of Punjabi women, also allowed for the explorations of multifaceted and interlinked reasons that compelled young Punjabi women and their husbands to start considering about "planning a family". The qualitative study was particularly helpful in understanding the complex and multiple processes of fertility negotiations within households, and to capture nuanced and subtle changes (and resistances to change) in gender and family systems and power relationships between young women and their husbands and mothers-in-law. The following chapters present these findings, starting with the differences in fertility preferences and behaviour of young Punjabi women in the next chapter.

4. Intergenerational differences in the fertility preferences and behaviour of women in Punjab

Iffat was a 32 year old woman from *Chak*. She had completed *matric* (Grade 10) and had been working as a LHW in her village since 2001. Iffat was married to Ijaz when she was 17 years old. Iffat and Ijaz had one son (13 years old) and one daughter (10 years old) and Iffat was pregnant with her third child at the time of our interview.

During the initial months of their marriage, considering Iffat's young age, Ijaz wanted to delay child bearing for some years. Iffat was not sure but suspected that her husband was using condoms at that stage to prevent a pregnancy. However, they were pressured by Iffat's mother-in-law, who wanted Iffat to conceive as soon as possible since one of her HeBWs had not had a child until 11-12 years into her marriage. Iffat said:

> My in-laws needed a child… When three or four months had passed, my mother-in-law had a big issue with it [me not getting pregnant]… She used to say the courtyard looks good when children play there [laughing]. Whenever her son was sitting with her she used to repeat [these words] as well.

These pressures, despite sometimes being indirect, changed Iffat's husband's mind and Iffat got pregnant six months after the marriage. Iffat said she didn't know much about reproduction when she got married. She did not even realise that she was pregnant until the third or fourth month of her pregnancy. Her HeBW, who was following the timings of her menses, was the first one to realise that Iffat could be pregnant.

> One day I was sitting with my HeBW. She said you didn't have your menses for the last two or three months...you have become pregnant. I asked her what it was [laughing]. Then she said "you are becoming a mother". Then I came to know [that I was going to have a child]...I didn't even know that when one becomes pregnant, her menses stop.

Iffat and her husband wanted to have *kam baćhā* (a small number of children); a *ćhoṭī* (small) family with at least three years of *waqfa* (space/break) in between their

children. Iffat said a *joṛī* (pair) of sons and a daughter would make her family *pūrā* (complete), although her husband thinks that their family is already *pūrā* as God gave them a daughter and a son.

Iffat's first child was a son. Her husband had used condoms after their son's birth for two years. Then Iffat gave birth to her daughter when her son was three years old. They did not consider having another child for the next six years and continued using condoms. After six years Iffat got pregnant twice but both pregnancies ended in miscarriage. At the time of our interview she was pregnant again and praying for a son to be able to make her family *pūrā*. She had also gone to a number of doctors and a local *pīr faqīr* (saint) to prevent a miscarriage this time. Despite saying that she wanted to have a *joṛī* of sons just because this was her "in-laws' saying", Iffat herself seemed really keen to have two sons. Like her mother-in-law, she repeatedly asked us to pray for her to have a son, not only during her interview but also whenever we visited her after the interview.

Iffat, who initially had no knowledge about reproduction, had learned about reproductive health through her training to become a LHW. She considered pregnancy after the age of 35 to be very dangerous for both woman and child, and therefore she considered this pregnancy her last chance to have the small but complete family that she and her in-laws desired.

Iffat was from a large family and had 12 siblings. Her father had the same level of education as she did (Grade 10) and her mother had never been to school. Iffat's mother, who was in her late 50s at the time of the interview, got married at the age of 15 to an older man who had four children from his first wife, who had passed away. At 15 she had therefore become mother to four children. She had her first child after three years and had seven other children at two-year intervals until "God stopped giving me children". Unlike Iffat, Iffat's mother never thought about how many children to have, nor was she concerned about the sex of her children as she considered reproduction to be God's decision, which they did not have any control

over. According to her, contraception was a sin and those who used it would be punished by God.

> It was God's *marẓī* (will). We never thought about it [how many children to have] [laughing]… It was not the same before, you used to have as many children as you give birth to...Now they get it *band karwanā* (to get it closed i.e. sterilisation) after having two sons and daughters… Now this is an *imtěḥān* (test), which they will give later. As many sons and daughters we have in our *naṣīb* (share in life/destiny), we have to have that in our *naṣīb*. Why get it closed? *Allāh talah [ta'ālā]* (God, exalted be He) will give its punishment one day and will ask you why did you choose this way [contraception]? It is not that *paper* (test) will only be here [in this world], *paper* can also be taken there [after death]… Will it happen or not? It will definitely happen.

Iffat's mother advised Iffat not to use family planning as it might cause *nuqṣ paṃā* (to damage health) and it was also against the wishes of God. Iffat said her mother did not allow her daughters-in-law to use family planning and her BWs, who were much younger than Iffat, already had four children each.

Iffat's mother-in-law's account was also similar to that of her mother. Iffat's mother-in-law was in her late 70s. She had never been to school. She had five sons and a daughter, and had lost her husband when her children were very young, which was the reason for having only six children. Her first son was born during the first year of her marriage. She never thought about how many children she wanted to have, nor did she have a desire to control the timings of these births as she believed these depended on God, not her.

> God knows about children. What do I know? I had six children… Whenever it was the time, I used to have a child… Sometimes it was late, sometimes five years, sometimes only a year or two.

Unlike Iffat's mother, however, Iffat's mother-in-law was not against family planning. She believed Iffat was doing a respectable job in the village, providing a service that had not been available when she was young.

> There was nothing at that time… This thing [contraception] is happening now. We didn't know [about contraception] at that time. It was also not available.

The narratives of Iffat, her mother and mother-in-law reflect the intergenerational differences in the fertility careers of the women whom we interviewed. They reveal not only substantial transformations in the number of children the older and younger generations had or wanted to have, but also notable differences in values and attitudes towards "planning a family" and birth control.

This chapter, utilising data from the Pakistan DHS of 1990-91 and 2006-07[96] and the semi-structured interviews, aims to describe the differences in the fertility preferences[97] and behaviour of two generations of Punjabi women. The chapter also serves as a foundation for the remaining chapters, in which the perceived motivations for changes in reproductive preferences and behaviour, and changes in familial and intergenerational relationships, are investigated in detail.

For the analysis of the DHS, I focus on young Punjabi women aged 25-34 in each survey to show the differences in fertility preferences and behaviour for Punjabi women at two time points (1990/1 & 2006/7)[98] and when they were at similar stages of their fertility careers. Semi-structured interviews are used to complement the quantitative findings by providing additional information on areas not covered by the DHS (such as abortion) as well as "putting qualitative flesh on quantitative bones" (Tarrow 1995:473) by integrating accounts of women's experiences, perceptions and attitudes with regard to reproduction.

The rest of this chapter is organised into six sections. The first section looks at the ideal family size and shows that there has been a shift from fatalism to conscious planning of fertility. The following two sections explore the changes in the desired number of children and show that there has been a shift from an acceptance of an open-ended number of children to a desire for a specifiable number of children and sex composition, namely, a small but complete family with at least one son and one

[96] The DHS data presented in this and remaining chapters are authors own analysis of the DHS datasets, unless it is stated otherwise.
[97] The meaning of the term 'preferences' is debated in the literature. While Westoff (1991) argues that it captures tastes concerning family size, others argue that it represents the demand for children (Easterlin 1978). Here, I mostly use the term preferences to reflect demand for children.
[98] Given the time gap of 16 years, the 1990/1 group of women do not represent the mothers/mothers-in-law of the 2006/7 women.

daughter. Section four describes the differences in the timing of pregnancies between the two generations, and shows that while the impetus for, and tensions around, having an early first birth have increased among the younger generation, conscious spacing of births is also becoming common. The fifth section explores the differences in patterns of contraceptive use and method mix, and illustrates that while there has been an increase in contraceptive use, this has mostly been in temporary methods and among rural and uneducated women. The last section looks at the differences between older and younger generations in acceptance and availability of induced abortions as a contraceptive method. The chapter concludes by summarising these findings and considering what they suggest about the changes in the nature of fertility decision-making.

4.1 Desired family size: From fatalism to conscious control of fertility

Fatalism, which is defined as "a doctrine that events are fixed in advance so that human beings are powerless to change them",[99] is recognised as a cognitive state of mind by contemporary sociologists like Weber and Durkheim. While according to Weber, fatalism is a result of religious beliefs that suggest the person's life outcomes and events are controlled by cosmological forces (Weber 1993 [1963]), Durkheim sees fatalism as resulting from excessive, oppressive structural regulation in society, which produces feelings of powerlessness and hopelessness (Durkheim 2005 [1897]).[100] More recent approaches amalgamate these two views as the product of both religious factors and societal regulation, and stress the role of cultural contexts in shaping fatalistic beliefs (Acevedo 2008; Elder 1966; Liu and Mencken 2010).[101] Fatalism, therefore, indicates a perceived lack of control but the reason is not always

[99] http://www.merriam-webster.com/dictionary/fatalism

[100] Similar to Durkheim's empirical fatalism, Purcell uses the term "realistic fatalism" in analysing the fatalistic language and attitudes of women factory workers in England. She argues that women have more fatalistic attitudes than men, and describes these as "realistic fatalism" as they are grounded in the realistic recognition that women "had limited capacity to influence events and exercise control in their work and social lives" (Purcell 1988: 29-30).

[101] Acevedo (2008: 1741), for example, defines fatalism as a "multidimensional cognitive orientation that includes both feelings of perceived personal control as well as culturally influenced orientations that look to cosmological forces as sources of mastery over life's outcomes".

theological, as is often presumed in studies associating fatalism with religiosity (see Zafar *et al* 2003). Lack of knowledge and material capacity to control fate combined with institutional barriers at very low levels of economic development can also lead to rationalisations of fertility outcomes as "fate".

In fertility studies, responses which fail to specify a desired family size, are vague about desired family size, or state that family size is "up to God", tend to be associated with larger family sizes and are accepted as an indication of strong fatalistic beliefs (Khalifa 1988; Riley *et al* 1993). A number of studies have brought different explanations for fatalistic approaches to fertility in different cultures.[102] Based on Coale's (1973) argument that one of the three conditions for fertility transition is that fertility must be within the calculus of conscious choice, van de Walle (1992) shows that conceptualisation of family size, that is giving a number about the desired family size, is vital for people to adopt family-limiting behaviours in African and European contexts. In this section, I use changes in notions about ideal family size – particularly the decrease in non-numeric responses to the question about ideal family sizes – to argue that in Punjab the notion of fertility control has shifted from a fatalistic approach to a planned one.

The DHS asks women "If you could choose exactly the number of children to have in your whole life, how many that would be?". The answers to this question are provided in Table 4.1.[103] The table indicates that while there is only a slight decline in mean numbers of children desired by young women between 1990/1 and 2006/7, the decline in non-numeric answers is notable. In 1990/1, more than half of the young women in Punjab reported that their ideal number of children was "Up to God", and this declined to five percent in 2006/7. A large disparity between urban and rural areas was also evident in 1990/1 ($t(883) = 11.49$, $p < .001$): while around one-third of young women in urban areas reported that the number of children they would have in their life was "Up to God", the proportion of young women reporting the same in rural areas was almost double this, at 61.6%. The disparity between rural

[102] For some examples see Castle (2001) and Chamberlain (1976).
[103] It must be recognised that ideal family size is a latent construct. The responses to this question would also highly depend on the skill of the interviewers in the DHS.

and urban areas, on the other hand, had almost disappeared by 2006/7 ($t(1630) = 1.23$, $p = .222$).

Table 4.1: Ideal number of children for Punjabi women aged 25-34 by rural/urban locality, 1990/1 & 2006/7

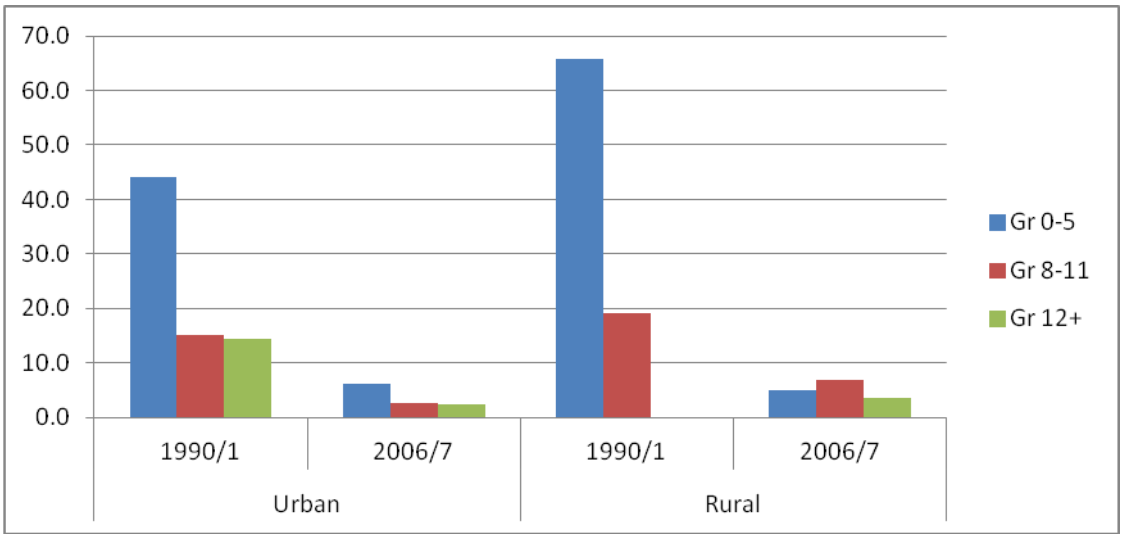
	Urban		Rural		Total	
Ideal number of children	***1990/1***	***2006/7***	***1990/1***	***2006/7***	***1990/1***	***2006/7***
0-1	0.6	0.9	0.0	1.3	0.4	1.2
2	10.9	21.4	2.8	13.9	5.1	16.4
3	12.6	20.5	5.6	19.0	7.6	19.5
4	35.0	43.8	20.9	43.1	24.9	43.2
5 and above	8.5	6.9	8.1	15.4	8.2	12.6
Up to God	32.1	4.0	61.6	5.2	53.1	4.8
Not yet decided/DK	0.3	2.5	1.0	2.1	0.7	2.3
Total %	100.0	100.0	100.0	100.0	100.0	100.0
N	460	734	1,142	1,462	1,602	2,196
Mean of numeric responses	**3.7**	**3.4**	**4.1**	**3.7**	**3.9**	**3.6**
N for numeric responses	310	684	431	1,355	741	2,039

Sources: DHS 1990/1 & 2006/7

Figure 4.1 indicates that no schooling or low levels of schooling was an important factor in having fatalistic approaches to ideal family size in 1990/1: women who were unschooled or schooled up to primary level (Grade 5) were more likely to have a fatalistic approach to fertility in 1990/1[104] and this declined significantly for higher schooling levels in both rural and urban areas.[105] In 2006/7, on the other hand, disparities according to level of schooling, as for rural and urban location, also disappeared significantly.[106] This indicates that young women with no or some schooling, particularly in rural areas, experienced a faster change from fatalism to conscious control of fertility during the period 1990/1-2006/7.

[104] The differences between women who completed Grades 0-5 and Grades 8-11 ($p < .001$), and Grades 0-5 and Grades 12 and above ($p < .001$) were statistically significant.
[105] Scholars commonly assume that educated women have lower fatalistic approaches to life in general and family size preferences in particular as compared to their uneducated counterparts, as education is seen to increase their tendency to adopt 'modern' ideas (Castro Martin and Juarez 1995).
[106] The differences between women who completed Grades 0-5 and Grades 8-11 ($p = .615$) and Grades 0-5 and Grades 12 and above ($p = .102$) were not statistically significant.

Figure 4.1: Percentage of Punjabi women aged 25-34 who reported their ideal family size as "Up to God" by completed schooling levels, 1990/1 & 2006/7



Sources: DHS 1990/1 & 2006/7

The qualitative study also confirmed that substantial transformations have occurred regarding desired family size between the two generations. The change was not simply a decrease in the desired number of children but also the introduction of the idea that "reproduction can be controlled" by the individual rather than merely God.

Most of the older women, like Iffat's mother and mother-in-law, reported that during their own reproductive careers, they did not have any "desires" or "views" about family size as they did not think that they had any "control" over reproductive matters. Their reproduction depended on what God had written for them, and therefore only God could decide about the numbers and timings of children. However, the current generation held very different views.

> Now husband and wife have a child if their heart desires and they don't have if their heart doesn't desire... Previously, one used to have as many as children God gave [to them].
>
> Adeela's HM (60/U/0/5S)

As Adeela's HM said, unlike women of her generation, the current generation could choose to have as many as or as few children as they desired.

The qualitative interviews also suggested that fatalism among the older generation was not always based on theological grounds as is often assumed for Islamic countries (Acevedo 2008; Hamdy 2009; Kayani *et al* 2011; Zafar *et al* 2003). Hamdy (2009) argues that when people are oppressed by structural and material conditions, they can use religious reasoning as a "comfort mechanism". The interviews with older women also indicated that in most cases, submission to God's will did not go beyond "post-hoc rationalisations" (Purcell 1988: 24). It tended to be used as a comfort mechanism in a context where women lacked knowledge about reproduction and contraception, and the availability of contraceptives was mostly non-existent. The following quotes illustrate these conditions.[107]

> I never thought about family planning. I just used to say my dear God please stop it. Please don't give more. I didn't even know that this can also happen [birth control] and one can give some *waqfa*.
>
> Safia's M (40s/U/Gr5/3S3D)

> At that time [only] *Rabb* (God) knew. At that time people didn't know much. They used to thank god when they were given children.
>
> Falak's HM (88/R/0/ 3S3D)

> I didn't think about it [family size]. *Mā shā' Allāh* (God preserve from the evil eye) my elder sister had 15 kids... At that time we didn't know about these [family planning] and *Allāh* kept on giving us kids. Like now they say have operation, or do this and that. We were unaware of them.
>
> Khalida's M (70s/U/0/ 3S4D)

The lack of knowledge about contraception and the limited availability of family planning services were not the only constraints older women faced. Most were also restricted by their families. They strongly believed that they had to follow the decisions of others – particularly their husbands and mothers-in-law – and did not perceive themselves as possessing a right to have a say in reproductive decisions.

[107] Although we were more likely to receive responses similar to these as the ages of the mothers and mothers-in-law got higher, the majority of older women, who were as young as Asifa's mother, also talked about their lack of knowledge about birth control. Majority of older women had lived in rural areas when they were young.

Only a few older women (all educated), who also reported having friendly relationships with their husbands and in-laws and easy access to fertility regulation, did not feel restricted by their families. Such women could also provide a numeric answer when asked about their desired family sizes. The others, on the other hand, were more likely to report that they left fertility decisions to God; at least until they were asked otherwise by their husbands or older women.

My research also points to the fact that non-numeric responses do not always mean that women are indifferent to their fertility or have left fertility decisions to God (Riley *et al* 1993). For example, fatalism as rhetoric was also highly prevalent in the narratives of the young women. For example, during her interview, Gulsum (33/R/Gr14/1S1D) stated "we should decide and regulate our reproduction but the rest is in the hands of God". When asked about her family size desires, Gulsum was quite firm about her and her husband's decision to have only two children, and they were also using condoms regularly to ensure that they did not have more children. Nevertheless, she still left open the possibility for *Allāh* (God) to decide for them.

> Till now we [my husband and I] want to have two but later it depends on *Allāh mī'āṅ* [108] (God, the Supreme Lord) what it [number of children] should be. Our *faiṣla* (decision) is to keep two...then the owner is *Allāh* (God) and his *muqaddar* (decree) but we will try our best [to have two only].

In some cases, older women's statements about leaving reproduction to 'Gods will' were not reflections of their actual desires but rather rhetorical constructs indicative of the normative contexts in which they were living as well. For example, some older women continued to refer to the number of children a couple has as "God's will" despite regulating their fertility through contraception or other means like *parhez* (abstinence). One of the extreme examples of this was Ghazala's mother (50s/R/0/5S4D), who stated that reproduction was in the hands of God and trying to stop child bearing would be a sin, despite the fact that she had used the most strongly rejected method in Islam: sterilisation. When we were talking about family planning she told us that she never thought about her family size and left it to God. She also added that trying to stop a child coming into this world was a sin.

[108] *Mī'āṅ* has three meanings: mister, husband and someone who commands respect from others.

> I have never used family planning [methods]. I didn't use it because one becomes gunākar (sinner) by *zāya karnā* (to waste) what is supposed to be given by *Allāh ta'ālā*...Nothing is in the hands of *baṅda* (people).[109] Whatever *Allāh ta'ālā* does, he does the best. If a child has to come into this world, he will come to this world, this is the matter.

Later during our conversations about contraception, she told us that she had sterilisation when her husband requested her to do so after having twin girls: their eighth and ninth children. Then she also changed her mind:

> When I had two daughters, I thought that *Allāh sonā* (God, the gold) this is enough for me. They should remain alive. Now I will *ilāj karwānā* (to get medical treatment). Then I had the *ćhoṭī operation* (sterilisation).

Although qualitative interviews indicate varying levels and reasons for older women's fatalistic approaches towards fertility, one of the significant differences between older and younger generations, as shown in this section, was the notion of control over fertility and God's perceived role in reproduction. These findings, in addition to suggesting that fatalism continues to be a common habitual linguistic practice (Purcell 1988) among younger and older generations of women in Punjab, indicate that there has been a change in young women's sense of control over their reproduction. Young women have started thinking concretely about how many children they want to have. The next section looks at the differences between the older and younger generations in the desired number of children.

4.2 Desired family size: From "open-ended" to "small" family

Non-numeric responses to desired family size do not only indicate fatalism but also suggest a large desired family size, or at least no opposition to having a larger family (Riley *et al* 1993). The decrease in non-numeric responses, as presented in Table 4.1 above, mainly indicates a decline in young women's desires to have a large and/or open-ended number of children, and a growing wish to have a specific number. Table

[109] The term can also be used by a speaker to refer to himself/herself when addressing a superior.

4.2[110] indicates that although the ideal of four children was the most common answer among those who gave a numeric response in 1990/1 and 2006/7, there was a shift towards smaller desired family sizes of three and two. This change was more visible among women who completed grades 12 and above. In other words, women with higher educational attainment levels were more likely to have smaller ideal family sizes. However, the change was also evident among women from lower educational attainment levels, in both rural and urban areas (see Appendix M).

Table 4.2: Ideal family size of young Punjabi women aged 25-34 (numeric responses only) by grade completed, 1990/1 & 2006/7

	1990/1			2006/7		
Number of children/Grade	**Grades 0-5**	**Grades 8-11**	**Grades 12 and above**	**Grades 0-5**	**Grades 8-11**	**Grades 12 and above**
0-1	1.2	0.7	0.0	1.2	1.0	0.9
2	8.5	18.8	13.2	13.5	24.7	32.1
3	14.7	17.4	34.0	19.4	24.0	26.1
4	54.7	52.3	45.3	48.4	45.6	35.3
5 and above	20.9	10.7	7.5	17.6	4.7	5.5
Total	100.0	100.0	100.0	100.0	100.0	100.0
Mean	**4.1**	**3.6**	**3.5**	**3.8**	**3.3**	**3.1**
N	518	148	53	1,397	384	218

Sources: DHS 1990/1 & 2006/7

This change from open-ended to specific family sizes emerged more strongly in the qualitative interviews. While most of the mothers and mothers-in-law did not have any specific ideals of family size and talked about the end of their fertility careers as having "naturally stopped", almost all the young women desired a *ćhoṭī* family: two or three children, or "definitely one should not have more than four" Hafza (27/U/Gr16/2D).

The number of children that constituted a *ćhoṭī* family varied between two and four depending on the educational levels of the women. The most commonly stated

[110] The table needs to be read with caution as it provides the findings for non-numeric responses only. In 1990/1 more than half of the women did not give a numeric response and the number of highly educated women was low (n=53).

desired number of children was four among the uneducated young women and two or three among the educated women.

> Yes, I did think about it [number of children one should have], that's why everything was *on time* [in English]. First I had a son and he died. After two years I had another son, now he is 13 *Mā shā' Allāh*. Then I had my daughter who is nine… then I had my younger daughter. She is six now. Then I had this son [showing her two year old son on her lap]. Two sons and two daughters and we are doing *waqfa* for future.
>
> Ghazala (30/R/Gr1/2S2D/sterilised)

> I want to have two children. No matter whether [I have] two daughters or one daughter and one son.
>
> Meena (33/U/Gr14/1D)

As Ghazala's and Meena's narratives also indicate, our discussions about the desired number of children were never free from discussions about the desired sex composition of children. Indeed, young women who wanted to limit their family size to a "small" one also wished to have a *mukammal* (complete) or *pūrā* (complete) family that would have *kāfī* (sufficient) children. A family was "complete" only after achieving a certain number of children with the right sex composition, which was becoming more difficult with the decreasing total number of children younger women wanted to have.[111]

4.3 Desired sex composition of children: From at least two sons to at least one son and a daughter

In this section I analyse young women's reported desire to not have another child due to the number of daughters and sons they already have. I first investigate whether there has been a change in the desired sex composition of children between 1990/1 and 2006/7, and then complement these findings with women's accounts of the value of sons and daughters.

[111] Previous studies argue that the effect of gender preferences on reproductive behaviour might not be strong in settings with high fertility and low contraceptive use, and becomes increasingly important during fertility transition (Bongaarts 2001; Hank 2007).

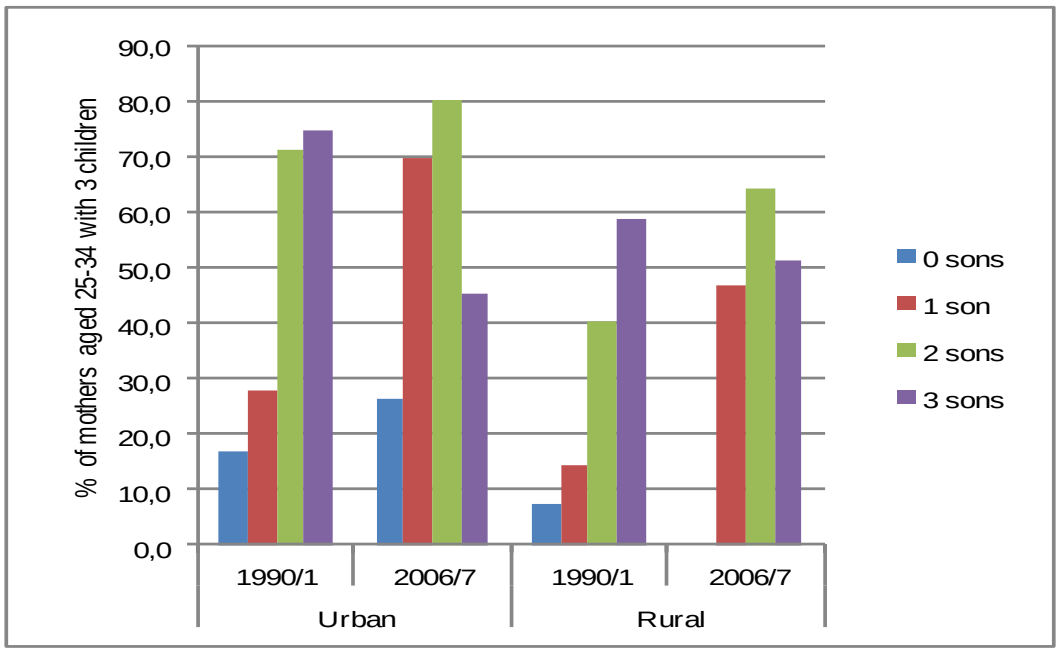
Figure 4.2 shows the proportions of young Punjabi women who had three children and reported the desire to not have another child. The figure indicates that while not having a son continues to influence women's desire to have another child in Punjab (even after having three daughters), there has been a shift from the desire to have "at least two sons" to the desire to have "at least one son", as well as an increase in the desire to have at least one daughter.[112]

In 1990/1, the women who reported that they did not want another child increased significantly from less than 30% to 70% in urban areas and from less than 10% to 40% in rural areas when the women had at least two sons and a daughter rather than two daughters and a son. In 2006/7, on the other hand, a similar increase was seen even after women had at least one son, reflecting a change in desire from two sons to one son.

Another result that Figure 4.2 shows is the increased daughter preference, mainly in urban areas. In 1990/1, in both rural and urban areas, there is a clear positive relationship between the number of sons women had and not wanting to have more children. In 2006/7, however, women who had three sons but no daughters were noticeably less likely to report "not wanting another child" as compared to women who had at least one daughter.

[112] Muhammad (2009), using Pakistan Integrated Household Survey data from 2001/2, also shows that the desire to have another child is high when women have children of only one sex. Nevertheless, preference for sons is stronger than preference for daughters.

Figure 4.2: Percentage of women aged 25-34 who had three children and did not want more children by number of living sons in Punjab, 1990/1 & 2006/7



Sources: DHS 1990/1 & 2006/7

Qualitative interviews also reflected a change from a preference for "at least two sons and some daughters" to a preference for "one son and one daughter". Most of the older women did not consider using birth control and did manage to have at least two sons and some daughters during their long fertility careers. Among the older generation, only Gulsum's mother (60/R/0/ 5D) did not have any sons even after having five daughters. Although she wanted to try for a son she could not do so as her "time was over". None of the mothers-in-law and only two of the mothers had less than two sons (both had at least eight daughters). None of the mothers and mothers-in-law considered family planning before having at least one or two sons.

> I had daughters first [three]... when I had my second son then their father [husband] said 'these children are enough, we don't want more children.
>
> Farida's M (50s/U/Gr5/2S3D)

Among the younger women, desire for a second son was rare desire for at least one daughter to be able to complete their family was universal. The right sex composition to complete a family, as will be shown in the following paragraphs, was neither static

nor the same for all young women.[113] The desired sex composition of children mainly varied according to the educational levels of the young women, the sex of the children the couple already had, and various cultural and familial pressures, particularly for sons.

Most of the uneducated young women, like Ghazala (30/R/0/2S2D), thought that two sons and two daughters would make a family complete. Highly educated women, such as Gulsum (3/R/Gr14/1S1D), usually desired a small family of one daughter and one son to consider their families complete. Only one woman, Meena (33/U/Gr14/1D), did not have a specific desire for the sex of her children and said she would be happy with two children from any sex. Ghazala and Gulsum were content with the numbers of children as had since they managed to achieve what they regarded as a complete family. Ghazala had gone through sterilisation and Gulsum and her husband were using condoms in an effort to avoid having more children.

Those young women, who could not have at least one son and one daughter after giving birth to the initial two or three children, usually readjusted their desires and tried again to complete their family.

Safia (28/U/Gr10/2S1D, breastfeeding and considering intrauterine device (IUD)), who wanted to have one son and one daughter, had decided to try again for a daughter after having two sons. At the time of the interview she had recently given birth to a girl and considered her family complete.

> When I got married I wanted to have a small family. I had a son first and I asked god to give me a daughter and two were enough. Then god gave me another son. [I thought] now only one daughter would be *bahut* (plentiful). Thanks to God, he gave me a daughter as well. I have two sons and a daughter and I think the family is *pūrī*.

Having an inadequate family due to not having a daughter, even if the total desired number of children had been reached (and is not more than four children), generally

[113] All of the young women readjusted their family sizes upwards if they could not attain their desired sex composition, and none of the young woman readjusted her desires to a smaller number of children.

meant "trying again" once or twice, as in Safia's case. However, when the inadequacy was due to not having a son, couples could not define a limit and wanted to try until they had a son. Amna, a very poor uneducated woman from the rural area who helped us during our fieldwork, had a son after having eight daughters. Her relationship with her in-laws deteriorated due to her inability to give birth to son. Fed up from the taunting and humiliation, during her last pregnancy Amna returned to her natal home. Her husband soon joined her and she gave birth to a son. At the time of the fieldwork they were living with Amna's mother in a two room *kaćća-pakkā* (partly brick and partly mud) house with their nine children. Amna was carrying the burden of those nine closely spaced births: she was very weak and looked much older than her real age, but she was happy that she eventually had a son and now could start using family planning. While Amna's case was the most extreme one that we observed, the desire to have a son among those who did not have one was very strong. This was also reflected in the language: the desire to have a daughter after two or three sons was usually referred to as *shauq* (fondness/fancy), whereas the desire to have at least one son after having many daughters was considered to be normal and natural. Those who did not have a son after two or three daughters usually readjusted their desire to a higher number in the hope that they would eventually have at least one son, and they were ready to increase it further if they did not have a son.

Adeela (32/U/Gr8/3D) and her husband (37/Gr8), who had three daughters, were planning to stop child bearing after having a son. They said they would stop at four if the fourth one was a boy but otherwise they would try again. Their desired number of children was not static and increased with the birth of each daughter.

> Everyone wants to have two daughters and two sons. But then everything is God's will, he sometimes gives more and sometimes less. I have three daughters. Now I pray to God that he gives me a son. [Only] then it will be over.

For others, particularly uneducated and less educated women like Iffat (32/R/Gr10/1S1D/pregnant), Malika (27/R/Gr9/1S3D), Tania (25/U/Gr5/1S1D),

Sonia (28/R/Gr5/3S1D)[114] and Khalida (32/U/Gr5/1S3D/sterilised), one son was not considered to be enough to achieve a "complete" family.

Ameena and Farida, the only exceptions among the highly educated young women, wanted two sons and a daughter rather than one son and one daughter. Why did these women value sons more than daughters?

The qualitative interviews also provided some insights into the differences between the perceived value/benefits of daughters and sons, which were mostly related to women's fears for the future in a context where sons are the main providers of old age security to their parents, carry the family lineage, and bring status to the family and their mothers.

For Farida (31/U/Gr12/1S1D)[115], having two sons was mostly related to her emotions, as she felt the need for another son after her brother had one. Although she did not mention it explicitly, she was also worried about "a reproductive failure" (Cain 1988)[116] as nobody knew about the family's *qismat* (fortune/fate). Those who have two sons do not lose "everything" if a misfortune happens, as was the case for her parents after losing one of their two sons in 2009. The main reason Ameena (27/R/Gr12/1D) had two sons was for her future security. Her concerns were not related to the death of a son but to ensuring at least one son who would be good enough to take care of his parents in their old age. Ameena was trying to change her husband's mind, as he thought that one son and one daughter were enough. At the time of the interview, Ameena had a one and a half year old daughter and was in the first trimester of her second pregnancy. She was praying for a son. Ameena said:

> No [I told my husband]. We should have two sons and a daughter. If one son is not good, at least parents can go to the other son [laughing]. He [Ameena's husband] said you think quite far and I said 'yes one has to think'. One has

[114] Sonia had one son and one daughter first, and planned to stop childbearing after giving birth to her second son, but she got pregnant after six years as she thought using pills for such a long time would have made her sterilise.
[115] Farida was interviewed during the early stages of our fieldwork and gave birth to her second son just before its completion.
[116] Not having a living son in old age.

> *dukh-sukh* (sorrow and joy), and should have 3 or 4 [children]. Even if one or two are bad, the remaining will be good. Then he said 'there should be one, and he should be good.

For Nafisa (31/U/Gr10/1S3D), who had three daughters and one son, having two sons and only one daughter was important for economic reasons, particularly if one compared the costs and benefits of daughters and sons.

> I just had the *k̲h̲ẉāhish* (desire) to have sons. They [sons] are the *sahārā* (support) of the fathers. They become the *bāzū* (arms) [of the father]. Also it is difficult to get daughters married off, the way of thinking is old [but]. This is it [why I wanted two sons and a daughter], but my husband loves his daughters more.

Both Nafisa's mother and HM told Nafisa to try for another son because:

> We want her to have a *joṛī* [of sons]. Daughters are more *piyāri* (lovable) than sons. But one acquires a name and name passes on with the son. After parents pass away, their son is the one who would hold their *k̲h̲atm darūd* (prayers after death) and other things that need to be done. Daughters are lovable... but they go to *apnā ghar* (her own home). Your name is magnified by your sons.
>
> Nafisa's M (50s/U/Gr8/3S4D)

Although she herself did not have any sons, Gulsum's mother wanted her daughters to have at least two sons. For her, it was important to have two sons not only important to make the name of the family *baṛā* (big), but also so that children could provide support to one another and be a family.

> Even a single tree wants from God not to remain alone. If they are two then one can consult the brother...It becomes a family if they are two or three.
>
> Gulsum's M (60/R/0/5D)

As the accounts of Farida, Nafisa, her mother and Ameena also indicated, sons and daughters have different social and economic values to their parents in Pakistan, as elsewhere in South Asia. While girls can provide emotional satisfaction for their mothers as they are simply more lovable, sons bring prestige to the family and are important for the continuation of the lineage. Daughters are generally considered economic burdens to their families, as they have to be married off with some dowry.

As Nafisa mentioned, this thinking is "old" but it still had an impact on her higher preference for sons. Sons, on the other hand, have a higher economic value in terms of the economic security that they can provide to their parents in old age in Pakistan, where formal social security systems are almost non-existent and labour force participation of women is low. Even if daughters can contribute to household economics before marriage or provide emotional support to their parents, they cannot stay with their parents after marriage and any possible economic benefits of girls shift to the in-laws' household. Sons, however, stay with their parents and provide finances when they become old. Furthermore, the desire to have two sons usually came from young women themselves and pressure from their mothers and mothers-in-law, rather than their husbands.

This section has presented normative discussions about the different values of sons and daughters in Punjab. While it is clear that sons continue to be preferred to daughters in general, there are some initial signs that having one son is becoming "sufficient to fulfil the necessary cultural obligations" (Vlassoff 1990: 19), particularly among highly educated women. It is also evident that a family without a son and a daughter was considered to be "inadequate" by almost all young women in Punjab.

4.4 Timings of births: natural to conscious control

There were two main differences between the young and older generations pertaining to the timings of births. Most of the older women in Punjab were more likely to have a "natural" timing for their first and subsequent births. Younger women, in contrast, had a strong impetus to prove their fertility immediately after marriage and a desire to have "at least three years of *waqfa*" between the births of their children.

4.4.1 Low to high impetus for early "proof" of fertility

Child bearing is an incontestable expectation for a woman who enters into a marriage union in Pakistan. As previous studies conducted in Pakistan (Bhatti and Jeffery 2012; Gangadharan and Maitra 2003; Maitra and Pal 2008) and among Pakistani communities in other countries (Hampshire *et al* 2012) show, young Pakistani women tend to have a child soon after their marriage. In this section, I will show the increased impetus for "early proof" of fertility among younger generations as compared to the older ones. Combining with the findings on increasing age at marriage this finding is paradoxical, and it can be explained by increased fears of "barrenness" among women (Chapter 7) as well as a strategy to attain "conjugal love" (Chapter 8).

As Table 4.3 shows, seven out of ten young women in urban areas and six out of ten young women in rural areas had their first child within the first two years of their marriage. Between 1990/1 and 2006/7, there was a slight increase in the proportion of young women who had their first child within the first year. There were notable differences between rural and urban areas for both years: urban women were more likely to have a child within the first year of marriage.[117] This differential is perhaps more related to biological reasons[118] than to any conscious planning, as no differences in impetus for early first births were observed between rural and urban young women during the qualitative study.

[117] The rural/urban differences were statistically significant in 1990/1 ($t(698)=5.87$, $p < 0.001$) and in 2006/7 ($t(1166)=5.92$, $p < 0.001$).

[118] There might be a number of reasons for this higher fecundity among urban women. Nutrition could be one of these, as it is shown to be an important factor affecting reproductive physiology (Chowdhury *et al* 2000; Lipson and Ellison 1996). Studies indicate a better nutritional status among girls and women in urban areas than in rural areas in Punjab (Anwer and Awan 2003; Bhatti *et al* 2011) which perhaps partially explains this differential. Urban women also have easier access to reproductive healthcare services and, as suggested by our interviews, act much more quickly than rural women in accessing these services when there is a delay in conception.

Table 4.3: Marriage to first birth interval among young Punjabi women aged 25-34 by rural/urban location, 1990/91 & 2006/7

	Urban		Rural	
	1990/1	***2006/7***	***1990/1***	***2006/7***
Within first year	38.8	39.2	22.9	25.8
Within second year	35.5	30.1	35.1	36.2
Within third year	14.4	15.7	19.0	19.4
Within fourth year and above	11.3	15.0	23.0	18.6
Total	100.0	100.0	100.0	100.0
N	426	648	1,033	1,331

Sources: DHS 1990/1 & DHS 2006/7

DHS figures show only a small increase in rapid births, but the elevated impetus for "early proof" of fertility among younger generations as compared to older ones was particularly evident in the data from the qualitative interviews.

The older generation mostly talked about "leaving the decision to God" and waiting. This was evident in the accounts of Afaf's HM (45/U/0/ 4S1D) and Nafisa's HM (50s/U/0/3S1D), who got pregnant after seven years. But times have changed.

> For us it was okay at that time. Now if you don't have [a baby] after 4-5 months people say "children would not happen". That's why people have more *pareshānī* (worries) in this *zamāne* (time/era).
>
> Aleena's HM (50s/R/Gr5/4S2D)

> Afaf's HM: [I had my first child] 6, 7 years after the marriage...
> Afaf's HeBW: *Abbu* (Father used for HF) says at that time there was no *andāza* (measurement) [that one will have a child soon after the marriage]
> Afaf's HM: *Muddat* (length of time) has gone [to have a child] is today's *bāt* (matter)

Unlike the older generation, who talked about the changing norms as per above, the young women were focussed on the importance of having children and their fears about not being able to conceive immediately after marriage. Although in some cases young women mentioned social and familial pressures to have a child during the first year of marriage, almost all attributed this impetus to their own desires.

Those who got pregnant during the first month after marriage talked about it with pride. Tania (25/U/Gr5/1S1D), for example, compared the timing of her first pregnancy with that of her two sisters (also HBWs), who got married on the same day as her:

> I am the number one. I mean I had the first child [among my sisters], then my youngest sister and then she had her son [motioning to her elder sister sitting with us].

Similar comparisons about the birth timings of HBW were also made by older women during their interviews and by the LHWs when we were conducting the initial sample listing. These comparisons were particularly strong when a woman did not have a child even though she had married before or at the same time as her HBW(s), who were already blessed with a child.

Young women who could not get pregnant during the first couple of months, on the other hand, usually talked about their experiences as the start of their *pareshānī* until they got pregnant. Visits to doctors for a fertility check-up or medicines for *ṭ̤āqat* (strength) were universal among young women who could not get pregnant within the first couple of months of marriage. Like Sameena (33/U/0/2S1D), Adeela (32/U/Gr8/3D) and Farida (31/U/Gr12/1S1D), Kameela (26/U/Gr16/1S), who was from the urban area, could not get pregnant during the initial months and went for a check-up. She was able to conceive six months after her marriage and had a son one and a half months prior to our interview. During the interview, she talked about the pressures she felt because of people who had started asking whether she was pregnant even one month after her marriage. Her mother and mother-in-law were also worried for her, which made her upset.

> Kameela: I didn't consider waiting [laughing]. When we got married everyone had started asking, they do not *guide* [in English] us to have it [baby] later.
> FB: Were they asking whether you were pregnant?
> Kameela: Yes
> LHW: They ask a lot.
> Kameela: They had started asking from the first month. Until I reached the sixth month, I got very nervous [laughing]
> FB: Who was making you nervous?

Kameela: My mother was nervous there [natal home] and aunty [HM] was more nervous here
FB: Have you taken any advice from a doctor about it?
Kameela: Yes, I took medicines from a doctor. She gave me medicines for *ṭāqat*
[...]
LHW: I gave her the advice [to go to a doctor]
Kameela: Yes, aunty had given the advice
LHW: She and her HM told me that it had been six months [after marriage] and nothing happened. I told her it was not a problem. It was *k̲h̲urāk kī kami* (insufficient food) and insufficient water, like it happens to girls, it must be that. Then I told her HM to take her to a doctor for that. When I came [visited] next time she didn't have her *date* (menses). Then we went there [to the doctor] and she *mubārak bād denā* (to congratulate) us as she was pregnant... She [Kameela] was scared a lot [of not being able to conceive]
…
LHW: She was very worried when she took advice [from me]
Kameela: No, family made me worried. They were saying one should have the child quickly otherwise [she] cannot have one.
LHW: It is very common [belief] ***now*** that when it stops you cannot have any.

The reasons for increased impetus for "early proof" of fertility among young women are examined further in Chapter 8. It argues that early proof is used by young women as a submissive yet conscious strategy to improve conjugal and familial relationships.

4.4.2 From natural spacing to conscious spacing

The decrease in unmet need and increasing contraceptive use for spacing are two indicators that emerge from the DHS and reflect the change in spacing behaviour of young women. Although in absolute terms the contraceptive prevalence rate for spacing was less than twenty percent, as Table 4.4 shows, in both rural and urban areas a higher percentage of young Punjabi women were using contraception for spacing their births in 2006/7 as compared to 1990/1. Although contraception for spacing was lower in rural areas as compared to urban areas, the increase since 1990/1 was much greater than the increase in urban areas. The unmet need for contraception for spacing purposes also declined. Similarly, there was a significant

rise in the proportion of women using contraception to limit childbearing and the rise was faster in rural areas.

Table 4.4: Percentage of young Punjabi women aged 25-34 who had unmet need and used contraceptives for spacing, 1990/1 & 2006/7

	Urban		Rural	
	1990/1	***2006/7***	***1990/1***	***2006/7***
Unmet need to space	**18.6**	**9.7**	**16.9**	**11.1**
Unmet need to limit	20.1	13.0	16.9	14.4
Using to space	**6.6**	**13.8**	**1.2**	**9.5**
Using to limit	18.8	25.8	5.6	18.7
Desire birth < 2 yrs	25.5	29.3	47.8	34.9
Infecund, menopausal, no sex	10.4	8.5	11.5	11.4
Total	100.0	100.0	100.0	100.0
N	446	732	1,095	1,456

Sources: DHS 1990/1 & 2006/7

The qualitative interviews revealed that older women did not have any specific desires for spacing. Spacing between births was either decided by God or linked to the duration of breastfeeding and *parhez* (abstinence), which were not necessarily consciously manipulated in order to delay the next birth. Only two women mentioned using effective methods of contraception for spacing. These women were highly educated sisters who had worked in the family planning sector.

Given the high impetus for early proof of fertility, very few of the young women mentioned any desire to use contraception during the initial stages of their marriages. Almost all spoke of their desire to control conception after having a child, and also considered this as their *ḥaqq* (right) after giving a child to their husbands and in-laws. Most of the younger women mentioned their desire for a three-year *waqfa* after having the first child, in order to keep both mother and child healthy.

4.5 Increasing contraceptive use

Despite the fact that the national family planning programme was launched in the 1960s, the CPR among married women (aged 15-49) remained below ten percent

until the end of the 1980s, reaching only 12% in 1990/1. Various surveys conducted after 1990[119] indicated a rapid increase in CPR, particularly during the 1990s. Between 1990/1 and 2001, CPR more than doubled to 28%[120] and then gradually increased to 33% in 2006/7 (Carton and Agha 2012; Sathar and Zaidi 2011).[121] Although the current contraceptive prevalence rate remains far below those in neighbouring countries like Bangladesh and India, there has been a considerable increase in contraceptive prevalence rates in the country. This section investigates the changes in contraceptive use among young women in Punjab from 1990/1 to 2006/7 by first looking at the ever and current use among women aged 25-34, and then analysing the changes in the contraceptive method mix.

4.5.1 Ever and current use of contraception

Table 4.5 provides the ever and current use of contraception among married, non-pregnant young Punjabi women (aged 25-34) and shows that there was a noticeable increase in contraceptive use between 1990/1 and 2006/7.

During this period, the percentage of women who reported ever-use of contraception increased from 24.4% to 56.0%. While there was an increase in ever-users of contraception in both rural and urban areas, the proportion of women who opted for contraception grew faster in rural areas than in urban areas in Punjab. Although the percentage of women who reported ever-use of contraception in rural areas in 2006/7

[119] For some examples see Pakistan Contraceptive Prevalence Survey (1994-1995); Pakistan Fertility and Family Planning Survey (1996-1997); Pakistan Reproductive Health and Family Planning Survey (2000-2001); Status of Women, Reproductive Health and Family Planning Survey (2003) and Pakistan Integrated Household Surveys/Household Integrated Economic Surveys for various years.

[120] Considering that the increase in contraceptive use has been greater among rural women, this rapid increase in contraceptive prevalence rate can be attributed to the expansion of family planning services to rural areas which has provided 'easy access' to all women, as discussed in Chapter 6. The rapid increase in the contraceptive prevalence rate just after the 1990s perhaps indicates the presence of latent demand for family planning.

[121] The contribution of contraceptive prevalence to fertility transition has often been the subject of discussion among scholars working on fertility transition in Pakistan. While the fertility declines during the 1990s were mainly attributed to increased contraceptive use and increasing age at marriage (Hakim and Miller 2001), earlier studies argue that the contribution of contraceptive use to fertility declines before the period 1990 was weaker than the contribution of later age at marriage and lactational infecundability (Sathar and Casterline 1998; Sathar and Kiani 1998; Sathar and Zaidi 2011).

(47.4%) was only slightly higher than the ever-use of contraception in urban areas in 1990/1 (46.2%), it tripled between 1990/1 and 2006/7 (Table 4.5).

The current users of contraception also increased considerably from 15% to 39% between 1990/1 and 2006/7. Young women from rural Punjab were less likely to use contraception as compared to their urban counterparts in both 1990/1 and 2006/7.[122] However, the proportion of contraceptive users in rural areas had quadrupled from 8.4% in 1990/1 to 34.3% in 2006/7, narrowing the disparity between rural and urban areas, which was quite notable in 1990/1.

Table 4.5: Percentage of married, non-pregnant Punjabi women aged 25-34 who reported ever-use and current use of contraception in 1990/1 & 2006/7

	Urban		Rural		Punjab	
	1990/1	***2006/7***	***1990/1***	***2006/7***	***1990/1***	***2006/7***
Ever-use	46.2	70.8	15.3	47.4	24.4	56.0
Current use	30.4	47.4	8.4	34.3	14.9	38.8
N	373	609	887	1,196	1,260	1,805

Sources: DHS 1990/1 & 2006/7

Table 4.6, which shows the current use of contraception by grades completed, indicates the contribution of women with no or primary schooling – in both rural and urban but mainly in rural areas – to the increased contraceptive prevalence rates. While only 9.3% of young uneducated Punjabi women were using contraception in 1990/1, this increased to 35.1% in 2006/7. The CPR among the highly educated young women, on the other hand, has declined from 45.5% to 41.8%. The change in contraceptive behaviour was most prominent among uneducated young women in rural areas.

[122] The rural and urban differences were significant both in 1990/1 ($t(490)=8.59$, $p < 0.001$) and in 2006/7 ($t(1170)=5.35$, $p < 0.001$).

Table 4.6: Percentage of married, non-pregnant Punjabi women aged 25-24 who reported current use of contraception by schooling, 1990/1 & 2006/7

	Urban		Rural		Punjab	
Education/year	***1990/1***	***2006/7***	***1990/1***	***2006/7***	***1990/1***	***2006/7***
Grades 0-5	21.4 (N=220)	42.5 (N=261)	6.0 (N=819)	33.1 (N=960)	9.3 (N=1039)	35.1 (N=1221)
Grades 8-11	41.4 (N=93)	56.5 (N=197)	39.0 (N=55)	50.4 (N=158)	40.5 (N=148)	49.5 (N=355)
Grades 12 and above	46.3 (N=48)	42.2 (N=139)	37.0 (N=5)	40.0 (N=52)	45.5 (N=53)	41.8 (N=191)

Sources: DHS 1990/1 &2006/7

The qualitative interviews reflected similar patterns in contraceptive use. The ever-use of contraception among the older generation was around 36% (16 out of 44 mothers and mothers-in-law) whereas 80% of young women reported that they used at least one method of contraception. There were almost no differences in ever-use of contraception among young women by educational level or by rural/urban location. There were, however, differences in types of contraceptive methods used among different groups, which is discussed in the next section.

4.5.2 Changes in method mix

Table 4.7 shows the change in method mix among married, non-pregnant young women in Punjab and by rural and urban residence. The table indicates that there was an increase in use of temporary methods of contraception between 1990/1 and 2006/7, when temporary methods were used by around 85% of contraceptive users. Within temporary methods, use of non-hormonal and couple-based methods (condoms and traditional methods such as periodic abstinence and withdrawal) was higher than use of hormonal ones (pills and injections). The percentage of young women who used the IUD (19.3%) in 1990/1 had almost halved to 11.1% in 2006/7.[123]

[123] Pakistan diverges from most developing countries where reliance on traditional contraceptive methods has been in decline since the 1980s and condom use has been consistently low at around five to six percent (Seiber *et al* 2007).

In rural areas, the IUD was the most used temporary method in 1990/1, but in 2006/7 it was replaced by traditional methods including periodic abstinence and withdrawal (30.5%). Condom was the second most preferred method in rural areas in both years. The rates for female sterilisation, which declined in urban areas between 1990/1 and 2006/7, also increased in rural areas and surpassed the percentage of women who were sterilised in urban areas.

In urban areas, nine out of ten contraceptive users were using a temporary method in 2006/7. Condom was the most preferred method followed by traditional methods in both years.

Table 4.7: Method mix among married non-pregnant young Punjabi women (aged 25-34), 1990/1 & 2006/7

	Urban		Rural		Punjab	
Method/year	***1990/1***	***2006/7***	***1990/1***	***2006/7***	***1990/1***	***2006/7***
CPR	*29.8*	*47.0*	*8.2*	*33.8*	*14.6*	*38.2*
Pill	4.7	8.4	5.3	5.4	5.0	6.6
IUD	13.7	8.5	27.9	12.9	19.3	11.1
Injections	1.7	5.2	6.4	10.9	3.6	8.6
Condom	36.8	35.2	25.4	23.3	32.3	28.2
Traditional methods	28.5	33.1	19.9	30.5	25.1	31.6
Female Sterilisation	14.6	9.5	15.0	17.0	14.7	13.9
Total	100.0	100.0	100.0	100.0	100.0	100.0
N	113	289	75	411	188	700

Note: Traditional methods include periodic abstinence and withdrawal. Table 4.6 does not include male sterilisation and other methods as their use was very low.
Sources: DHS 1990/1 & 2006/7

Table 4.8 shows the change in method mix by level of schooling and indicates that despite the fact that the use of temporary contraception remains lowest among uneducated women, there have been notable increases in each method used, except IUD, which halved from 23.8% in 1990/1 to 12% in 2006/7. After this decline, the most common methods used in 2006/7 among uneducated women were traditional methods (31.1%), followed by female sterilisation (19.5%) and condom (19.4%).

Women who completed grades 8-11 were less likely to use sterilisation and IUD in 2006/7 than in 1990/1. This group, however, showed greater preference for traditional methods, with usage increasing from 19.1% in 1990/1 to 33.7% in 2006/7.

Notable differences among young Punjabi women who completed grades 12 and above were a decrease in their overall contraceptive prevalence rates, and a decrease in their reliance on traditional methods, which had become the most preferred methods among women with lower educational attainment levels. Condom was the most preferred method: four in every ten highly educated young Punjabi women preferred condoms if they were using a method. Highly educated women have also shown notable increased preference for IUDs and pills.

Table 4.8: Method mix among Punjabi women aged 25-34 by schooling, 1990/1 & 2006/7

	Grades 0-5		Grades 8-11		Grades 12 and above	
Method/year	***1990/1***	***2006/7***	***1990/1***	***2006/7***	***1990/1***	***2006/7***
CPR	*9.3*	*35.1*	*40.5*	*49.5*	*45.5*	*41.8*
Pill	7.0	7.1	4.2	3.6	0.2	11.5
IUD	23.8	12.0	19.3	9.0	6.6	11.6
Injections	4.6	10.9	3.7	6.8	0.0	1.4
Condom	22.6	19.4	38.7	41.0	49.0	43.6
Traditional methods	24.7	31.1	19.1	33.7	44.1	30.4
Female Sterilisation	17.3	19.5	15.0	5.8	0.0	1.6
Total	100.0	100.0	100.0	100.0	100.0	100.0
N	96	429	60	176	24	80

Note: Traditional methods include periodic abstinence and withdrawal. Table 4.7 does not include male sterilisation and other methods as their use was very low.
Sources: DHS 1990/1 & 2006/7

The qualitative interviews also reflected the shift from low use of sterilisation as a contraceptive method among the older generation to high use of temporary methods (mainly condoms) among the younger generation. The interviews provided some insights into the reasons for a preference for some methods over others.

Sterilisation – variously referred to as *nasbandī, band karwanā*, *operation* or *ćhoṭī operation* – was the most common method used among the older generation. Ten older women had used sterilisation; most of them lived in rural areas and had low or very little education. Among these, those who lived in urban areas also mentioned using temporary methods unsuccessfully before having the operation. Five other

women used a temporary method, but not always regularly. Those who did, who were also the ones who spent most of their fertility careers in rural areas, explained their reasons for not using contraception by their lack of knowledge about the availability of contraceptives and the perception that contraception was a *gunāh* (sin).

> It [contraception] is *gunāh* in Islam, and [previously] men used to tell their wives 'don't do it, it is *Allah*'s *marẓī* how many we have.'
>
> Gulsum's M (60/R/0/5D)

Most of the young women were using condoms. Only some of them were using pills, and injections. Three had been sterilised; none of these had completed more than primary education. All had access to a variety of contraceptives and except one, none considered contraception as *gunāh*.

The access and acceptability of methods in a country are influenced by a number of factors varying from programmatic to individual.[124] Chapter 6 discusses the expansion and evolution of policies and programmes and its possible role in contraceptive method preferences, also revealing provider biases towards non-hormonal methods. Here, reflecting on the preferences and perceptions of young women, I identify individual reasons for higher preference for traditional methods and condoms among young women in Punjab.

First of all, young women had concerns with regard to the use of pills, injections and IUD, which stemmed from general perceptions and personal experiences. These concerns were mostly related to their own health. The common concerns about pills and injections were irregularity of menstruation, heavy or decreased bleeding during menstruation, and *jism phūlnā* (weight gain). They also mentioned that they did not like the risk posed by forgetting to take pills. IUD, although considered advantageous by providing long-term protection and allowing for more secrecy, was not preferred due to its side effects, including heavy bleeding and infections. Some women were

[124] According to Sullivan *et al* (2006) these factors can be divided into five categories: a) policies and programmes; b) provider biases; c) length of availability of the method; d) property of method; and e) client characteristics.

also under the impression, as a result of rumours, that the IUD would travel in the body and make them susceptible to disease and obesity. During their interviews, husbands also mentioned their preference for condoms in order to prevent any risk to their wives' health. Given these drawbacks and preferences, the most desirable, easily available modern method that would not endanger the health of women was the condom in addition to traditional methods.

Another factor which partially explains the increasing preference for traditional methods is religious proclivity. The qualitative interviews indicated that breastfeeding and withdrawal were increasingly accepted as contraceptive methods among the younger generation and were also defined as "Islamic methods".

Considering the low use of contraception and the growing preference for "Islamic methods", not every woman was able to regulate her reproduction effectively. After the first birth, young women, who relied on breastfeeding as a contraceptive method, tended to have a mistimed pregnancy. The qualitative data also indicate that in case of a mistimed pregnancy, abortion was considered by almost all young women.

4.6 Induced abortion as a contraceptive method

> Now here very close to our home [there is a hospital offering abortion services], we used to look for and could not find easily when I had my cases... Here some people, Christian people, have built a hospital. Women go there and get it [their uterus] *cleared* [in English] and come back home, nobody knows. I [myself] accompanied many women [there]. Now we have it in our town and now people are benefiting from it.
>
> Meena's HM (58/U/Gr14/2S1D)

Abortion is illegal in Pakistan, unless it is conducted to save the life of the woman or to provide treatment to her.[125] A very small number of studies estimate the prevalence of induced abortion, and none allow for consistent estimation of trends

[125] Until 1990, abortion was a crime unless it was performed to save the life of the mother. Currently under the Penal Code Section 338, abortions before the formation of foetal organs (four months according to Islamic Law) are prohibited unless the mother's life is in danger or a treatment is necessary. After four months of pregnancy, abortions are only allowed if the mother's life is in danger.

over time.[126] Those studies that claim there is an increasing prevalence of inducted abortions are based on statistical evidence of decreasing family sizes despite increasing unmet need for contraception (Sathar *et al* 2007), and anecdotal evidence such as "it is well known within the medical community that induced abortions are not only happening, but at a high rate" (Kamran *et al* 2012: S39). According to one national study conducted in 2002, 14 out of 100 pregnancies end in induced abortions (Sathar *et al* 2007), and a recent study detected an abortion rate of 14.8% (Gazdar *et al* 2012).[127]

My fieldwork also suggests that induced abortions are increasingly practiced and accepted as a family planning method for spacing births. The changing mindset with regard to the cultural acceptability of abortion was also evident in the language used during the interviews. The words used by the older generation indicated a "waste", social disapproval, or the destruction of the foetus, such as *zāya karānā* (to get it wasted), *qatl karna* (to murder) and *girānā* (to get it dropped). The use of the word *sāfāi karānā* (to get the uterus cleaned), particularly by the younger women, indicated that abortion was moving away from being socially negative and was perceived as a practice that affected women's uterus rather than "murdering" or "wasting" a child.

> In our time it was considered as you committed a very big *gunāh* when you were having a child and get it *zāya karānā*. Nowadays, they keep on having abortions. Although it is *qatl*, call it small or big, murder is murder. Women *sāfāi karānā* and a healthy child *k̲h̲atm ho-jānā* (to become finished).
>
> Farida's HM (50s/U/0/3S4D)

There were very few reported cases of induced abortion among older the generation. Only two women mentioned abortion as a method they had used repeatedly for

[126] Despite having a few studies on induced abortions, a large number of studies conducted on unsafe abortions, post-abortion care or complications and characteristics of abortion seekers across the country. For some examples see Farida *et al* (2012); Shah *et al* (2011), Shaikh *et al* (2010) and Sathar *et al* (2013).

[127] The methods used for data collection are not the same and therefore the studies are not comparable. For a summary of available community-based studies on induced abortions see Khan (2013). A recent national level study also shows an increase in post-abortion complications between 2002 and 2012, despite the increasing use of less-invasive techniques and medical abortion (Sathar *et al* 2013)

controlling family size, and three others had used it once. In all of these cases abortion was elected after "completing the family".

Among the younger generation, on the other hand, abortion was thought to be necessary if there was a mistimed pregnancy. These young women were mostly concerned that they would not be complying with already established cultural norms in rural and urban Sargodha if they had a closely spaced birth.

Abortions also became easier to access. While older generations mentioned difficulties in finding services for abortion and had the option of just one surgical method (dilation and curettage), younger women, such as Sameena, could access abortion services in most of the private hospitals and could elect for either surgical or medical abortion.[128]

> When I had my son, I returned back home [from my natal home] and got pregnant again, it was only one or two days [after coming back]. Then my husband bought medicines saying 'how you can have another one so soon'. I had the medicine.
>
> Sameena (33/U/0/2S1D)

4.7 Conclusion

This chapter has presented the differences in fertility preferences and behaviour of two generations of women. There have been notable shifts in the locus of fertility control. Older women did not have certain preferences for numbers, sex composition or timings of births, and rarely opted for family planning methods. Younger women, in contrast, usually wanted to have a small family with at least one son and one daughter, to have the first birth as soon as possible after the marriage, and to have at least three years of spacing between births. They were also more likely to opt for contraception, with preferences for specific methods, or to regulate their fertility through abortion. Young women perceived that they had a say in fertility decisions,

[128] The surgical procedures include manual vacuum aspiration, electric vacuum aspiration and dilatation and curettage. The medical procedures include oral and vaginal drugs. Sathar *et al* (2013), shows that dilation and curettage is the most frequent method used in Pakistan, and the use of misoprostol drug has also become prominent between the years 2002 and 2012.

as indicated by the often-used word *ḥaqq*. Older women perceived reproduction to be in the hands of God, that is, uncontrollable because they were either unaware of the possibility of controlling their fertility, or did not have access to family planning services. In addition, in a context where large families were the norm, spacing of births was not considered important.

Although there were differences in fertility preferences and behaviour along the lines of rural/urban and educated/less educated/uneducated, these differentials were closing very rapidly. As such, the fertility transition in Punjab is now mainly driven by the changes in preferences and behaviour of rural and uneducated young women.

The next two chapters focus on explaining the changes in women's fertility preferences and behaviour by examining their accounts of the reasons for change.

5. Security to mobility: Explaining motivations for desires for a *ćhoṭī* (small) family

One of the main differences between the two generations, as Chapter 4 shows, was the fertility preferences with regard to number of children. While the majority of older women did not report specific preferences with regard to family size, having a *ćhoṭī* family had become the norm among the young women in both rural and urban areas, irrespective of level of educational attainment.

During our interviews, the young women were asked to compare the number of children they had with that of their mothers and mothers-in-law. All reported that the older women had a considerably higher number of children. They also stated that they preferred to have *ćhoṭī* families. The young women were then probed about the reasons for their preferences for *ćhoṭī* families, and the older women were asked to reflect on why they did not prefer *ćhoṭī* families and why the younger women did. This chapter describes the women's perceptions and explanations of the reasons for intergenerational differences in fertility preferences with regard to number of children. It then assesses what these differences suggest about the motivations behind desires for smaller families in Punjab.

I show that the increased cost of having and rearing children was a main motivator for preference for smaller family size. I argue that although the women considered this increased economic pressure on households to be a result of *mehaṅgāi* (increased costs of living), this was only one side of the coin. The economic pressure was also associated with rising standards of living, as well as the increasing aspirations of the young generation for a "better" life for themselves and their children. Given both sides of the coin, households and particularly young parents had to strategise the number of children they had in order to be at least *guẕāra karnā* (subsist) or "secure", that is, able to keep abreast of rising standards of living and their associated costs while contributing towards children's economic and social mobility, mainly through schooling.

The chapter is divided into four sections. The first section presents the stories of three young women, their mothers and mothers-in-law, and their explanations of why young women desire a *ćhoṭī* family. In addition to providing an introduction to the main findings which are detailed in the sections which follow, this section highlights the degree of similarity in the reasons provided by the three young women, despite the fact that they were living in different communities and had different educational and economic backgrounds. The second section unpacks the components of *mehaṅgāi* and uses the accounts of both generations to show how children have become more expensive for their parents. The section also identifies the associations of each component of *mehaṅgāi* with wider social, economic, technological and infrastructural changes, to show how these changes were related to improving living standards and young women's aspirations for a better life. The next section focuses on the ways in which women's aspirations for themselves and their children have changed over time/differ between the generations. The chapter then concludes with an assessment of what these findings suggest about the motivations behind desires for *ćhoṭī* families.

5.1 Sameena, Afaf and Gulsum: Three different lives, similar aspirations

Sameena was a 33 year old uneducated woman from Sargodha city. She left formal education during primary school when her father passed away, as she had to help her mother to earn a living and educate her five brothers. Sameena's husband was also uneducated. He was a daily labourer, selling utensils on a cart on the streets. His earnings were dependent on the daily sales; sometimes he earned 1,000 Rupees and sometimes nothing at all for many days. The couple lived in a very poor area in a shared small house with Sameena's HyB and his family. The expenditures of the two families were managed separately and Sameena's husband was the single earner of their household.

Sameena had two sons and a daughter. She and her husband desired to have only two children as she used to get sick during pregnancy, and they could not afford more than two children given the *mehaṅgāi*. Everything was becoming more expensive

and they had to provide *good* food and *good* education for their children. Sameena considered her third child to be the will of God. Although her husband wanted her to have an abortion, she insisted on keeping the baby, and God gifted them with another son. Her HM and mother were concerned about Sameena's health as her pregnancies were difficult. They told her not to have more children. During her interview, Sameena's HM told us that she advised her all daughters-in-law not to have more than four children as there was no *fā'ida* (benefit) of having many children.

> There is no *fā'ida* of having many children, [particularly at a time] when a person cannot even fulfil their [children's] needs of simple *roṭī* (flat bread), leave aside their educational needs which is a matter for later. Nowadays the poor can hardly manage to pay the food expenses...the more children one has, the more expenses he has to bear.

Food expenses were also a problem for Sameena. She particularly complained about the pocket money spent by her children and said that one child spent 50-60 Rupees per day, which was equivalent to the amount spent on one *hāndī* (a pot of food). Although Sameena complained that her children spent more than the children of rich families spent, she was content that her children could eat and drink well.

> *Mā shā' allāh*, he [husband] is a labourer but our children do not miss anything in *khānā pīnā* (food and drinks). Nobody spends as much as our children spend, even the rich ones.

Other costs, such as those associated with healthcare and schooling, also made children more expensive for Sameena.

Unlike her mother and mother-in-law, Sameena received regular ante-natal check-ups. She opted to give birth to all of her children in a fully equipped health facility: a nearby government centre, which cost around 5,000 Rupees per birth for services and medicines. She said that if her husband was away for work during her pregnancy, he would leave some money with her in case of need so that *dukh na ho* (she would not face grief).

> Nowadays, you know *dā'ī* (untrained midwife) ruins the *case* [childbirth] and then sends one to hospital... Our family say that one should not have any

> problem like this. My *k̲h̲ālā* [MZ, also HM] is scared from this [adversity during delivery]. She [HM] says money should be spent but our sons and daughters should not face grief.

Sameena and her husband always preferred going to private doctors and hospitals for matters relating to their children's health. For example, when Sameena's daughter had a problem with her eyes (later diagnosed as cataract), they went to a private hospital in Sargodha first and then had the surgery in another private hospital in Faisalabad city.

The cost of schooling of Sameena's children was the main pressure on the family's budget. Sameena's son attended a private school and her daughter went to a *sarkārī* (government) school. The children moved schools a number of times, mainly shifting between private schools, which incurred costs of readmission. Sameena said that her daughter, who was in nursery, was very good in her studies, but her son, who was in preparatory, was not. Although Sameena was trying hard to support her son's schooling and had started to send him to private tuition, he was behind his age group and possibly would not be able to enrol in a better private school that Sameena wished him to eventually attend.

> I arranged [private] tuitions for him. From my *k̲h̲arća* (expenses for the household), the money that their father gives me, I pay for his tuition fees. We already have enough expenses and now I also have to pay this [tuition fees]...As much as we could afford, they should study. Otherwise they will say they [parents] did not study themselves and they did not make us study as well.

Sameena considered three children to be *bahut* (plentiful/more than enough) as she believed parents must think about their children's future even if they are from a poor family. She wanted her children to be important and respectable people. She said "If their upbringing and schooling is good, then they will be able to become *kućh* (someone)". She also desired her children to have a better life than she and her husband had, and she believed this would only be possible if they received education, found good jobs, and were able buy their own homes. She said her husband was more concerned than her about the children's schooling and that he talked a lot about how he would arrange and pay for it.

> One needs to be able to *parwarish* (nurture), educate and make them *baṛe aur naik insān* (important and respectable persons). It should not be the case that on one side you are doing labour and on the other side have as many as children you can, so that you cannot even provide for one meal in a day.

Sameena desired to have her own *'alāḥida ghar* (separate house) like the one her HyB had built for his family, although she did not think that they could afford it in the near future as they had to prioritise their children's schooling.

Afaf was from a low-income family. She studied to *matric* level and had to leave her schooling after losing her father. She married Adeel when she was 22. Adeel studied to primary level and was working as a trainer in a local fitness centre. Afaf was living with her husband, two daughters, parents-in-law and one unmarried HyB in a small two storey house in one of the urban communities.

She and her husband wanted to have two or three children at most as they wanted to ensure a *good* upbringing for their children. She said there was no benefit of having more children. Even four children, as desired by her mother-in-law, was too much for her and her husband since they wanted to give them *good* clothing and *good* education.

> Now there is [the concept of] *aććhī tarbiyat* (good upbringing)…We are the ones to educate them [children] and deal with their upbringing. Now it is not like give birth to a child and leave him. We have to provide good clothes and good education to them... Now even *g̲arīb se g̲arīb* (very poor) households educate their children well.

Although the costs of schooling the children were her main concern, Afaf said it was also expensive to give birth to a child. During both of her pregnancies, Afaf received regular ante-natal check-ups at the government hospital. She went to many doctors during her the first couple of months of her first pregnancy until she decided to continue with Dr Aliya, who was working at a government hospital. Dr Aliya, however, advised her to have a *baṛā operation* (caesarean section). Afaf then decided to deliver her first daughter at home as she was scared about giving birth in hospital and the possible costs of *operation*, which the couple could not afford. Afaf went

into labour at home and called the *dā'ī.* After 12 hours the *dā'ī* asked Afaf to go to a hospital, saying she could not manage the birth any more. The doctors were upset with the *dā'ī* and told her that the mother and baby were in serious danger and that a C-section may be required. Afaf was then checked by another doctor, who managed to give her the normal delivery she wanted. The couple paid only 5,000 Rupees, unlike Afaf's HeBW who paid around 50,000 Rupees for the *baṛā operation*.

> We couldn't afford it. Let's say even if one can afford the first time, but then has to think about the next...My sister-in-law (HeBW) had two *baṛā operations*... She has a ten year old son and a seven year old daughter. Now she is scared to have the third one [due to cost]. She says if she has 40-50,000 Rupees then she will have another one in a private hospital. She doesn't want to go to a government hospital.

During Afaf's mother-in-law's interview, Afaf's HeBW also explained why she had only two kids by saying: "We cannot afford the hospital fees...Now we can't have another child because my husband's pocket does not allow us."

Afaf's mother wanted Afaf to have a son but she never communicated this to Afaf because she felt that everything depended on the budget and that most young women were scared of having more children because of *mehaṅgāi.* Her concerns were also related to the cost of schooling and healthcare.

> People didn't consider before. Now *mehaṅgāi* is so high. People did not think about it before because it was not expensive, nor was there [need for] education...It is only *mehaṅgāi* that makes them have *tora baćhā* (a small number of children). People do not have [financial] *gunjāyish* (capacity) but they might also have to pay for operation every time.

Afaf wanted her daughters to attain a good education, as she believed this would enable them to marry into a good family and thus have a good life.

> If they study well then they will have a good future. They will marry to a good place, they will have a good home. This is what one thinks for their daughters, that they have a good future... Everything happens if they study well.

She did not have any specific desires for herself. During my last visit to Sargodha, I sought to interview Afaf's husband as well. However, he was busy as they had

bought some land close to where Afaf's mother lived and were planning to start the construction of their home.

Gulsum was a highly educated young woman from an affluent family in the rural area. She studied to Grade 12 in the village and continued her schooling in a women's college in Sargodha city, commuting to the city every day with her father. After college, she also completed a Bachelor's degree in Education (Grade 14) from Allama Iqbal Open University, and worked as a teacher in a private school in her village until she got married. Gulsum was one of the five daughters of a land-owning family and her father distributed *eight murabba* (200 acres) of land among five sisters when all got married. All of her sisters studied to the same level as she did, and three of them were working as teachers, even after their marriages. When her children started their schooling, Gulsum also wanted to go back to teaching. Her father had studied to Grade 10 and was a retired teacher from a government school. Gulsum's mother, however, had never been to school as she had grown up in a remote rural area in Sindh, where there were no schools for girls.

Gulsum was 29 years old when she married Abbas, who was an engineer working the mills of an international company. He was staying in Faisalabad and visiting his family every weekend. Gulsum was staying in her natal home during weekdays and visiting her affinal home when her husband was present. They had one son and one daughter, which was exactly what her husband had desired from the beginning of their marriage.

> He says "I have made my mind. If you have five, five [children] but you cannot educate them well, you do not have the right to have five children then. It is better to have two and give them the best [possible] education, and marry them." In his family one of his brothers has one son and one daughter, but the other one has five: four daughters and a son. He is worried a lot for him that he has five [laughing]...I tell him "Don't worry; they don't worry as much as you do". But he says "they need to be married, how will we manage it" I tell him it is the problem of those who gave birth to them.

The only income that Gulsum's HB was earning was from the small land he owned, and therefore Gulsum's husband had to support his brother's family from his income. Gulsum, therefore, had to receive financial support from her own family.

Gulsum had two children within three years of her marriage. She had her daughter first and got pregnant with her son ten months after her daughter's birth, as she wanted to give her husband a son as soon as possible. Unlike her mother, who did not receive antenatal check-ups and delivered all of her children at home with the help of a *dā'ī*, Gulsum required regular check-ups with a well-known doctor in the city. Gulsum's mother said that at the time she had her children, she did not have access to a car, a scooter or local transport, and the roads were in poor condition, so women could not go to hospitals for childbirth. Gulsum, however, could go for a check-up every week and had the option of attending private hospitals. She delivered both of her children in a private hospital although the costs were very high. Gulsum believed that her doctor was the best and therefore deserved the money spent.

> Gulsum: My children had some problems, they did not move for the whole nine months. I had to go to the doctor every weekend for an ultrasound check-up... Both of my children were born through caesarean operation.
> FB: Where did you go?
> Gulsum: Dr Nusrat in National Hospital.
> FB: Was it private?
> Gulsum: Yes, it was.
> FB: How much did it cost you for the check-up?
> Gulsum: Dr Nusrat's fees were 500 Rupees, the tests and ultrasound cost around 1,000-1,200 Rupees, and if you add the medicines, it was around 2,000-3,000 Rupees.
> FB: Did you have to pay this every week?
> Gulsum: Yes, I had to pay it every week.
> FB: And the caesarean?
> Gulsum: It came to around 40,000-50,000. I mean she was the first trained doctor of Sargodha, but she is very deserving...she is the best.

Gulsum's son had a problem with his bones. Although it was not visible and did not have an impact on his health, Gulsum was also trying to find the best possible treatment for her son in a private facility. She had already visited a large number of private doctors not only in Sargodha but also in other large cities like Faisalabad, Islamabad and Lahore.

Her children were too young to start their schooling but Gulsum had already planned it. She was considering moving to the city in order to send her children to the best schools available in the district. For her, it was important for her children to receive the *best schooling*, not only to facilitate their access to the best jobs but also to provide them with awareness and skills to fight for their rights.

> Gulsum: I will try to educate them in good schools. I will try Beacon [Beacon House private school system, which is available at the national level and is a high-cost private school with a very good reputation]... My husband also thinks the same, to give the best education [to them]. Therefore we are shifting to Sargodha.
> F.B: You mean to the city?
> Gulsum: Yes, we [my natal family] have a house there. We will go there and try to educate them in the best schools so that they can stand on their own feet strongly.

In general, Gulsum did not experience the kind of financial difficulties that Sameena and Afaf did. However, like them, she was concerned about the high costs of bearing and rearing children. She considered her family to be complete because the era of *āzādī* (freedom) was over.

> One has lots of desires to educate their children, but for that you also need financial resources. My husband is the single earner of his household, so he has to give [money] to his two brothers, parents and he also supports his sister. It would not be a problem as such if it was only about us. ..Now, whatever needs to be done has to be done by me and by my family...My other sisters are well, I am the only one who has some problem. My husband earns very well but then he has to support his family... The times of *āzādī* are over, one has to think a lot before taking a step...I mean there [Beacon house] the fees for children are very high, and it [their schooling] is going to last long as well, I mean until their schooling is over. Then there will the problem of their tuition [private] as well.

During her interview, Gulsum's HM talked about how expensive the cost of living had become as compared to when she was young. She remarked that the family had to spend daily 400 Rupees on vegetables. She also complained about her daughters-in-law, who were spending a lot on clothes that they would only wear a couple of times. She said that Gulsum would not come back from market before spending

8,000 Rupees on herself and 15-17,000 on her children's clothing. They, as family, also preferred to send the children to private schools. Considering all these factors, Gulsum's HM perceived that having many children was troublesome. Unlike most of the mothers-in-law we interviewed, she was satisfied with the number of children her daughters-in-law had, since they had at least one from each sex. She added:

> You know everything and how expensive it is. If you have many children, you have many *muṣībat* (troubles)... It was not a problem before. It was not expensive and people did not care about it then.

Sameena, Afaf and Gulsum were three young women from Sargodha with different educational, economic and geographical backgrounds and circumstances. Despite their differences, the reasons they discussed for preferring *ćhoṭī* families were very similar: economic pressures on their budgets as children became more expensive with *mehaṅgāi*. They also wanted to have a better life and provide better opportunities for their children, and perceived that having a *ćhoṭī* family was the only way to attain such aspirations, particularly given the expense of having and rearing children. There were some nuances in their aspirations; however, these were mostly dependent on the economic status of the households and perceived economic affordability of the particular aspiration. Sameena and Afaf defined their aspirations by using words like "good" or "better", whereas Gulsum's words were "the best".

Indeed, during our interviews, most of young women explained their desires for a *ćhoṭī* family with very similar accounts to those of Sameena, Afaf and Gulsum. *Mehaṅgāi* was the main reason reported for declining family size desires by almost all the interviewees. According to older women, m*ehaṅgāi* made the younger generation *samajhdār* (perceptive) and *'aql-mand* (intelligent). As compared to the previous generation, the younger women felt compelled to plan their families according to the expenses incurred by children and the limits of their budgets. As Sameena's HM stated, there was no benefit of having many children for the current generation, particularly if the parents' budget was tight and they could not even provide food. Given the increasing cost of children, having "more than enough" children would cause trouble for the household economy.

The above examples also show that although these economic pressures at the household level were used to explain smaller family sizes among the younger generation, living conditions were rapidly improving and the aspirations of the young women were different to those of the older generation. In addition to wanting their household members to eat well and wear nice clothes, the young women also preferred to utilise the better healthcare services available to them. They wanted to possess whatever was necessary for a family to live well and regarded a house as one such necessity. Sameena wanted her own home, Afaf and her husband had bought land to start building their home, and Gulsum was going to move to a house that belonged to her father. All three women wanted their children to have better lives than they had, and schooling was seen as the main route to strong future prospects, through facilitating good employment for their sons and good marriages for their daughters.

The following section unpacks *mehaṅgāi*, describing how children became an expense or came to be seen as expensive to their parents.

5.2 Unpacking *mehaṅgāi*: what made children expensive?

In the women's accounts, *mehaṅgāi* was associated with an increase in three main costs which led the younger generation to perceive children as expensive and thus desire smaller family sizes. These costs included a) household expenditure, particularly on food and clothing items, which made it difficult to fulfil the basic needs of large families; b) childbirth, which literally made having children expensive and; c) schooling of children, which made childrearing expensive. In addition to these immediate costs, concerns about marriage and dowry expenses were also evident in the interviewees' accounts. Such expenses were not considered to be part of the immediate costs and thus the *mehaṅgāi* felt by the household, but were rather non-immediate future costs that required contemplation, particularly when the young couple had more than enough daughters, as was the case for Afaf and Gulsum's HyBW.

5.2.1 Increased general household expenditures: Food and clothing

One of the components of *mehaṅgāi* was the increased costs of general household expenditures – particularly food and clothing – which placed pressure on the household economy.

Concerns about the increasing cost of food items were mostly verbalised by the older women, who were responsible for handling the general household expenditures and therefore most likely to perceive pressures on the household budget.[129] The older women said that *mehaṅgāi* was not something they had felt or heard of when they were young. Most had produced basic food items, such as eggs, milk, wheat and rice, at home, and therefore had always been able to feed their children. Safia's mother, for example, remarked that as sustenance was always available, it was possible to bring up six children.

> I had six children. If one has six kids now, how they will bring them up?...When we were young we didn't feel this [*mehaṅgāi*], now we realise that at that time *rizq* (sustenance) was available and *mehaṅgāi* was not high.
>
> Safia's M (40s/U/Gr5/3S3D)

> Because of *mehaṅgāi,* they [young women] cannot give birth to many children...With this *mehaṅgāi* how can one feed many children?
>
> Aafia's HM (70/R/0/5S3D)

Most of the young women identified the economic pressure on their budgets due to increasing costs of living as the main reason for having *ćhoṭī* family. *Mehaṅgāi* was the main issue that made it difficult for women to "make ends meet". As the following extracts from the interviews with Nafisa and Sonia show, the young women tended to believe that in the past, living costs were lower and people could manage with less money.

[129] The general household expenditures were mostly run by the mother-in-law, who was given a certain amount of money each month by almost all working family members. The other regular or extraordinary expenses, like schooling and healthcare costs, were mostly covered by the parents of the children. This allowed young couples to have a greater say in the types of healthcare and schooling services they utilised.

> We can't make ends meet. To deliver a child is difficult, but to bring them up is more difficult... They say it was not expensive before, even with a small amount of money they used to manage and even save some money. With 30,000-40,000 Rupees we can't make ends meet now. Money finishes before the month ends. We don't even eat *high-fi* (luxury) food, only *dāl* (pulses) and *roṭī*.
>
> Nafisa (30/U/Gr10/1S3D)

> Now *mehaṅgāi* is increasing and *ḵẖarća pūrā nāhi hona* (cannot make ends meet). Previously it was *sastī* (cheap) and people used to *guẕāra karnā* (subsist) even with less. Now even if you have more [money] you cannot manage.
>
> Sonia (28/R/Gr5/3S1D)

The economic pressures on the household economy were felt by everyone, but in different ways. Women in more affluent households faced challenges in reaching their aim of attaining the best of everything, whereas for young women in relatively poor households it was a struggle to achieve the basic standards of living. Sameena, for example, had to limit her household expenses to pay for her son's tuition fees, but could still make ends meet and provide good food and education for her three children. Aafia (35/R/Gr2/4S4D), who had the highest number of children among the young women interviewed, however, was facing major financial problems and had to ask for financial support from her mother and HyB in order to pay for daily expenditures. Whenever she had to take her children to the doctor she would have to borrow money from others, as her husband was a barber and could not earn enough to support a household of ten people. Aafia reported with regret that life would have been easier if they had only two or three children like everyone else.

Most of the women, both young and old, compared the current prices of food items like flour, cooking oil, milk and eggs with the prices of the previous year, to demonstrate the strength of *mehaṅgāi*. *Mehaṅgāi* was partially associated with rising consumer prices (see Appendix N), particularly since the mid-2000s. Its pressure on the household budget was felt strongly by our participants in 2010/11, when we conducted our fieldwork. But undoubtedly, *mehaṅgāi* was not only related to price inflation. There were also notable improvements in the facilities, services and goods that the two generations had access to, and in how these improved their living

conditions. As general living standards rose, people's aspirations to reach these higher standards or at least not fall behind also rose. This led to changes in the consumption patterns of the young generation and thus pressures on household economies.

Improving living standards, higher aspirations, and increasing costs

Since the 1990s, there have been notable socio-economic developments in Punjab, such as:

- increased availability of physical infrastructures like roads, electricity, schools and hospitals;
- improvements in communications technologies, mainly television broadcasting and cable TV networks, and mobile phone networks;
- availability and spread of new technologies like TVs, fridges, mobile phones and washing machines;
- spread of the private sector, particularly in education and health.

These developments, while improving the standard of living in both rural and urban areas, affected the nature of household economies and the consumption patterns of the household members. The spread of market forces, particularly private companies, undermined the rural subsistence household economies that most of the older women had been a part of when they were young. Money, as Sonia and Nafisa mentioned above, became important in running the household as access to basic services and technologies was a requirement for most young women. While Table 5.1 reflects some of these changes in terms of the availability and ownership of selected facilities, the following bullet points summarise the differences in living styles between the young women today, and their mothers and mothers-in-law when they were young.

- The food items that were previously produced at home became available in shops in both rural and urban areas. Packed snacks, juice,

coke and biscuits were some of the products bought by children during our interviews.

- Electricity, and thus electrical and electronic household commodities like fridges, freezers, televisions, and washing machines, became available and common.
- Home-produced fuel (dung cakes) was increasingly replaced by wood, coal and gas cylinders. Certain urban areas also had access to piped natural gas.
- Mud houses were replaced by cement/brick houses.
- Improvements in rural road networks and increased ownership of modes of transport made access to urban areas and all the services and goods offered there possible.
- In urban areas branded clothing, shopping plazas, and restaurants offering variety of cuisines (local food, fast food, Italian and Chinese) became available.
- Cable TV, although adding an extra cost of at least 300 Rupees per month, entered most houses in urban and rural areas.
- In addition to the expansion and improvements in the government sector services, the private sector expanded substantially in health and education, which also augmented the costs of schooling and healthcare.

Table 5.1: Percentage of young Punjabi women aged 25-34 who reported availability/ownership of selected facilities, 1990/1 & 2006/7

	Urban		Rural	
Facilities/year	***1990/1***	***2006/7***	***1990/1***	***2006/7***
Has electricity	93.4	96.4	48.7	83.4
Has cement/brick walls	83.3	87.5	26.4	61.7
Ownership of				
TV	62.6	80.2	12.3	48.4
Refrigerator	38.7	61.9	3.7	28.6
Motorcycle/Scooter	21.9	37.7	3.7	19.2
Car	N/A	11.2	N/A	6.0
N	463	734	1,142	1,462

Sources: DHS 1990/1 & 2006/7

These developments contributed to increasing costs of living by changing consumption patterns and improving living standards. During our interviews, young women reported that as compared to the previous generation, the era that they were living in was more developed, and they had access to more *sahūlat* (facilities). The *sahūlat* the women talked about included a variety of food items, readymade clothing available in nearby shops, technological goods (electricity, television, mobile phones, washing machines, air conditioners) and institutional facilities (particularly schools and healthcare institutions). As Aleena reported, these developments changed their lifestyles and their aspirations regarding childrearing.

> Everything has changed by time. If you look at the previous generation, parents neither had to spend for education expenses nor had the facilities [we had]. Now you have to educate your children, then buy dresses and this and that…Old times were old times, and it was not this *developed* [in English] and the way we have *taraqqī karnā* (to develop/improve), we have also changed and our *rahnā ka style* (lifestyle) has changed.
>
> Aleena (24/R/Gr14/1D)

Older women, on the other hand, talked about the lack of *sahūlat* and the simplicity of their lives. They felt that people had been able to manage with less money: They had cows for milk, chicken for eggs and most importantly they would be content with less.

> I told her [Ghazala], that daughter, the ones [children] you have are enough. God should give them a long life and *rozī* (daily sustenance). I also tell the same to my daughters-in-law. They have complete 2 sons and 2 daughters. They say mother you [yourself] had so many children. I tell them it was a different time then and it is different now. At that time everything was *sāda* (simple). You would make chutney and eat it with *sukkī* (dry) *roṭī*, now it is not the same.
>
> Ghazala's M (50s/R/0/5S4D)

Ghazala's mother's account suggests two things: young women were no longer living in a "simple" era as their mothers had; and young women would not be content with the kind of simple living the older generation experienced.

As standards of living changed, young women had higher standards and aspirations, which were also notable from the differences in consumption patterns of the two generations. These differences were evident in the complaints of the older women about the younger women's superfluous spending. They claimed that the young women were buying too many clothes, shoes and accessories for themselves and their children as they were following the fashion, a word which was not even around when they were young.

> Now there is fashion. Girls want everything in matching; clothes, shoes, and all. In our time, we used to wear an earring and did not buy the second one until it was broken. Now everyday there is a new fashion. They [young women and girls] want their bangles to match with their clothes...Nowadays children's needs for clothes and shoes do not have an end....We don't have space to keep children's clothes and shoes. [But] even then their mother says "our children do not have any clothes"... we used to buy clothes only on *Eid* (religious festival).
>
> Farida's M (50s/U/Gr5/2S3D)

Rather than breastfeeding their children or using reusable cloth nappies like the older women did, the young women were also using feeders, expensive powdered milk and disposable nappies.

> Now mothers do not give their milk and use *feeder* [in English]. The expenditures have increased so much but they will still use *pamper* [Pampers brand for nappies]. We never used pamper and we also did not know what was pamper. So, since expenses get higher and higher, mothers cannot manage to have more than two-three children.
>
> Malika's M (40s/U/0/3S4D)

All of these changes, despite improving the lives of young women, as mentioned by Malika's mother, increased the household expenditure.

Two other developments, the expansion of education and the extension of health provision primarily through the private sector, were also responsible for the increased costs of children. These are discussed in the next two sections.

5.2.2 "Now you give lots of note (money) to have a child": Increasing costs of childbirth and other health expenses

As the accounts of Sameena, Afaf and Gulsum suggest increasing health costs, mainly related to pregnancy and childbirth, was a major component of *mehaṅgāi* that made children expensive,. In response to increased costs, couples would plan not only the number of children to have but also the timings of births, as was the case for Afaf's HeBW who was trying to save enough money to cover the costs of childbirth. Each birth incurred an extra cost and this cost was much higher than it had been for the older generation. The extent of the cost depended on the type of facility preferred and whether the childbirth was normal or caesarean section. In addition to expanded health care, rural residents were also able to take advantage of better roads and transportation facilities, as Gulsum's mother mentioned during her interview. This made it easier for rural couples to access and utilise the health services that were available to urban residents, although doing so increased household expenditure.

The costs of childbirth, indeed, were mainly related to increased institutional childbirth practices as compared to home births, with the following consequences:

- Higher costs of specialised services received from doctors rather than a *dā'ī*; mainly due to ante-natal check-ups and childbirth itself;
- Higher chances of caesarean section, which according to our participants was three to ten times more costly than normal childbirth, depending on the services preferred by the young women;
- Greater aspirations for receiving "better to best" pregnancy care and childbirth, leading to increased preference for and utilisation of private sector hospitals and clinics.

To give some idea of the extent of these changes, Table 5.2 shows the proportions of Punjabi women aged 25-34 during DHS who reported receiving ante-natal care and the type of services they received during their first pregnancy and childbirth. As Table 5.2 shows, the proportion of young Punjabi women who received ante-natal

care during their first pregnancy increased from 28.5% in 1990/1 to 70.5% in 2006/7.[130] The proportion of young women who gave birth to their first child at a facility also increased from 12.7% to 40.9% during the same period. As Table 5.2 also suggests, the increase was in favour of private sector hospitals and clinics: 75% of women who opted for institutional childbirth preferred a private facility. The proportion of women who had caesarean sections also tripled between 1990/1 and 2006/7. Although the need for caesarean section may be the reason for opting for institutional birth for some women, given that 80% of all caesarean sections were conducted in a private facility in 2006/7, it is reasonable to assume that there was a high chance of unnecessary caesarean sections being conducted in private hospitals.

Table 5.2: Percentage of young Punjabi women aged 25-34, who used healthcare services during their first pregnancy/childbirth

	Punjab		Urban		Rural	
Services/year	***1990/1***	***2006/7***	***1990/1***	***2006/7***	***1990/1***	***2006/7***
Had at least one ante-natal visit	28.5	70.5	63.4	84.3	14.1	63.9
Place of delivery						
Home	87.3	59.7	70.1	37.3	94.2	70.5
Government hospital/centre	7.4	10.6	16.9	27.1	3.7	7.4
Private hospital/clinic	5.3	29.8	12.9	45.6	2.1	22.1
Delivery by C-section	3.6	10.9	8.9	16.4	1.5	8.2
N	1,243	1,703	358	556	885	1,147

Sources: DHS 1990/1 & 2006/7

Table 5.2 also indicates that young women living in urban Punjab are more likely to have an antenatal visit ($t(1692) = 12.92$, $p < .001$) in 2006/7), give birth in an institution ($t(1712) = 13.9$, $p < .001$ in 2006/7) , and had a delivery by a C-section ($t(1712) = 5.21$, $p < .001$ in 2006/7) as compared to their rural counterparts. The table also indicates the closing differences between urban and rural areas between 1990/1 and 2006/7.

The following sections draw on data from the interviews to examine how these changes made children expensive to their parents.

[130] The level of assistance required during pregnancy and birth is not necessarily the same for all births.

Institutionalisation of pregnancy care and childbirth

Our interview data suggests that antenatal care, which was not considered at all among the older generation, was considered necessary among the younger women. There was also a shift from home births with a *dā'ī* to institutionalised childbirth with female doctors as a result of the expansion of healthcare services, as well as the increased availability of female doctors providing gynaecology and obstetrics services in Sargodha. Childbirth and its costs were major concerns for the young women as well as their mothers-in-law.

This was not the case before; households did not have to worry about the cost of childbirth or to ensure that they had enough money, as was the case for Sameena during the last months of her pregnancy. Women from the older generation – except for some highly educated, urban women and women who had access to free healthcare in government facilities due to their husband's jobs – were less likely to receive antenatal care and less likely to deliver their children at a health facility. The mothers and mothers-in-law involved in this study received antenatal care from experienced family members and the majority delivered their children with the help of a *dā'ī* at a miniscule cost.

> Iffat's mother (50s/R/0/3S5D): My daughter-in-law has four children. She had twins last time and it cost us 10-12,000 Rupees.
> QK: Hmm
> Iffat's mother: How can a poor person find this money? That's also for the delivery. We used to give 50 or 100 Rupees to the *dā'ī* and she was also washing our clothes, doing massage and washing the child for a month [after the delivery]. Now they also say "give us money" but don't do a good job. That's why people go to hospitals.
> QK: Yes
> Iffat's mother: In hospitals they make you spend a lot. They take a lot. If a person is poor and earns 5,000 Rupees and has a child after every two to three years, how can he find this money? You have to pay for the milk, and then education or have more [children]? Then the education is also very *mehaṅgi* (expensive).

> Nowadays because of the *iḵẖrājāt* (expenses), I think two sons and a daughter was enough for her [Ghazala]. When I had my own children it was cheap and

> we had delivered at home. Now when you go to the city for childbirth it costs you 20,000 Rupees per child.
>
> Ghazala's HM (74/R/Gr0/6S1D)

With the spread of health facilities and increased availability of female doctors who could provide specialised services to the women, the perception of the quality of services provided by a *dā'ī* also changed. As Iffat's mother reported, women chose to give birth in hospitals because they perceived that *dā'īs* were not performing to the expected standard. Childbirth with a *dā'ī* was very risky for both the baby and the mother. Most of the young women, like Sameena, therefore preferred not to use a *dā'ī* as they were scared of the potential adversities. This decision was also supported by their mothers and mothers-in-law.

While some women reported having a personal preference for using a *dā'ī*[131], most women who used a *dā'ī* did so as a last resort due to financial constraints. One of the three *dā'īs* of the village told us that the only women who opted for her assistance during childbirth were from the poorest households who could not even afford to go to a government hospital or clinic. Among the young women, those who gave birth with a *dā'ī* were mostly uneducated, rural women from very poor households. The majority of those who preferred to use a *dā'ī,* such as Batool, Jamila, Ghazala (all uneducated/rural/poor households) and Khalida (uneducated/urban/poor household) also lost at least one child during or just after birth. Iqra (34/R/Gr16/2S1D) was the exception among the highly educated young women. She did not have any preference and accepted the option of using a *dā'ī* provided by her mother-in-law. She regretted this decision as the long birth caused her daughter's serious learning disability. Iqra then went to private hospitals in the city for her subsequent births, as required by her parents.

Although preference for *dā'īs* in childbirth declined, they continued providing services such as massage during and after pregnancy. In the village, *dā'īs* were also

[131] During our initial household visits for sample listing, a young woman in an urban area was offered free childbirth in a government maternal and child healthcare centre in the community, but refused to go there. When I asked for the reason, she said "*Dai* reads verses from Holy Qu'ran and I feel good." (Field notes dated 27/1/2011) Some women also considered their homes to be more clean and private as compared to other settings.

linked with the private doctors in the city and referred their patients to the private hospitals. The *dā'ī* in the village told us that the only circumstances in which she would not refer patients to the doctors in the city were when time was limited and she knew that it was unaffordable for them. In the city, there were ample options for healthcare services, ranging from small private clinics to fully equipped hospitals. Young women or their families selected their doctors/hospitals through recommendations from other family members. The majority of the young educated women from the rural area, including Gulsum, Malika, Iffat, Aleena, Iqra and Ameena, also mentioned going to the city for antenatal check-ups.

The declining role of the *dā'ī* in childbirth increased the cost of delivery for all women, but at the same time equalised the costs of a daughter with a son, since the fee of a *dā'ī* was lower when the couple had a girl child.[132]

Adding to the costs: Caesarean sections

With the institutionalisation of childbirth, there has also been an increase in the number of caesarean sections performed. The women expressed concerns about the costs associated with caesarean sections, as reflected in the interviews with Afaf and Gulsum. The young women were able to have caesarean sections when advised by their doctors, unlike their mothers and mothers-in-law who had most of their deliveries at home. Most of the older women did not know much about childbirth before they experienced it, but even after giving birth to a number of children they did not hear about *baṛā operation*.

> Previously people used to have normal delivery, now they have *operation* (caesarean)... My mother-in-law says "I did not even know that one can deliver like this". Nowadays even delivering a child is costly. Operation expenditures are very high. During my mother-in-law's time they did not even have *dā'ī*, they used to deliver children by themselves.
>
> Farida (31/U/Gr12/1S1D)

[132] *Dā'īs* charged 500 Rupees for a girl child and 1,000 Rupees for a boy child. When they referred a case to a private hospital, they received 500 Rupees for a normal case and 1,500 Rupees for a C-section.

> It was cheaper before. Now people have operation. We didn't have operation when we had our children at home. Children *Mā shā' Allāh* were born with God's *raḥmat* (mercy)... When my daughter-in-law was pregnant we went to many doctors and they said it was going to happen with *baṛā operation*, so we had that.
>
> Batool's HM (50s/R/0/2S3D)

The financial burden of having a caesarean section was very high, particularly for poor households. Khalida (32/U/Gr5/1S3D) had three daughters and a son, and her husband wanted her to have another son. She was living in a very poor household, which she was sharing with her HeB and his family. She delivered three of her children in a private clinic and had one caesarean section in a government hospital. The latter was an emergency, and she lost the baby. She had *qarẓ uṭhānā* (to contract debt) from her HyB to pay for the costs of the operation. She wanted to have another son but decided to get sterilised despite her husband's objection. Khalida said that previously, delivering a child was not a problem, but "now you give lots of *note* (money) to have a child".

Adding to the costs: Preference for the private sector

Young women preferred not only institutional childbirth but also for it to take place in a private facility. This added notably more to the costs of childbirth, not only because private doctors, clinics and hospitals charged higher fees for their services, but perhaps because the chance of having an (unnecessary) caesarean section was higher there.

In Sargodha, there were maternal and health clinics that provided antenatal care and childbirth for women free of charge, excluding the cost of transport, medicines, and tips given to service providers. In the city, government hospitals were available 24 hours a day, whereas in the village government services in the community could only be utilised if the childbirth occurred between the hours of 9:00am and 3:00pm. Government services, however, were considered to be low quality in general, and

like Afaf's HeBW and Gulsum, most of the women preferred to use private doctors and facilities for child birth if they could afford them.

To sum up, young women and their families perceived institutional childbirth as necessary in order to reduce risks to the mother's and child's health. An institutional childbirth at a private hospital was widely considered to be the best and preferred option.

There was also a widespread preference for using the private sector for other healthcare needs. Young women, like Sameena and Gulsum did, preferred to see private doctors when their children were sick, even if they preferred utilising government services for their own health care needs.

5.2.3 Increasing costs of children's schooling

The increasing cost of children's schooling, which was associated with the development of private education in rural and urban areas, was the most common reason reported by both generations for the *mehaṅgāi* and the growing economic pressures on household budgets.

> It was a different *māhol* (environment) before and now there are changes in the *māhol* and education. Now the fees are so high. We used to pay 20-30 Rupees and get education... Now [school] fees are 700-800 Rupees and that's why parents say "if we decrease the *ta'dād* (numbers) then how can we provide them a good education?" If you have many kids you cannot send them to good schools. Previously some got education and some didn't. Like my *susrāl* (in-laws) have eight children and none of them are educated. For them it was not important how many [children] they had…it is better to have one or two and give them good food, and education. This is the difference between the previous and this *nasl* (generation).
>
> Malika (27/R/Gr9/1S3D)

All the children of the young women we interviewed who were of school-going age were attending school, with the exception of Malika's two children who were hearing impaired (and later got admission to a special school in the city with our help) and Iqra's daughter who had a serious learning disability. As Malika reported, schooling

had not been considered to be important by all parents in the previous generation, but it was by all parents now.

The increased importance given to children's schooling was mainly associated with the common perception that schooling was the stepping stone for parents' aspired "better lives" for children, particularly for sons to acquire non-farming jobs[133] and for both genders to secure good *rishta* (marriage alliance). Parents also felt social pressure to send their children to school because everybody else was doing it and talking about it, and not "educating children" was regarded as the most unacceptable trait for "responsible parents", particularly when education to secondary level was now easily available and accessible.

The costs of children's schooling were also higher for the young parents as compared to what they had been for the previous generation.

> Now people think that two kids are enough.... Nowadays the expenditures of kids are very high. Previously kids used to go to school after six-seven years. School fees were also not very high. They had a book, a bag or even a plastic bag to put their books in. Nowadays, kids need to take their lunch as well. They have many books. They need either this or that. Now one notebook costs 100 Rupees. There is a midterm one day and something else the other day...Considering all these, one says having two children is good.
>
> Farida (31/U/Gr12/1S1D)

The reasons for this increased cost of schooling were several. Firstly, parents had to educate all children irrespective of their gender. Secondly, as Iffat said, children stayed longer in the schooling system. In private schools the age for starting school was as low as three or four years and children stayed in education until at least high school level. Thirdly, private tuition had become common and was perceived as necessary to gain good grades in order to continue schooling, as Sameena and Gulsum reported. Many children had started private tuition as soon as they began attending school, and this was more common among the children of uneducated

[133] The agricultural land ownership in the village was highly skewed and in the hands of some families. The agricultural sector, therefore, could only provide labour jobs for most of the villagers, which require high physical work for a small financial return. Schooling was the main source of skills for non-agricultural jobs.

women as they could not teach their children themselves. Fourthly, children had the option of receiving private schooling. Parents also preferred sending their children to private schools where they paid higher fees, and paid for the books and exams, unlike in *sarkārī* (government) schools. Finally, parents were also willing to pay high travel costs if necessary in order to send their children to good schools.

Adding to the costs: Private schooling

Despite financial constraints, all the women but one wanted their children to attend private schooling, which was available to households in both the rural and urban areas. Jamila (28/R/0/3S), from rural area, was the only person who reported her preference for the *sarkārī* school, where her brother was a teacher.

The private schools were perceived to be better than the *sarkārī* schools as the teachers there gave more time and attention to students. Private schools were also linked with being able to learn English and computing.

> Tania (25/U/Gr5/1s1D): ...My husband told me that a small family can live well, I mean in today's world four children are more than enough.
> Tania's eZ (also HeBW): Four children are enough. *Mehaṅgāi* is high. The expense of a child is 15,000 Rupees per month. With this *ḥisāb* (calculation) one says that if you have *kam baćće* (a small number of children), then you can provide them a good education and a good upbringing. [Only] Then all the needs of the children can be fulfilled. That's why they [husband's family] give importance to having a small family... Previously people used to send their children to government schools. Now if you ask people, their children are studying in private schools. With this *ḥisāb*, fees are much higher, books are more *costly* [in English].
> Tania: Yes, schools are very expensive. If you want to give them a good education then you have to select good schools, don't you?

> My HM said these are the schools in this area. There were both English medium (private) and *sarkārī* schools. She [HM] said wherever you want to send them you can. We thought English medium would be better. They will have better *tawajjŏh* (attention) there. In villages they don't give proper attention to children...so we got her admission in an English medium school.
> Malika (27/R/Gr9/1S1D)

It was not only the young women who perceived the private sector as good. Mothers and mothers-in-law talked about their perception that government schools were deteriorating.

> It is really expensive now. Isn't it? Children have many issues; you have to educate them in good schools... who can afford many kids now?...Nowadays education in government schools is bad. If you send them to private schools then you have to pay the fees and buys books, one has to consider all these [costs].
>
> Kameela's M (50s/U/0/1S4D)

Private schools: Were there gender differences in parental preferences?

The preference for private schools was very high, but it did not mean that all children were studying in private schools. Relatively poor households in general were more likely to send their children to *sarkārī* schools but also mentioned their desires to educate their children in private schools, as Khalida did. Khalida's three daughters attended a government school. This was her husband's decision. Khalida said "if one is educating children, he/she should educate them in private schools so that their future is good."

There were no gender differences in aspirations for children's schooling in any of the households interviewed, or in the private schooling of children in relatively better off households. This equalised the costs of schooling of daughters and sons. Girls in poor households were the least likely to attend private schools and only in these households was there a difference in the types of schools girls and boys attended, as in the cases of Sameena, Ghazala and Sonia. The preference for this difference was explicitly mentioned only in the rural area. For example, Ghazala's two daughters were at *sarkārī* school and her son was enrolled in one of the expensive private schools in the village. She said:

> We say boys need to get a better education than girls. For girls any education is okay. It [private education] is good for boys as they do not give attention in government schools.

All of the young women interviewed but one also expressed their aspirations for educating both their daughters and sons at least until *matric* and university. Batool (30/R/0/2S3D), the exception, said that she wanted her son to receive education until Grade 10 and for her daughters a grade lower 10 would be enough.

Adding to the costs: Private tuition

Most of the children from the households interviewed were also receiving private tuition after school in order to be able to achieve good marks in exams, which would allow them to stay in the education system longer, enable transfer to better private schools in higher grades, and thus ensure a bright future.[134]

The fees paid for private tuition varied between 150 Rupees and 1,000 Rupees per month. This was a significant expenditure for most parents. Iffat was working as a LHW in the village. She said that all of her earnings were spent on her two children's education, including their tuition fees. Ghazala (30/R/Gr1/2S2D) wished she was educated so that she could avoid paying for tuition.

> If I was educated, I would have made them study at home...now we pay 1,000 Rupees [per month for private tuition].

Other costs of schooling

It was also common for parents to move their children between schools in the early years until they found a suitable school where their children could receive proper attention and obtain good marks. This meant incurring the additional costs of admission fees.

[134] Aslam and Mansoor (2011) show that the percentage of children (aged 3-16) who receives private tuition in rural areas is 11%. The prevalence of private tuition in urban areas is substantially higher: 62% in Lahore, 54% in Karachi and 34% in Peshawar.

Sending children to the desired best schools, if not located in the vicinity, could also present the extra costs of hiring a pick up and drop off service. For instance, Farida (31/U/Gr12/1S1D) wanted her children to study in the private school of the air force, but there was no direct transport link. Her HM was against this as she thought children were too young to commute this long distance every day. Farida's husband would pick up and drop off the children on his motorcycle when the weather was good, and during the winter the family would hire a van to transport the children, as it was much warmer than a motorcycle.

5.2.4 Costs of marriage and dowry: Costs of the future

As mentioned above, the costs of marriage and the dowry given to the bridegroom, although not considered as a main factor that increased the costs of children as a part of *mehaṅgāi*, was nonetheless a concern for couples who had "more than enough" daughters, i.e. more than one.

There have been notable changes in the nature of the marriage ceremony as well as the components of dowry between the two generations. The marriage ceremony became longer in terms of the days it was celebrated (five days rather than two or three) and it was more likely to be held at a marriage saloon than in the home. Furthermore, brides began following the latest fashion, preferring to buy their dress from famous providers in the city or other cities and to get ready at beauty parlours. The costs of marriage required both the bride's and the bridegroom's families to invest in the improvement of the house, such as by painting it or constructing a new room for the couple, as we observed for Jamila's sister's marriage, Nafisa's sister's marriage and Adeela's HyB's marriage. In addition, engagement functions, which were not common among the older generation, became a part of the marriage process arranged by the girl's family. They were held at a function facility other than the home and it was expected that many relatives would be invited.

Although perhaps in different proportions, the costs of marriages were incurred by both sides. In Punjab, it is customary for a girl's family to provide dowry, which

increases the costs of daughters for their parents. The amount of dowry depends on the economic situation of the household. Although there was anecdotal evidence that the bridegroom's family would provide long and expensive lists, none of the young women reported that any dowry item was specifically requested by the bridegroom or his family. Dowry was considered necessary, and had to include the items that the bride would need and use in her new household. She should not need to ask others for anything. Dowry was also given out of "love" and "happiness". It was expected but was not compulsory, particularly when the marriage was between first cousins and the economic situation of the girl's family was not favourable. Since dowry depended on the needs of the bride, the items included in the dowry also became much more costly as the perceptions of needs changed considerably between the two generations. In addition to kitchen utensils, *ćahārpai* and some jewellery, which were also given to the older women when they were leaving their natal home, for the young women a television set, a fridge, a washing machine, an air cooler/conditioner, sofa and bed sets also became an important part of dowry.

5.3 Good, better and best: Schooling and aspirations for children's future

Almost all the women associated schooling with *aććhī zindagī* (a good life) and considered it as the main means to intergenerational mobility, through enabling better future prospects, either in terms of jobs or marriage, for children. The lives of uneducated people were perceived, particularly by the young women, as *āwāra* (stray) and *k̲h̲arāb* (ruined). Therefore, almost everyone we interviewed, regardless of their age or educational level, considered schooling of children to be essential and wanted to provide their children with a "good" education, preferably in a private school. The desire for the *good, better and best* reoccurred in the narratives of the young women, particularly when their children's schooling and future lives were under discussion. It was a common belief among all the women that the better and higher the schooling children received, the better and higher their future economic and social statuses. Therefore, the aspirations of the young women for their children

were not only to send them to school, but to send them to *good* schools to ensure a *good mustaqbal* (future).

5.3.1 Schooling for respectable jobs

While the older women talked about how different the aspirations of the younger generation for their children's future were, most of the young women talked about their aspirations to see their children in high positions and respectable jobs after receiving a good education.

> Now people have two children or at most four. They did not educate their children before, now they do. They say our son will have a good education, will become *a baṛā baṅda* (big/respectable man). He will become a judge and will earn money. This was not the case previously. Now they say my son is *aććhā* (good), he is this and that... This is the difference.
>
> Malika's HM (50s/R/0/5s1D)

> My children will be *lāik aur nāik* (deserving and respected) and everyone will call them *jī* (sir)... they will have cars, motorcycles and will have their homes.
>
> Aafia (35/R/Gr2/4S4D)

As Malika's HM reported, it was very important for the current generation that their children could become *baṛā baṅda* and earn money, although they did not have these same aspirations for themselves. Malika's HM's account also suggests that this was associated with social competition among young parents.

Uneducated women were less likely to mention the type of profession they desired for their children but they did state that they wanted a better life for their children than they had. Aafia for example, wanted her sons to be in respectable jobs in which they would be called "*jī*" in addition to earning money to buy a car and a house. Highly educated urban women, on the other hand, mostly desired their sons and daughters to have a well-respected profession. For example, Hafza (27/U/Gr12/2D) and Meena (33/U/Gr14/1D) wanted their daughters to become doctors, and Kameela (26/U/Gr16/1S) wanted the same for her son. Safia (28/U/Gr10/2S1D) wanted her

daughter to have *nām* (name/title) like a doctor or an engineer. She said her doctor influenced her aspiration:

> Whenever I go to hospital I see doctor Nabeela, and I want my daughter to be like her.

Women's aspirations for their children to learn Urdu, English or computing could also be linked to the types of qualifications that were required for these "respectable" jobs, and also partially explains parents' higher preference in both rural and urban areas for private schools.

Schooling was also seen as a means to travel abroad for work, particularly for sons by some young women in rural areas. Going abroad was equated with higher earning opportunities, remittances and thus better living conditions for both children and their parents.

5.3.2 Schooling for marriage

In addition to better jobs, better marriage options were identified by young women as their aspirations for their children. Education was a necessity for both genders, but particularly for girls if they wanted to marry educated men and live in good households. This in a way also reflected the parents' desires for upward social mobility for their children, which could be achieved through a good marriage.

> Our parents did not do it [educate us] but in this generation they ask for education first before they ask for anything else. Everyone now says we want *paṛhī-likhī* girls. ..I am trying to educate my daughters. If they are educated they will manage it.
>
> Khalida (32/U/Gr5/3D1S)

> If only they are educated then they will manage it. They will reach their *manzil* (destination). Girls will grow and get married. If they are educated only then their *rishta* will happen in a good place.
>
> Aafia (35/R/Gr2/4S4D)

Schooling was important not only for girls' marriages but also for boys'. Aafia, who said that education was important for her daughters' *rishta*, also added that only if her sons received a good education would good families come and ask them for their marriage.

5.4 Aspirations of parents for themselves

The aspirations of parents were not only limited to their children. Young women also talked about the importance of having smaller families for their own well-being. These aspirations relate to health, further education, employment and home ownership, and are briefly discussed below.

As compared to older women, young women were more concerned about keeping a good health. They believed that childbirth weakened the health of women, and thus having a large number of or closely spaced births would be detrimental to mothers' health.

> One should also take some rest. If you keep on having children, the mother also does not have her previous *ṣĕḥḥat* (health).
>
> Malika (27/R/Gr9/1S3D)

Kameela (26/U/Gr16/1S) wanted a small family of two to three children. She talked about her health and the difficulties of raising children.

> A small family is better. To *sambhālnā* (take care of) children is *mushkil* (difficult) and to give birth is also difficult. If your health is okay only then can you *manage* [English word] everything...A small family is good, like not more than two to three [children]... Your health does not remain good. I learned it even with the first one [pregnancy], that's why I don't think I can *afford* [English] a big family. One should also consider economic realities.

Another aspiration that young women reported to have was having *apnā 'alāḥida ghar* (my own seperate home).

> I don't have any special desires. I just want to have our own *makān* (house) and own place.
>
> Malika (27/R/Gr9/1S3D)

Like Malika, Ghazala, Batool (all rural) and Sameena, Farida (both urban) wanted to have their own separate houses. This highlights the young women's desires to establish their nuclear family which they would run by themselves, perhaps with minimal control of their in-laws over their lives, decisions and behaviour.

In addition, educated young women also had aspirations for themselves like receiving further schooling or finding a job. Indeed, when asked what changes they wanted to see in their own lives after five years, most of the young women linked their desires for themselves to their desires for their children. Only educated women from both urban and rural areas talked about their plans for continuing studies or finding jobs. For example, Aleena (24/R/Gr14/1D) and Hafza (27/U/Gr12/2D) wanted to continue their studies when their daughters had grown up a bit. Kameela (26/U/Gr16/1S) had a 40 day old son and was looking for a job. She was the only woman who talked firmly about her desires for herself:

> I want to work. I have also started looking for one [a job]. Only waiting for him [son] to become 3 months old. My education is being wasted at home...At home you are like an uneducated woman: just cooking *roṭī*, that's it. Then your 16 years of education is wasted.

Kameela comes from a family in which her BW was also working and her HM was a retired government employee. She said that her husband and her HM also want her to work, and that she wants to continue her education while she is working. As Section 7.1.3 shows, the employment of women has become more common among the younger generation, particularly as a result of increased female schooling.

The aspirations of women for themselves, however, always secondary to aspirations for their children, and therefore could be postponed if expenses or time required for children was high.

5.5 Conclusion

This chapter has shown that children, who were regarded as less costly by the previous generation, became expensive for the current generation. Households thus needed to restrict the number of children in order to achieve a better life for themselves and their children. The current generation, unlike the previous one, experienced fast improvements in standards of living as they had a variety of options available to them in terms of food, technology, healthcare and education. The rising standards of living and movement away from subsistence farming households to market based economies with higher incomes increased aspirations for children's futures, with higher desires to invest in children's education. Therefore, during this era of rapid transformation, the younger generation felt the need to secure a good standard of living by keeping up with the pace of these improvements in living standards, which created inevitable constraints rather than merely choices. However, they also aspired to improve their position, and to ensure the social and economic mobility of their children by making the best possible investments in their children's upbringing and schooling.

The increased costs of daily food expenditures and clothing were associated not only with the monetisation of the economy, but also with what women aspired to buy, in terms of both quantity and quality. The institutionalisation of childbirth and the availability of private hospitals and caesarean sections increased the cost of childbearing, but also reflected women's aspirations to have better services to minimise the risks associated with childbearing. Increased schooling and availability of private schools did not only increase the costs of children but also developed higher aspirations for parents to provide the best possible schooling.

The chapter has also indicated that gendered differences in investments in children were disappearing. The institutionalisation of childbirth equalised the costs of daughters and sons. Since girls' schooling also became important due to economic pressures on households and in order to ensure better marriage prospects, parents

generally had similar desires for girls' and boys' schooling, and invested equally in daughters' and sons' education. The only exception was very poor household, where girls' were more likely to receive schooling from public schools while boys were sent to private schools.

6. "Being aware": Institutional developments and changing attitudes towards family planning and family

The previous chapter shows the ways in which economic forces have played a role in the processes of fertility decline in Punjab. Just as *mehaṅgāi* was perceived by the interviewees to be the main motivation behind the young women's desire to have a *ćhoṭī* family, so too was the notion of "awareness"[135] used to explain the changes in fertility preferences and behaviour between the two generations, particularly increased contraceptive use. The channels through which women became "aware" included family planning services, electronic media (TV) and schooling, all of which the young women had more access to as compared to the older generation. Our interviews suggest that these developments were not perceived as simply recent changes that make people "aware" of contraception. They were also seen as sources of knowledge that challenged, reshaped and/or transformed their attitudes and values towards parenthood, family planning, and family relationships.

In this chapter I focus on these three institutional or policy developments with the aim of contemplating how they affected fertility behaviour and familial relationships among Punjabis. I also identify transformations in the role that religion plays in the fertility behaviour of the younger generation.

The changes in attitudes towards marriage, family life and parenthood have implications for ideals about conjugal and familial relationships. Therefore the chapter also serves as a prologue to the next two chapters, which shift the focus from how macro level changes were felt and perceived by individuals, to continuity and change in family systems and young women's reproductive agency.

Since the 1990s, there have been notable developments in government policies and programmes not only in family planning but also in health, education and women's

[135] I use the word "awareness" to combine the words used by interviewees when referring to the differences between the two generations. These words included *pata hona* (to know), *waqif hona* (to have knowledge) and *samj hona* (to have understanding).

economic, social or legal empowerment.[136] In addition, there has also been a notable growth in the number of international, national and local NGOs that aim to empower women through various programmes and projects, including awareness-raising with regard to women's rights, health and education, provision of education and healthcare services (particularly to poorer and marginalised groups), and provision of micro-credit. While I do recognise that these developments might also play a role in transforming the fertility careers and familial relationships of Punjabi women, I restrict my analysis to the aforementioned institutions, which were not only discussed by our participants but were also widely accessed by women in general in Punjab. I also recognise the possible influences of informal channels,[137] particularly other family members, on women's *āgāhī* (awareness). However, I primarily focus on formal channels in this chapter.

The data have some limitations in reflecting the extent of the change in attitudes and values, since both generations experienced these developments, albeit at different stages in their life course. For instance, the expansion of the mass media was experienced by all women irrespective of their age. Therefore the attitudes of both generations towards family planning and family were transformed, and comparing the accounts of the two generations, although highlighting some changes, is likely to offer a partial picture. In addition, the improvements that occurred at the macro-level are not necessarily noticeable at the individual level and therefore might have been overlooked in our discussions during the interviews. Some of the evidence of change could only be gauged by comparing the accounts of the two generations or through specific wordings/definitions that they used during the interviews, and are therefore open to multiple interpretations.

The aim of this chapter is not to prove any direct causal associations between these macro-level changes and their impact on the use of contraception or attitudes towards family planning and family relationships. However, based on the perceptions of the

[136] For a recent critical study of some of these developments and their links with population policies, see Khattak (2013).
[137] Neighbours and friends carried a less significant place than family members in women's lives in Punjab. Relationships with family members are discussed in detail in the following chapters.

two generations that the change occurred because people were more "aware", I speculate about the role that wider macro-level institutional and policy developments played in changing attitudes, norms and values towards family planning and family relationships.

The chapter has four sections. The first section focuses on family planning services and examines how the expansion of these services, both in terms of both coverage and content, increased knowledge of and access to contraception, and changed attitudes towards fertility regulation. The second section describes how the growth of television broadcasting increased awareness about "planning a family" and affected the ideals of younger women with regard to familial relationships. The third section discusses the multiple ways in which the expansion of female schooling influenced fertility behaviour and intra-household relationships. It argues that it was not the context of schooling that brought "*āgāhī*" among women, but the importance given to children's schooling and the new perceived hierarchal status of "educated daughter-in-law", which challenges or creates ambiguities in power relationships within the household. The final section then concludes with reflections on the role of these developments in conjugal and intergenerational relationships in Punjab.

6.1 The expansion and evolution of the family planning programme and its role

The family planning programme in Sargodha has operated since 1965. Although past quantitative data on family planning and reproductive healthcare services in Sargodha district could not be accessed.[138] I did discover during my fieldwork that door to door family planning services through LHWs started in 1996, and by 2010 the district was well served in terms of family planning and reproductive healthcare services through the public and private sectors.

[138] The data indicating the change in expansion of family planning services since the 1990s was unavailable. The district offices did not keep data digitally and misplacement of documentation was common.

6.1.1 Provision of family planning services in Sargodha

In Sargodha, family planning services were provided through two government departments – the District Health Office (DHO) and the District Population Welfare Office (PWO) – as well as the private sector in 2010.[139]

The DHO, under a vertical health programme called the National Programme for Family Planning and Primary Health Care, was providing family planning and basic health care through LHWs. The LHW programme started in 1996 in the district and, according to the district Health Ministry, by 2011 it covered 60% of Sargodha with coverage in *tehsil* Sargodha the highest among the five *tehsils*. Five LHWs had been providing services in the village since 1996[140] and the urban communities had also been served by LHWs since 1996. The main methods provided by LHWs included pills, injections and condoms free of charge.

The district PWO, on the other hand, was running 53 FWCs, three Reproductive Health Services-A centres[141] (only one operational), one non-functional male vasectomy unit,[142] five mobile service units (only two operational) and 128 male mobilisers. These services were also concentrated in *tehsil* Sargodha. The PWO also had partnerships with 102 registered medical practitioners, 88 *ḥakīms*, and 64 homeopathic doctors who provided information and contraception. The contraceptives provided by the PWO involved some meagre costs and were target based (monthly).[143] Among our participants, there was a FWC with a female worker

[139] The unnecessary duality of public sector provision of services and the lack of communication or more precisely competition for funds between the two departments was identified as a problem by LHWs and FWC workers.
[140] The first two LHWs started working in 1996 and the number increased to five in 2000.
[141] They provide contraceptive surgery, clinical methods including IUDs, injections and Norplant, and non-clinical methods such as condoms and pills.
[142] The male vasectomy was not common. As reported by service providers, people perceived that it negatively affects manhood – both physically and socially – as men who had a vasectomy would be considered as under the rule of women by accepting to have the operation.
[143] Family Welfare Centre workers were required to submit a report whenever they could not reach the targets. To prevent this, workers reported that they bought excess contraceptive methods to meet the necessary quota. This could also lead to a push towards certain methods to fill the quota requirements, even if they did not suit clients' needs.

and male mobiliser in the rural area, and two of the five urban communities also had a FWC with at least two female workers and a male mobiliser.

The district was also benefiting from non-profit and for profit private sector services. At the time of the fieldwork, three NGOs and a large number of private clinics and hospitals provided family planning services. FPAP-Rahnuma offered general reproductive health and family planning services. Marie Stopes Society ran most of the sterilisation services as registered Reproductive Health Services-B[144] under the Ministry of Population Welfare, through a clinic in Sargodha city, as well as providing contraceptive methods like condoms, pills, IUDs and emergency contraception through clinics and mobile service units. Green Star Society Sargodha was another NGO partner of the PWO but during our visit they stopped operating as their contract had to be renewed, according to information from report given by PWO.[145] The only NGO servicing the rural areas was Sardar Khan Rhanja Trust Hospital, which operated in a village and was a partner of the Family Welfare Department.

Sargodha city, being the division headquarters[146] of four Punjabi districts, was served by a large number of private hospitals and clinics which provided family planning, and reproductive and maternal healthcare services. Information about contraception and contraceptives themselves were also available through private hospitals, clinics, local pharmacies and shops.

Although the type of services utilised by the young women and their husbands was unknown for Sargodha, according to the DHS 2006, around half of the young women in Punjab obtained family planning services from the private sector for their last contraceptive method. The share of the private sector increased from 41% to 48%

[144] These are private hospitals, clinics, doctors and NGO sector services that are approved by the PWO.
[145] There were bottlenecks in service provision, particularly in the PWO. Delayed payments to the private sector were common and caused discontinuation of family planning services by the private sector.
[146] Division is the administrative tier of government that is between the province and the district. Sargodha Division includes four districts: Sargodha, Khushab, Mianwali and Bhakkar. The division system was abolished in 2001 and restored in 2008 in Punjab.

between 1990/1 and 2006/7. Among the private sector providers, utilisation of hospitals/clinics and shops increased notably, while the role of chemists declined (Table 6.1).

Table 6.1: Last source for contraceptive method for current users, young Punjabi women aged 25-34

	1990/1	2006/7
% of current users	**8.6**	**21.6**
Government sector other than LHW	***45.6***	***22.5***
Hospital/RHSC	30.1	17.3
Rural Health centre/MCH	n/a	1.5
Family welfare centre	15.5	1.3
Mobile service camp	n/a	0.4
Basic health unit	n/a	2.0
Lady health worker	***n/a***	***16.6***
Private sector	***41.0***	***48.0***
Hospital/NGO hospital/clinic	6.8	16.3
Pharmacy/chemist	19.5	8.6
Private doctor	3.4	3.4
Dispenser/compounder	n/a	2.4
Shop (not pharmacy/chemist)	7.1	14.2
Friend/relative	2.6	1.1
Dāī	1.6	2.0
Other/DK	***13.4***	***12.9***
Total	**100**	**100**
N	137	474

Sources: DHS 1990/1 & 2006/7

While the public sector only provided family planning services through family welfare centres and hospitals in 1990/1, the establishment of other government units did not increase its share in utilisation. The share of the public sector rather declined from 48% in 1990/1 to 40% in 2006/7, perhaps due to faster expansion of the private sector and the perception of low quality services provided by the public sector, which is another indication of rising living standards and the role of the market. LHWs and hospitals were utilised by one-third of young women in 2006/7. While the share of static services (hospitals and FWC) halved between 1990/1 and 2006/7, door-to-door services through LHWs became available and were utilised by 16.6% of women in 2006/7.

The role of LHWs: More than just family planning providers

Among all the service providers, LHWs were particularly important for a number of reasons. First of all, they ensured regular interactions of women with reproductive health services in their areas, without the women needing to leave their homes. All of the young women we interviewed were visited by LHWs, even if not always for family planning information and advice.[147]

> FB: Do LHWs visit you at home?
> Afaf: Yes. The one [LHW] who came with you, Shaista, she came once or twice when I was pregnant with my daughters...She came and said "Have your delivery at our centre, you need injections once you are seven months pregnant. Our doctor will also tell you what medicines to take and what to eat and how to take care of your health"...She also comes for polio drops [for my children]
> FB: Does she also talk about family planning as well?
> Afaf: Yes. She and also another one [LHW] also came and said "We advise you to have *manṣūba bāṅdhi* (family planning)".
>
> Afaf (24/U/Gr10/2D)

LHWs made easy access to family planning information and contraceptives possible for all women. They were the main service providers in the rural area and were more likely to be utilised by uneducated and low-income women in both rural and urban areas. For example, Sameena was receiving advice and condoms from the LHW whenever she needed them.

> There is a *bhābhī* (literally BW, used for respect) here, *bhābhī* Fareeda [name of the LHW], I took advice from her... We get it [condoms] from her whenever we need.
>
> Sameena (33/U/Gr0/2S1D/poor)

In addition to their regular duties, LHWs assisted women with regard to general reproductive health, fertility problems and abortions. In a way they became the focal points for reproductive health awareness in their communities. Our interview data suggests that LHWs were well aware of the services available in the city and often referred women to gynaecologists and abortion services.[148] They also accompanied

[147] LHWs also provided pre-natal information and care, vaccinations for young children, and medicines like paracetamol and oral rehydration salts.
[148] There was some information about informal associations between LHWs and private clinics and

women to these services when needed. For example, when Kameela (26/U/Gr16/ 1S) needed a doctor's advice to be able to get pregnant, the LHW of the area provided her with information and took her to the doctor (see Section 4.4.1). When Khalida needed affordable abortion services, the LHW of the area gave her information about the services available in the vicinity, took her to see a *dā'ī* who could perform the operation, and also talked to the *dā'ī* herself.

> I went to a common *dā'ī*, because they don't do it without taking 5000/6000 Rupees in a hospital. The one who does my work is a common *dā'ī*, who is working for her *rozgār* (daily earnings)...*Baji* (sister) Bano [LHW] took me there. I took her *mashwara* (suggestion) first, and she came with me and told her [the *dā'ī*] "Her children remain sick, and she will get it [the abortion] done"...It was 8/9 years ago and it was done for 300/400 Rupees.
>
> Khalida (32/U/Gr5/1S3D)

LHWs in general were reluctant to provide us with significant information about the services they provided beyond their job descriptions – such as private sector referrals for antenatal care, and childbirth and abortion services – as it would contradict the aims of the programme that they were working for and could create problems with the programme management. While Bano, the LHW who helped Khalida, concealed the fact that she had helped her and perhaps others to access rather unsafe abortion services provided by *dā'īs*, some of the other LHWs explicitly stated that they referred women to doctors and hospitals for abortion.

> We don't do it [abortion] ourselves...We don't have tools for it. If someone comes to me, I refer them saying go to that hospital.
>
> LHW Raana (Rural)

LHWs also addressed specific issues like irregular supplies or intra-household dynamics to ensure that whoever opted for contraception could also easily access it in their communities. For example, Bano reported that even if her stocks were exhausted, she would buy contraceptives from local chemists to provide to her clients. FWC workers also reported that LHWs approached them when out of stock of contraceptives. Being from the same community, LHWs knew their clients and

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doctors, and we were told that they referred women to these places for childbirth.

their clients' families well, and acted in accordance with intra-household dynamics. Most mentioned ensuring a *parda* (curtain) between household members regarding the services provided, particularly if they realised that use of contraception might create an issue between young women and their mothers-in-law.

The quality of the services provided by LHWs and FWC workers cannot be judged with the data collected in the course of this research. However, my observation was that both types of health workers tended to dictate to, rather than have conversations or reach mutual agreements with their clients. If there were accessible, affordable alternatives in the private sector, those were more likely to be preferred to the services provided by LHWs.

These findings suggest that LHWs did not only provide basic child/maternal healthcare, family planning awareness and contraceptives to their communities, but also tailored services according to the needs of their clients, even if this was sometimes dictatorial, risky to women's health, or beyond the scope of their official work. They also served as a focal point for information about the services available in the private sector and for referral to public and private services.

The expansion of family planning services, as discussed by our participants, brought about two main changes: increased awareness about contraception and increased access to contraception. These changes are discussed in the next two sub-sections.

6.1.2 Increased awareness about contraception

According to the DHS, the percentage of young Punjabi women who were not aware about any of the contraceptive methods declined from 17.7% in 1990/1 to 2.4% in 2006/7 (Table 6.2) and there has been an increase in awareness about all method types. Young Punjabi women who reported having no knowledge about contraceptive methods declined from 22.2% in 1990/1 to 3.1% in 2006/7 in rural areas and from 6.8% in 1990/1 to 1.0% in 2006/7 in urban areas, also indicating closure of the gap between rural and urban areas.

Table 6.2: Awareness about contraception among young women aged 25-34 in Punjab

	1990/1	2006/7
No method known	***17.7***	***2.4***
Knows about		
Pills	63.5	93.9
IUD	59.6	79.8
Injections	66.0	91.1
Condom	39.7	74.5
Female sterilisation	75.6	89.4
Male sterilisation	22.0	53.8
Rhythm	15.6	54.7
Withdrawal	26.7	54.9
N	1,605	2,196

Sources: DHS 1990/1 & 2006/7

In 1990/1 sterilisation was the most widely known method. By 2006/7 awareness about pills (93.9%) and injections (91.1%) had become almost universal and awareness about condoms, which was at 39.7% in 1990/1, increased to 74.5% in 2006/7. Awareness about traditional methods like rhythm and withdrawal, and male sterilisation, was widespread at around 55% in 2006/7, a significant increase from 1990/1 levels.

The differences in awareness about contraception between the two generations appear much stronger in our interview data. When we asked the women to compare the difference between the two generations, their responses centred on the awareness of young women and lack of awareness among older women about the existence of contraceptives. Both generations reported that the idea of family planning became very common, indeed a "fashion", among the younger generation, as young women were aware about not only the existence of contraceptive methods but also a variety of different methods, which the older women were not aware about when they were young.

Most of the older women, who now also recognised their own lack of awareness or ignorance about family planning methods, reported that they either had not known about the contraceptives at all (Section 4.1) or had not been aware about temporary

methods like pills or injections when they were young, as these methods had not been available.

> Previously people didn't know that there is medicine [pills] or injections. Now 100 methods are made available, at that time there was nothing.
>
> Nafisa HM (40s/U/Gr0/3S1D)

All the young women, on the other hand, were aware about more than one method, especially pills, injections and condoms, which were promoted through the family planning programme and became easily available after the expansion of family planning services in both the public and private sectors.

The expansion of family planning services cannot be identified as the sole reason for increased awareness about contraceptives, particularly considering the wider impact of dissemination of family planning messages through electronic media, as shown in Section 6.3. Older women often reported that in addition to TV and the increased educational attainment levels of young women, the availability of family planning services – particularly the presence of LHWs – was important in creating awareness about contraception. For instance, Meena's HM thought that young women were aware about family planning because they heard about it on television. When probed, she reported that LHWs also had an important role in increasing knowledge about family planning.

> They go to every house and people get to know, and now these *sahūliyat* (facilities) became famous.
>
> Meena's HM (58/U/Gr14/2S1D)

The presence of service providers also ensured easy access to contraceptives, which created choices that helped women to develop their own reproductive strategies.

6.1.3 Easy access to contraception and a variety of methods: Creating choice

In the 1990s only five percent of rural areas were provided with family planning services through the government programme in Pakistan. Among the older

generation, particularly those who lived in rural areas when they were young, the lack of availability of contraceptives (including temporary methods like pills and injections) was a frequent theme reported during our interviews.

> We didn't have these in our time, neither was any one using them. Now they are brought to women, so some takes pills, some gets injections.
>
> Farida's M (50s/U/Gr5/3S3D)

> These things [contraception] were available but only from the city. It was unavailable in the village. Also the things [methods] that are available now were not available at that time
>
> Hafza's HM (58/U/Gr8/2S3D)

> At that time there was no *rasm* (practice), no *riwāj* (custom), and neither was there *ilāj* (medicine) that women could use. We didn't do any *waqfa*... When this system came my youngest son was already born.
>
> Ghazala's HM (74/R/Gr0/ 6S1D)

Some older women, such as Ghazala's HM, reported that they became aware about the existence of contraceptives towards the end of their fertility careers. Although Ghazala's HM was notably older than most of the other mothers and mothers-in-law we interviewed, even for those who were younger, like Hafza's HM or Farida's mother, accessing contraception was difficult. This difficulty arose due to physical barriers to obtaining contraception and low use of contraception among their peers, which perhaps kept the psychosocial costs of using contraception high. As Ghazala's HM quote also suggests, previously there was no *rasm, riwāj* or *ilāj*, but young women now had *ilāj* and were using contraception as it became a *riwāj*. This indicates increased moral acceptability of contraception as well as decreasing psychosocial costs of using contraception among the young women involved in this study.

By 2010/11 contraception was easy to access: there was no need to search for services or travel to the city/health facility. As Farida's mother reported, contraception was literally being "brought to" young women, and there was an incalculable number of facilities offering various contraceptive methods within easy reach.

The young women, therefore, unless referring to the earlier times of their mothers or mothers-in-law, rarely talked about the possibility of anyone not being aware about contraceptives[149] or of anyone experiencing difficulty in accessing contraception. Rather, they talked about their preferences and choices of methods and service providers. Although their choices of contraceptive methods were heavily influenced by the service providers, as indicated by the accounts presented in the next section, the young women could easily access a number of facilities for contraception. LHWs were available to provide pills, injections and condoms to all women and there were other alternatives as well. For example, Hafza (27/R/Gr12/1D) preferred going to her gynaecologist in a private hospital for condoms; Farida was receiving services from the Pakistan Air Force hospital, as for her other healthcare needs; Sonia received pills through FPAP-Rahnuma as she did not trust the quality of services provided in her village; and Tania was using FWC for injections.

> There are doctors at PAF, after you have a caesarean they tell you what to do.
>
> Farida (31/U/Gr12/1S1D)

> There is Rahnuma in the city, their doctor gives medicine…They send it every three months…the things they [the LHWs] give in the village are not good.
>
> Sonia (28/R/Gr5/3S1D)

> I learned about injections from the centre here [FWC]. They told me that this is the best, and then I listened to their advice and got the injection. They told me, I didn't know much about these [contraceptive methods], what was available or what can be used. They [FWC workers] told me and I did everything according to their advice.
>
> Tania (25/U/Gr5/1S1D)

The availability of options also helped the women to strategise their contraceptive use according to their circumstances. For example, Tania did not want her HM to learn that she was using contraceptives. She therefore preferred to use the services of

[149] The young women usually stressed that they were unaware of the details of contraceptive methods during the initial years of their marriages. While in some cases this was true, the reason for such statements could also be linked to their desires to show us their naivety before marriage, which is a culturally valued trait.

the FWC in her area and a private family gynaecologist rather than those offered by the LHW (who was banned from visiting her home as Tania's HM reported during her interview), as this allowed her to keep her contraceptive use a secret. Neither Tania's choice of facility nor her choice of method could be considered as "completely free", as she was just following the advice given by the FWC worker, who perhaps was also trying to fill her monthly quotas. However, Tania did manage to avoid pregnancy and to achieve the spacing she desired during her husband's three-month visit home. Similarly, Farida was given advice to use condoms by her doctor at PAF hospital after giving birth to her first child, but when she and her husband asked to have sterilisation during the birth of their third child by caesarean section, they were refused by the same doctor based on Farida's young age (see Section 8.2.4). The doctor's actions left the couple with the option of continuing to use condoms even though they did not want another child and were willing to have sterilisation.

The push towards certain contraceptive methods by service providers was very common. The young women, who considered the information given by health practitioners as "guidance", were likely to be pushed towards condoms by service providers. This could partially explain the shift in method mix outlined in Chapter 4.

6.1.4 The role of service providers in method "choice": "Guidance" towards condoms

Chapter 4 highlighted the increase in the use of methods that were temporary and involved men. Among the modern methods available, hormonal methods were less likely to be preferred and there was a shift towards condom use. This shift is perhaps based on a number of interlinked factors, including: a) greater importance given to spacing of births for the well-being of mothers and children, as shown in Chapter 4, which increased the demand for temporary contraception; b) increased involvement of men in family planning, including taking a positive attitude towards contraception and showing willingness to share responsibility and power with their wives in fertility regulation, as shown in Chapter 7; c) increased social marketing of condoms,

mainly through television and other types of advertising, as suggested in the literature review and Section 6.3 below;[150] d) the diffusion of information on the side effects of hormonal methods through informal (friends and relatives) and formal sources (service providers such as LHWs and doctors), and; e) the "guidance" towards certain methods, particularly condoms, by service providers. This section mainly provides evidence of the last two factors.

During our interviews, a large majority of women talked about the negative side effects of hormonal contraceptive methods like pills and injections, as shown in Chapter 4 (also see Agha 2010). Their notions of the side effects of these contraceptives, however, were rarely based on their own experiences. They reported that they got to know about the side effects through either informal channels like women relatives and friends, or formal channels like LHWs, FWC workers and private doctors. The formal channels carried an important weight in the selection of contraceptive method, as many women said they would follow what they had been told by the service providers. Like Sameena, Farida, Sonia and Tania above, Hafza's preference was also affected by the service provider, her doctor. Hafza said that her doctor advised her to use condoms because of the side effects of the other methods. As she had not used any methods other than condoms, she was convinced by her doctor that condoms were best for her.

> Doctors gave it [advice to use condoms] to me. I asked for all of them, but they advised condoms because it doesn't give any *nuqṣān* (harm), it doesn't have any *side effects* [in English]. All *injections* [in English], or *tablets* [in English] all have *nuqṣān*. If you are *feeding* [in English, breastfeeding] your child, it also affects the child a lot. The most "*serious problem*" [in English] is that you have periods each week…and everything gets *disturbed* [in English].
>
> Hafza (27/urban/Gr12/2D)

LHWs and private doctors usually directed young women towards condoms as the service providers themselves were women and had similar ideas about and biases

[150] Social and commercial marketing of contraceptives, which was adopted as a strategy by the family planning programme, also gave chief importance to messages encouraging condom use through television advertisements. These advertisements were shown on private channels and positively influenced condom use among urban men (Agha and Meekers 2010; Agha and Beaudoin 2012).

towards hormonal methods. For example, LHW Kamal told us that she did not advise women to have injections as she herself had used them and experienced side effects so she directed women towards condoms, which was the most preferred method in her area. Similarly, LHW Ayesha believed condoms were the best method, and LHW Bano explained why she advised women in her area to use by saying:

> We give more importance to condoms and we tell them "You use condoms. It has benefits as it is used by men and there is nothing [no side effects] for women, like there is no *nuqṣān"*. The family planning methods, you know, have *nuqṣān*: copper T has *nuqṣān*, injections also has *nuqṣān*. Hormones have more [*nuqṣān*]. If you take pills at night you have *matlī* (nausea) for the whole night as they cause vomiting... or one can have spots on the face.
>
> LHW Bano (Urban)

In addition to the expansion of family planning services, which created "awareness" about the existence of a variety of methods and enabled easy access to rather "limited" method choices, the content of the family planning programme has also evolved in terms of the messages it conveyed through television advertisements and service providers. In these messages, greater emphasis was placed on promoting birth spacing, delaying marriage, and enhancing men's responsibility in family planning, in addition to its previous approach of encouraging fertility-limiting behaviour generally. Although my data do not enable the establishment of direct links between these messages and their impact, the interviews suggested that there were notable changes in attitudes. Firstly, there was a shift towards ensuring birth spacing for at least three years due to increased health concerns for the mother and child (Chapter 4). Secondly, there was a greater openness to not marrying daughters before the age of 18 (Chapter 7). Thirdly, men were also more willing to take responsibility for family planning (Chapter 8). In addition to these changes, the family planning programme also abandoned its more secular approach in favour of an Islamic one, particularly in during the 2000s. It did so by involving the Islamic clergy in supporting family planning and spreading messages on Islam's permission of family planning. The next section looks at how the role of religion in family planning evolved between the two generations, although again further research is required to identify the channels through which these changes were realised.

6.2 Islamic family planning: Permissibility of family planning, controllability of reproduction and responsible parenthood

Religion carries an important weight in how people think and act in almost every aspect of life in Pakistan, including reproduction. While Islam is considered to be a pronatalist religion, the political stances of governments have been crucial in shaping people's perceptions of the role of religion in reproductive matters and creating positive attitudes towards family planning, as was the case in Muslim majority countries like Iran and Bangladesh, which had the strong support of the Islamic clergy embedded in their national programmes. Unfortunately, Islam has always been an area that political institutions are reluctant to address openly in Pakistan. As shown in Chapter 2, it was only last decade that the national family planning programme of Pakistan received some support and involvement of the Islamic clergy. Access to Islamic channels on cable TV networks also gave people exposure to various discourses about the permissibility of family planning in Islam.

During our interviews with women and men, we observed some transformations in perceptions and discourses about the role of religion in fertility behaviour, as well as continuity of the rhetoric about God's absolute control over reproductive matters such as the number and sex of children. Although this symbolic religiosity was almost identical for the two generations, the perceptions of women about the role of God in reproduction were reshaped. Specifically, God's role was presented as weaker with the increased *majbūri* (compulsion) brought by economic forces, the changing living conditions and parental aspirations, and the availability of contraception which created awareness about the controllability of reproduction and reduced the *majbūri* of women to rely on God in fertility decisions. Our interviews suggested three main transformations, which are discussed below.

6.2.1 When *majbūri* supersedes *gunāh*, fertility regulation is not a sin

People of the older generation, who were now more likely to change their previous attitudes towards fertility regulation and the role of religion, were still more likely to

report contraception and abortion as sin. Like the mothers of Farida and Ghazala (in Chapter 4), Nafisa's mother also reported that stopping childbearing was a sin that would be questioned in the afterlife. Her complaint about the younger generation's lack of consideration about this sin also indicated the weakening role of religion in their contraceptive decisions.

> Previously people used to say those children who come to this world also come with their *rizq* (sustenance), meaning to get yourself closed (sterilisation) is *gunāh* and later [when you die] *Allāh* will take your test and ask you "why did you choose this path?"…They [young women] don't think it now, it doesn't [even] come to their minds.
>
> Nafisa's M (50s/U/Gr8/3S4D)

None of the young women, with the exception of Batool, said that using contraception was a sin. They rather explained their reasons for keeping the family small and spoke of contraception or abortion as *majbūri* (compulsion), which was based on secular behaviours like their concerns about *mehaṅgāi*, and their aspirations for children's well-being, mothers' health and a better life. On the one hand, this indicated that fertility decisions were increasingly driven by non-religious motives, and on the other hand reflected how changing economic and socio-economic conditions compelled the younger generation to redefine norms about what constitutes sin. During the times of *majbūri,* it was acceptable to use contraception to avoid making children *ẕalīl* (wretched), as Sonia's HM reported, or taking health risks, as Sonia mentioned.

> People cannot afford the expenses of children. Now everyone says one should have fewer [children]. There are some people in our village, they are very poor, their children become *ẕalīl* on the streets, but they keep on having children. They do not care about it, they say they [children] are given by *Allāh*, it is *gunāh* [to use contraception]…It is *gunāh* isn't it? It is, but people are also *majbūr* (compelled), what to do?
>
> Sonia's HM (74/R/Gr5/2S3D)

> My MZ has 14 children. [Even] now she tells us what you do is *gunāh* ...What shall we do? It is *majbūri*, we cannot give birth to so many children.
>
> Sonia (28/R/Gr5/3S1D)

One topic that was brought up quite often was the *rozī* (sustenance) of children and whose responsibility it was to provide for them. The older generation reported that they believed it was given by *Allāh*, but now had to be earned by the parents. This perhaps indicates the shifts in household economics from subsistence agriculture to more market-based consumption patterns, which created the need for money and changed peoples' perceptions about the role of God. As shown in Chapter 4, abortion was also less likely to be considered as a sin among the younger generation as more importance was given to having well-spaced births that would not risk the health of the mother and child, and would allow enough time for the parents to nourish the child properly.

Parental aspirations and responsibilities superseded any perceived religious restrictions among the young generation. Most of the young women and men believed that *Allāh* also required them to be responsible parents. In contrast to the views of the older generation when they were young, the younger generation considered that it was the responsibility of parents, not *Allāh*, to ensure children's health, and provide good education and food. Women were also aware that they had *ḥaqq* in Islam in relation to the need for birth spacing and therefore could also justify the need for family planning on Islamic grounds. This again indicates not only the changes in perceptions regarding the permissibility of family planning in Islam, but also how religion was accepted and used as a means of explaining the shift over time in ideals about parenthood and conjugal relationships.

6.2.2 Decreasing reliance on God: Shifts in the locus of control over reproduction

As shown in Chapter 4, the rhetoric of fatalism with regard to the number of children desired almost disappeared among the young women, which indicates the changing locus of perceived control from *Allāh* to people. One of the main reasons for this change was perhaps the wider access to contraception, which removed one of the structural constraints by increasing awareness about the various ways women can

take control of their reproduction, and also decreased the social costs of contraceptive use. As the accounts of the older women presented in Chapter 4 indicated, the lack of availability of contraceptives was often linked with their reliance on *Allāh* in matters such as the timing and number of children. Sameena's HM's account clearly defines how young women's access to incalculable facilities made them no longer rely only on *Allāh* for spacing their births as she had done.

> We didn't have any methods in our time. It was up to *Allāh* and I used to give birth to another one when the previous one was two… Nowadays, thank God, there are *be-shumār sahūlat* (incalculable facilities), it is easy [to get contraception] for the girls.
>
> Sameena's HM (50s/U/0/6D2S)

Changes in the institution of the family, particularly stronger conjugal intimacy between partners and mutual agreements to space or limit births between partners, as will be shown in Chapter 8, perhaps also removed some of the factors that made older women feel that reproduction was uncontrollable, at least by them.

6.2.3 The emergence of Islamic family planning: The permissibility of contraception

During the interviews, young women and men stated that breastfeeding for two years and '*azl* (withdrawal) were *sunnat ki ṭarīqa* (methods prescribed as normative for Muslims) or Islamic *ṭarīqa* (path/methods). While women spontaneously referred to breastfeeding as an accepted method of contraception in Islam, three out of six young men talked about their preferences for *sunnat ki ṭarīqa* methods, as was the case with Shahid (31/R/Gr11).

> Shahid: She [my wife] said there are pills, injections, but I told her "We should be using *sunnat ki ṭarīqa*." It is the best if one does it right.
> GM: Is there a *sunnat ki ṭarīqa*, as well?
> Shahid: Yes
> GM: What is it?
> Shahid: The first one is that while your wife breastfeeds the child, nothing [pregnancy] will happen. It is the best. The second one is, you control yourself and it [sperm] goes out, nothing remains to worry about.

Breastfeeding for two years was often mentioned by the young women as a family planning method and a desirable practice for mothers in Islam, although most did not categorise it as Islamic or *sunnat ki ṭarīqa* as men did. This indicates the differences in messages received by women and men, as well as the possible differences in channels through which these messages were distributed to men and women. While these channels remain an area for further investigation, the emergence of Islamic methods indicates higher acceptance of family planning and men's need to rationalise their acceptance of their own/the couple's control over reproduction through Islam, perhaps as their involvement in the reproductive domain was rather new.

During our interviews, one of the most common discussions was the role that television played in not only increasing awareness about contraception, but also changing the *māhol* and people.

6.3 Access to television and cable networks, and the role of television

As shown in Chapter 2, one of the most rapid developments in Pakistan has been in the area of mass media, particularly after the turn of the century. During our interviews, the change in the use of television was reflected mostly in the accounts of the older women. While most of the older women reported that they did not have access to television when they were young, most of the houses we visited during our fieldwork in Sargodha had a TV set irrespective of their economic status.

> People didn't use it [television] much before, now they use more... Even if they do not have *roṭī* at home, they definitely have TV and get cable as well.
>
> Batool's HM (50/R/0/2S3D)

The majority of the households we visited also had access to the cable network, which transmitted more than 50 international, national and provincial channels. In

addition, each cable operator had around five channels which transmitted recent Bollywood movies with heavy advertisement of local businesses in Sargodha, including shopping centres, private schools, private hospitals and clinics, which informed the audience about the services in the area. Some of the households also had more than one television set in their homes, as it had become a part of dowry given to girls to put in their bedrooms. This itself suggests there might be changes in the patterns of time family members spend together in the home, from more communal to more private conjugal time. As Batool's HM's account suggests, aspirations to own a TV set and access cable television are associated with a shift in values; having a television is now more important than providing *roṭī* at home.

The majority of women talked about watching Pakistani and Indian "dramas" (serials/soap operas) and morning shows for women. The older women welcomed the availability of Islamic channels but also complained that these channels were not preferred by the younger generation, who were more likely to watch dramas, movies, and dance and music programmes. As their mothers mentioned, children also preferred watching Hindi dubbed versions (transmitted from India) of international channels like Cartoon Network and National Geographic.[151]

6.3.1 Television brings awareness but also challenges traditional gender roles and intra-household relationships

During our interviews, discussion on the impact of television was not limited to family planning. The majority of older and younger women perceived television as a source of information on reproductive matters and family planning, through advertisements and health-related programmes. Particularly among older women, television was also considered to be the main means of exposure to other lifestyles and religions, which changed the younger generations' worldviews and values regarding family relationships. The main discussions on the role of TV are discussed below.

[151] Although not mentioned directly during our interviews, there is a growing concern across Pakistan over children's use of Hindi words rather than Urdu ones.

6.3.1.1 Awareness through TV: Advertisements and dramas

During our interviews, the older generation was usually referred to as *sāda* (simple) and the younger generation as *hoshī-yār* (vigilant), meaning worldly and well-informed about family planning. Television, particularly family planning advertisements, was considered by both generations of women to be responsible for this change.

Most of the older women reported that they did not have access to television, and even if they did they were not exposed to *mashūri* (advertisements) providing them with information about contraception or showing them that people who have two children are *k̲h̲ushāl* (happy).

> There are *mashūri* on TV as well. We didn't have such *mashūri* in our time. Now girls and boys know about these things [contraception], but at that time we didn't have *ilm* (knowledge) about these.
>
> Farida's M (50s/U/Gr5/3S3D)

> It says [on TV] that nowadays two children are good. Of course people come to know from there that those who have two children are *k̲h̲ushāl.*
>
> Tania's M (40s/U/Gr5/1S8D)

In addition to advertisements, dramas by showing small families were believed to have an impact on the young generation's perceptions of the number of children a couple should have, as Aleena's HM reported.

> Everyone gets information from TV. Children and their mothers, they just sit and everything [with regard to family planning] is being told to them by advertisements. Now they watch drama on TV and one has a son and a daughter and it [of course] has an impact. Have you ever watched the dramas? None of them has two brothers or two sisters.
>
> Aleena's HM (50s/R/Gr5/4S2D)

Television was seen to provide information about "everything", and more importantly, this information could be accessed by simply sitting at home. As

mentioned by Aleena's HM, Hafza's mother and Malika, women did not have to leave their homes or go to doctors to learn about how long to breastfeed a child, birth spacing, or contraception. As was the case for family planning services, the information was brought to their homes.

> The media tells them about it [family planning] the most. Everything comes through media – TV or radio. Now going to hospital is a matter for later, first they know it from here [home].
>
> Hafza's M (45/U/Gr8/2S6D)

> TV tells us about everything. What does not come on cable? ... birth of the child, *waqfa* of the child and about children's or mother's health... Many people learn [about these] on TV or by interacting with people. Mostly people get to know [about these] sitting in their homes through TV. Nowadays they show a lot on family planning and *waqfa* on TV. They say on TV that there has to be *waqfa* between children, how long a mother has to give her milk to the child...Even those people or women who do not go out from their homes, they get the information from TV in their homes. Cable facilitated knowledge for women.
>
> Malika (27/R/Gr9/1S3D)

By bringing information to the home, television also closed the perceived knowledge gap between uneducated and educated women and men. Young uneducated women talked about being as informed as their educated counterparts. For example, Ghazala assumed that educated women already knew about family planning and believed that television was addressing uneducated women like her. She considered that there was no need to be educated to learn about family planning as she herself learned about it from television.

> Everything is also told on TV nowadays. Even if a person is uneducated thinks that this [what they say] is right and one should listen to them because they are saying these [things] for us. They are doing these for uneducated people, like if you have this many children, how expensive it is now…I learned everything from them, neither had I read any books nor I am educated.
>
> Ghazala (30/R/Gr1/2S2D/sterilised)

> Information about *manṣūba bāṅdhi* changed a lot...When one thing is shown on TV repeatedly, I mean advertisements. Even if one is educated or uneducated when it runs again and again something *jāgnā* (awakens) inside you that "what

> is this?" So you discuss it with your wife. Secondly, *lady health worker* [in English] comes to home and *guides* [in English] the wife.
>
> Aleena's H (31/R/Gr11)

There were, however, questions about whether too much information provided to everyone was beneficial. While in general the dissemination of information on reproductive health and contraception was welcomed among both generations, it was not the case for all women. Some of the older women and young mothers were worried about young children learning about reproductive issues like "what happens between a husband and wife", family planning or pregnancies from television before it was the right time for them. For example, in addition to common complaints about children knowing about contraception, Iqra, who did not specify the contraceptive method she was using as her young unmarried HZ was present during her interview, was concerned about her son's knowledge about pregnancy. She repeatedly complained about the role of television in children's awareness of reproduction.

> Nowadays even very young kids know what's going on. Like my son tells me "Mom you were fat before and since my brother has arrived you have become slim". Even if nobody tells them about these matters, they watch it on TV on National Geographic.
>
> Iqra (34/R/Gr16/2S1D)

While the above interviews suggested that television brought mostly welcomed awareness about contraception and ideal family size through advertisements, dramas and other programmes across age, class, gender and schooling levels, they also indicated that the information provided on television was changing familial relationships with respect to family planning.

6.3.1.2 Family planning is ām now: Disappearing taboos and increased communication

> In our time these things [contraception] were not *ām* (common), now they are *ām*. They talk about it on TV, now every household knows. There are boards on the road, it is written in every doctor's clinic. Now it is *ām*, it was not *ām* then. Now even if you ask a small child [showing a metre in height], he/she will be able to tell you.
>
> Tania's M (40s/U/Gr5/1S8D)

Family planning became *ām*. It was needed by every household and talking about it was no longer associated with *sharm* (shame/modesty), as was the case for the older generation when they were young.

Although talking about contraceptive methods which suggested sexual activity (like condoms or withdrawal) was not always easy for our participants, they did not consider it unacceptable for married women to talk about *manṣūba bāṅdhi* in general and or methods like pills, injections or sterilisation. This was the case for both generations of women, who were now exposed to various family planning messages through television, billboards and clinics, as Tania's mother reported.

The older women, even if aware about contraceptives, mostly reported that when they were young they were unable to talk about "these matters" with their husbands, mothers or mothers-in-law. Nafisa's mother's (50s/U/Gr8/3S4D) quote reflects how "understanding" changed as young women became wise about contraception.

> MJ: Have you talked with your mother about it [family planning]?
> Nafisa's M: No. There was no understanding at that time that mothers can speak to their daughters about these matters. They did not speak because of *sharm*. Now everyone knows.

Similarly, as Aleena's husband's account in the previous section suggests, television encouraged communication between husband and wife. As Chapter 8 will show, most of the younger women reported that they discussed family planning with their husbands, mothers or mothers-in-law, when it was the right time or necessary. Later on in his interview, Aleena's husband (31/R/Gr11) told our male researchers:

> Previously people did not ask [about contraception] because of *sharm*, I mean, when he asked, people would say "look he doesn't have any *sharm*" and one would think that if I ask, I will *be-'izzatī hona* (get disgraced), I will get *insulted* [in English], so why to ask then?

These findings suggest that increased awareness about family planning, mainly through television and other means, and perhaps also its widespread availability, led

to increased communication between spouses, and between younger married women and their mothers and mothers-in-law, as it removed *sharm* and taboos against discussing it.

6.3.1.3 Television brought order and care: Changing attitudes towards life

According to our participants' accounts, television also made people aware of the *zamāna* (times) and the problems of the times like *mehaṅgāi*, and therefore the younger generation became mindful of planning a family. Television, according to Hafza's HM, brought order and made the younger generation careful. For Gulsum's HM television made people careful by teaching them that there is *mehaṅgāi* and the *rozī* of children are their own responsibility.

> This *zamāna* goes on *ṭarīqa* (plan), previously people were *sāda* (simple), and *an-paṛh* (uneducated). People are educated now, that's why [times are different]...People also learn a lot from TV. Nowadays the situation is also like that, and it should be this way as well, that people take care [about their family size]. They get good advice, can listen to good news, if they want, they take the advice.
>
> Hafza's HM (58/U/0/2S3D)

> There was no problem before, there was no such *mehaṅgāi* and people also did not have *parwā* (care). Also they were not aware as [they are] now. TV tells people everything. Also at that time people used to say who gives to the children [God] will also give the *rozī*.
>
> Gulsum's HM (60s/R/Gr10/3S1D)

The existence of order and *parwā* among the younger generation and their non-existence among the older generation indicates the perceived intergenerational differences in attitudes towards life and parenthood, which were welcomed by both generations of women, who believed that the role of television in creating *parwā* was important. Not all changes in attitudes and values brought by television were welcomed, particularly when they challenged the existing Pakistani and Muslim traditions and thus created moral panic.

6.1.3.4 Becoming ḵẖarāb: Moving away from Pakistani and Muslim traditions

> When I was young there was no TV or such… Now, whatever they [the younger generation] watch, their hearts want to do the same [as those on TV]. We didn't watch TV and therefore our minds were not set that way.
>
> Hafza's M (45/U/Gr8/2S6D)

Many of the older women, like Hafza's mother, believed that television had changed the mindset of the younger generation, making them want whatever was shown on television. This was not considered to be a good change: one of the most common discussions about the impact of television, indeed, was about how it *tabāh karnā* (ruined) the *māhol* by presenting lifestyles that were not always compatible with the values of Pakistanis or Muslims. For example, for Ruby's HM, the problem of the impact of television was related to weakening religious values and manners, particularly among those who watched cable. She was particularly concerned about her grandchildren who were watching dance and music on television. Similarly, Sonia's HM was concerned about children learning about idolatry, which she believed was against Islam, through Indian dramas.[152]

> Whatever is happening on the cable nowadays, there is no idea of *dīn* (religion)...Young or old, they do not have any *tamīz* (discretion) like how to talk to an older one or to a younger one... Those who watch cable and small children, how will they come towards their *dīn* (religion)? They are watching music and dance.
>
> Ruby's HM (50/U/0/4S2D)

> I used to say don't get the cable installed. We had an issue with this for six months in our house... Cable is not good. Whatever we watch, children also watch the same... Now I tell her [Sonia], you got the cable installed but don't watch Indian drama. It is not good. We are Muslims, they do phujā (idolatry) to idols. What a wrong thing that they watch phujā and we believe in Allāh ta'ala...They watch Indian dramas. No one watches the Pakistani ones.
>
> Sonia's HM (74/R/Gr5/2S3D)

[152] Hafza's two daughters' names were chosen from an Indian soap opera and were not Pakistani names.

Another area that created moral panic among the older generation was the impact of television on the traditional system of marriage and roles within the household.

6.3.1.5 Challenges to traditional marriage systems and household relationships

According to the older women, television increased the risk of premarital relationships, not necessarily sexual, between boys and girls. Most of the older women believed that young girls and boys became *k̲h̲arāb* and desired to have girlfriends/boyfriends. Some of them also mentioned the need to marry young girls and boys as soon as possible to prevent them committing such sins (also see Section 7.4.1). As Sameena's HM (50s/U/Gr0/6S2D) said:

> Sameena's HM: One should not consider what others do...If they get married both the boy and the girls are prevented from committing a sin…
> MJ: What kind of sin you are talking about?
> Sameena's HM: Do children commit [only] some sin? You know the *daur* (times), it is in front of you. They watch cable, they watch TV and become *k̲h̲arāb*.

Television also posed a challenge to the traditional marriage systems. It formed the concept of love among the younger generation, decreased the role of parents in finding marriage partners for their children (particulary for sons), gave young people the courage to talk about their spousal choices with their parents, and also made some parents accept this behaviour of young people.

> Now boys and girls form the *joṛī* by themselves…It was parents who found it [spouse for the daughter/son] before, now they have it wherever their heart wants. Now they watch TV and say "Papa I want to get married to this place". *Māhol* has not remained the same. Previously wherever parents say, girls used to marry there and they didn't say anything. Now people also agree with their children.
>
> Nafisa's HM (40s/U/Gr0/3S1D)

> Believe me, we didn't have TV, VCR and cable were not available and now these ruined the *māhol*...My time and Ameena's time are very different from each other. There was nothing like this [love marriage] in our time. Ameena is

> also *āj kal ki paidā'ish* [born in this era] and understands everything. She is educated and also watches everything like cable, TV, VCR.
>
> Ameena's M (45/R/Gr0/2S2D)

Furthermore, television promoted cooperative conjugal relationships, particularly through addressing the role and responsibilities of men as husbands or fathers. Husbands learned about how to be a good husband or father from serials, and this promoted cooperative conjugal relationships. This point was made by a FWC worker, who had been working in the area for more than 10 years, when she compared the behaviour of men over time and reported her perceptions of the role of TV.

> Nowadays husbands are anyway very cooperative. They are not like previous ones who used to make their wives listen with the power of a stick… Media shows them and it affects them that whatever they [the characters on television] do, we should also do that…Like they watch dramas, see a good husband and learn from it.
>
> FWC-A

Television also posed a challenge to household roles. Some older women, like Iqra's mother, were concerned about young people being aware about the family systems in other households since this would create familial problems, particularly if the girls wanted to live in the style that was shown on television.

> This [TV] is in every house. But it doesn't mean that one should learn whatever it teaches. One watches it and finishes there. Old people say that one knows her own house, and she should learn her own house's system. It should not be the way that one learns the things in others' houses.
>
> Iqra's M (50s/R/Gr0/3S1D)

The need for older women's advice was also lowered with the entry of television into these homes, just as it was with the growth of family planning services and doctors. The young women were less likely to take advice from their elders, as Kameela's mother mentioned; they watched television and therefore had their own *'aql* (intelligence) so they did not need advice from others.

> Nowadays who takes the advice of others? No one. They themselves are big engineers…the world has become *samāji* (wise), isn't it like that?...They watch drama and news, some *'aql* has to come with these, isn't it true?
>
> Kameela's M (50s/U/Gr0/1S5D)

The qualitative data suggests that there was an increase in awareness about contraception and the need for family planning through television viewing. In addition, there were signs of social changes occurring at the household level in Punjab, indicating the weakening role of older women in young women's lives, particularly with regard to the provision of advice. There was also a moral panic which was reflected mostly in the accounts of older women. They believed that younger women and children were getting *ḵẖarāb* after learning about other lifestyles that are not suitable for Pakistani Muslims, including increasing demand for love marriages, which was seen as a threat to the traditions and honour of the family.

6.4 The role of schooling: Does it create awareness about family planning?

This section shows the role of *talīm* (education, used to refer to schooling) in the differences in fertility preferences and behaviour between the two generations.

6.4.1 Is it young women's schooling or the schooling of children that matters?

Education, particularly the need for it in the current era, was discussed by everyone we interviewed. Being *paṛhī-likhī* and *an-paṛh* meant living in two different worlds for most of our participants. Education did not only beget *samāj* (wisdom), *'aql* (intelligence), and the ability to read and write in Urdu and English; it also brought awareness about the world and determined how one would *uṭhte-baiṭhte* (behave and interact with others, literally 'rising and sitting').

> Going to school brings good *tarbiyat* (nurturing). One learns about matters and everything else like *uṭhtna-baiṭhtna.* Sonia's M (50s/R/Gr0/2S4D)

> If one is educated, his/her steps are right as he/she thinks about everything, up or down every *rasta* (path). How can an uneducated person be aware of all these matters?
>
> Ghazala's M (50s/R/Gr0/5S4D)

> If one is educated, he/she sits on a chair, if one is uneducated then he/she sits on the floor...this is related with *'izzat* (respect).
>
> Kameela's HM (50s/U/Gr0/1S5D)

According to the older generation in particular, being uneducated meant being ignorant, as an uneducated person lacks knowledge and cannot understand the world fully. Uneducated people were considered not to have the *roshnī* (light). Being uneducated was often equated with being blind, as reported by Iqra's HM (60s/R/Gr0/6S1D), because uneducated people were unable to see and understand what was happening around them.

The perceived benefits of schooling were many and generally related to increased status. Some of the common discussions of schooling with respect to family and family planning are given below.

6.4.1.1 Awareness about the need to plan a family and knowledge about contraceptives

Among the older women, schooling was believed to provide young women with awareness about family planning and also influence their preferences towards having *ćhoṭī* families. They considered that young women were relatively more *tez* (sharp/keen) and knew more about contraception as a result of their higher schooling. Sometimes the initial stress on the role of schooling ruptured with the young women's counter explanations which emphasised other factors like TV, as was the case during Ruby's HM's (50/U/Gr0/4S2D) interview. According to Ruby's HM, Ruby had a better knowledge about contraception as she was educated, even if for just a couple of years.

> Ruby's HM: As compared to us our children are very *tez*. We don't know these matters [contraception]. They know because they are educated. She [Ruby] is educated only a bit, but we are totally uneducated. We don't know about these [contraception], but they have more information than we have.
> Ruby's HZ: There was no TV at that time. Now TV helps so much in this time. There is so much in it that one sits at home and learns.

Among the younger women, on the other hand, the differences in educational levels were rarely used to explain contrasting knowledge about family planning. Even when they were, it was to claim that educated women know "better" rather than that uneducated women do not know at all. None of the young women considered themselves as completely lacking knowledge about contraception.

The associations created between schooling and contraceptive awareness were not and could not be based on "just receiving schooling". The content of schooling alone is highly unlikely to improve knowledge about fertility regulation in Pakistan as reproductive health and sex education,[153] despite being discussed in the media, have not been incorporated into the school curriculum even at higher levels.[154] Only one young woman, Farida (31/U/Gr12/2S1D), reported that she learned about nutrition during pregnancy at school, from home economics course books in Grade 12. Another subject which provides information about reproduction is biology, but it is not preferred by girls or is not offered in girls' high schools in rural areas. In the girls' secondary schools in our village science subjects were not offered. Most of the educated young women, like Iffat, knew little about reproduction. Women learned about family planning through service providers and television rather than the schooling system, and usually after marriage.

Parallel explanations were also provided by interviewees on the impact of *talīm* on desired family sizes, and perceived differences between educated and uneducated

[153] Although reproductive health education is not provided in schools, there were some awareness-raising campaigns run by the private sector. During the household listings, a girl from Grade 6 came home with a pack of Always sanitary pads. The Always company was visiting schools to advertise their products, give basic information about menstruation and encourage girls' attendance during menstruation (Fieldnotes dated 18/03/2011).
[154] Comprehensive sex education has recently been included in the curriculum of a Karachi based medical undergraduate college. http://statebuildingmonitor.wordpress.com/2012/10/08/in-a-first-pakistani-medical-school-will-offer-sex-education/

people. With regard to number of children, there was a general belief among the older generations and educated young women like Gulsum that educated women wish to have smaller families than uneducated women as they are more careful and want to provide a better upbringing for their children. Despite the fact that uneducated women were considered by educated women to be careless about family planning, Ghazala talked openly about how being *an-paṛh* did not make her less mindful about planning a family.

> Those who are educated know what to do. They know that they have to give everything to them [children], so they keep the numbers limited.
>
> Gulsum (33/R/Gr14/1S1D)

> We ourselves are definitely *an-paṛh* but we do care about these matters [family planning].
>
> Ghazala (30/R/Gr1/2S2D/sterilised)

Gulsum's account suggests that the desire to have a small number of children was not related to the educational background of mothers or fathers, but their desire to give "everything" to their children. As shown in Chapter 5, this was a predominant discourse during our interviews, and all women, irrespective of their education, rural/urban residence, or economic situation, had similar desires with regard to their children's education and the future.

Education made everyone not only aware of but also careful about family planning, but in a rather indirect way. The availability of school choices, particularly the expansion of private schools for both genders, influenced the family planning decisions of young couples (Sathar *et al* 2003; Zaidi *et al* 2012), as discussed in detail in the previous chapter.

6.4.1.2 Situating educated women in the household: Ambivalences

Another way in which *talīm* inflected fertility was the perceived status it brought to those who were educated. *Talīm* created a new hierarchy within the household, and the position, roles and responsibilities of educated women as daughters, wives,

mothers or *bahū* were still being negotiated. Given the knowledge and *roshnī* that young women had, older women felt that their positions were challenged and in decline. Ghazala's HM thought that since Ghazala was also uneducated, the traditional hierarchy between the two women remained. However, Nafisa's HM considered herself as nothing because of her lack of education.

> *An-paṛh* and *paṛhī-likhī* speaks differently, like I am *an-paṛh* and you are *paṛhī-likhī*, when you talk it is different. *Talīm* is a *roshni* (light), whoever studies knows about the *roshni*. Like a teacher ...would know how to talk, and which path is right. I have not studied, and I know nothing. At least, I have this thing that I am *an-paṛh*, *sās* (mother-in-law) is *an-paṛh*, but others are *an-paṛh* too, so everything is equal. But even if she [Ghazala] got education, she would have treated me the same...because she knows that I am older. She asks and goes [out]. [Otherwise] mothers are becoming *chavval* (unwise/lowered).
>
> Ghazala's HM (74/R/0/6S1D)

> If I was schooled, I would have been *dunyā-dārī* (worldly) and the *māhol* of today: how to take care of children, how to make them study…If you consider the *māhol*, I am nothing.
>
> Nafisa's HM (50s/U/0/3S1D)

This status effect also created low confidence among uneducated women from the older generation. Older women were likely to think of themselves as incapable of giving advice on family planning or children's upbringing, as they were uneducated and less aware about these matters as compared to their daughters or daughter-in-law, who were educated and well-informed.

In addition, the role and responsibilities of a mother have transformed to incorporate assistance in the schooling of children. *Talīm* made young women good mothers, who could provide their children with a good upbringing and help with their homework.

> I had lots of benefits. I used to teach my sisters and brothers before and check their notebooks, now I do the same with my children... I think a girl should at least be able to read what is written on the medicine. I check for my children, what is the date, what medicine is this and then give it to them.
>
> Safia (28/U/Gr10/2S1D)

The role of mothers as teachers at home affected the domain of domestic responsibilities for younger and older women. Since mother-in-laws were unable to teach children and young women required time to teach their children, it was not always necessary for young women to take the primary responsibility for household chores (see Chapter 7).

Perceived knowledge gaps between the two generations, and intergenerational differences in schooling levels, created an unfamiliar and perhaps higher but yet-to-be defined status for young women. In general, this challenged if not depreciated the position of older women by creating ambiguities in the domestic sphere and lack of self-confidence among the older generation.

6.5 Conclusion

This chapter has presented women's and men's perceptions of the ways in which institutional developments have transformed and shaped the younger generation's attitudes and behaviour concerning family planning. It has also outlined the ways in which they benefit or pose a perceived risk to familial roles and responsibilities, and relationships between parents and children, spouses, and older and younger women.

One of the significant contributions of institutional developments was in creating positive public attitudes towards contraception. In general, all the women interviewed were not only aware about a variety of contraceptive methods, but also accepted traditional methods and condoms as a legitimate way of preventing or spacing births. Awareness about contraception in general, and a variety of contraceptives in particular, was realised through access to service providers and television advertisements, while acceptance of contraception was also related to economic forces, parental aspirations and changing religious beliefs about contraception.

The chapter has also shown that the service providers played a very strong role in the young women's method choices. LHWs and doctors created norms about "good" and "bad" contraception, and directed the women towards certain methods. On the positive side, the expansion of service provision meant easy access to information and contraception. The presence of LHWs in these communities was particularly important as they were the main sources of information about reproductive health services, and were accessible to all women irrespective of their educational level or household economic status.

Another finding presented in this chapter is the perceived changes in attitudes to family brought about by increased knowledge about other lifestyles, particularly through television. Motherhood roles were redefined around the schooling of children, aspirations were emerging for intimacy in conjugal relationships, and the older generation perceived that television was challenging the traditional ways of living.

Although schooling was highly unlikely to create awareness about family planning, it had the indirect effect of raising aspirations for children's education, and created a new hierarchal level within the household: "the educated daughter-in-law". The new roles attached to this status are yet to be defined, but it was clear that the younger women's duties were defined more around their children, and the older women lacked self-confidence about their power as mothers-in-law. The next chapter takes this analysis further by examining the continuities and changes in gender and family systems.

> Among all the changes going on today, none are more important than those happening in our personal lives – in sexuality, relationships, marriage, and the family. There is a global revolution going on in how we think of ourselves and how we form ties and connections with others. It is a revolution advancing unevenly in different regions and cultures, with many resistances.
>
> Giddens (1999: 51)

7. Continuity and change: Cracks at the margins of traditional family and gender systems

Girls in Punjab are brought up with strong values that define how to "be a good woman", such as being a homemaker, sustaining the honour of the family, and being obedient to men and elders. This chapter aims to describe continuity and change in the gender and family systems that determine these ideologies of womanhood and the power relationships within families.[155] It also serves as a prologue to the next chapter by presenting the broader structure in which negotiations about reproduction take place.

During the interviews, the young women's socialisation was investigated through questions about their roles and responsibilities, and what was expected of them as daughters, wives, daughters-in-law and mothers. Older women were also questioned about their roles now and when they were young, and asked to compare the changes between how the expectations and responsibilities attached to these roles were when they were young and how they are for young women now. In addition, both generations were asked about the decision-making processes involved in their schooling and marriages. This chapter mainly utilises this information.

The data collected from the young women about their children also allowed for three-generation comparisons on some topics, such as decisions on female schooling

[155] There have been changes in the strength of ties between *birādrī* and the family as well. In this chapter, these changes will only be discussed partially since they were not investigated systematically during my fieldwork.

and employment, but it also had a number of limitations. One of these limitations was the difficulty in collecting data on intra-household relationships, as private or sensitive information about matters such as domestic violence or their sexual lives was generally concealed from us. In addition, data collected from the older generation is retrospective and therefore older women's earlier experiences of their social relationships are likely to be reinterpreted in the light of more recent experiences and circumstances.[156] This could lead to misreporting: either through exaggeration of the differences between the two generations or through concealing information to show their relationships as less problematic, particularly if their experiences were very different than the prevailing norms.

Keeping these limitations in mind, I describe continuity and change in Punjabi families. I argue that young women, like their mothers and mothers-in-law, continue to be socialised into becoming good daughters, wives and daughters-in-law by a) being a homemaker; b) maintaining the '*izzat* of the family; and c) being *farmān-bardār* (obedient)[157] to men and older women in the household. Although these broader roles remained the same for both generations, with varying levels of importance in natal and affinal homes, the Punjabi families were transforming in subtle ways. The transformations, which I call "cracks", could be observed in three ways: Firstly, in the expansion of the boundaries of what constituted acceptable/unacceptable behaviour for women within these three roles; secondly in the dilemmas that the older women experienced in adjusting to changing environments; and lastly, in the various forms of agency exercised by the young women in challenging the existing norms. These "cracks" indicate subtle dissolutions in power relationships within households, particularly those based on age hierarchies.

[156] Some older women reported having had problems in their relationships with their deceased husbands and in-laws but did not want to talk about these problems as doing so would be disrespectful. Older women's views on the upbringing of children and the involvement of the young generation in marriage decisions also changed over their life courses.

[157] While obedience was expected from all children irrespective of their sex, the honour of the family could mainly be damaged by the behaviour of women. Sons could also bring dishonour to the family through their sexual preferences, drug-taking or alcohol use, but the dishonour brought by sons was not as damaging as the dishonour brought by daughters.

The chapter has four main sections. The first section describes the continuity in women's roles as homemakers, and presents the changes in these roles between two generations. The second section describes the continuing importance given to maintaining the "honour" of the family through *parda* restrictions on women, and identifies the ways in which the boundaries of what constitutes honour were challenged at the family level with female schooling and employment. The third section examines on obedience, its association with honour, and increased awareness among young women about the returns of obedience for their relationships in natal and affinal homes. The last section focuses on how honour and obedience were challenged and transformed within marriage systems, particularly with regard to decisions on timing of marriage and the marriage partner, which are major decisions in a woman's reproductive life (Ghimire and Axinn 2013). I conclude by discussing the nature and strength of these changes in Punjabi families.

7.1 Women are the homemakers

Unmarried daughters were considered by their parents to be guests, who belong to *apnā ghar* (her own home meaning affinal home). Before leaving their natal homes, daughters needed to be trained as homemakers so that they could manage a married life at their *susrāl* (in-laws home). It was also daughters' duty to help their mothers with the household chores, and it was mothers' foremost duty to prepare their daughters to become "good daughters", and eventually good wives and daughters-in-law.

The load of household chores depended on the circumstances of the household,[158] the girls' birth order,[159] how close they were to marriage,[160] and whether they were schooled. Parents of older women could sacrifice the studies of their daughters easily, however, when there was a need for an extra hand at home; this was also true

[158] Daughters' domestic responsibilities increased under certain circumstances, such as illness of one of her parents.
[159] Eldest and single daughters were considered to be the main helpers of the mother and had a higher burden in household chores as compared to younger sisters.
[160] More time was spent on improving cooking skills when marriage was imminent.

for young women. For example, as the eldest daughter of the house, Aafia (35/R/Gr2/4S4D) had to quit schooling in order to help her mother with household chores and take care of her seven younger siblings; however, all of her sisters received schooling. Similarly, Afaf (24/U/Gr10/2D) was an only daughter and left her schooling when her father passed away. Although her MB promised to support her education financially, Afaf told them:

> I was not going to study further because my mother was alone and I did not want her to feel alone… Now she also had to go out to buy vegetables as well.

Daughters started their "real lives" as homemakers after their marriages. A newly married young woman was expected to take care of her husband and parents-in-law, and also contribute to, if not solely be responsible for, the household chores. Iffat was one of many young women who complained about the workload in their affinal home. Her share of household chores was distributed by her HeBW, and was much higher than what she had been doing in her natal home:

> I didn't know how to cook [laughing]. I knew how to make *roṭī* [though]. I used to go to school so I didn't do house work…When I came here [after marriage], my HeBW piled all the dishes together and asked me to wash all of them. Whenever I came out [from my room], I used to see the dishes and got scared [laughing]. I used to start weeping that how I am going to wash all these. Washing the dishes was my first problem here...but then I got used to it.
>
> Iffat (32/R/ Gr10/1S1D)

Sons felt themselves responsible for bringing help to their mothers, particularly after the marriage of their sisters. Three of the six men we interviewed associated the timings of their marriages with the need for a woman to help with the household chores. As Farida's husband (31/U/Gr14) said:

> I had to marry...even though I did not want to at that point… My mother was alone at home and there was no one to deal with the household chores. I thought "okay at least somebody will come to do the household chores". Therefore I got married.

Getting pregnant decreased the workload of the young women in their affinal homes. While the older women did not think that they had received special attention while pregnant, most of the young women said that during pregnancy they had not been allowed to do heavy household chores, and had received special care from their husbands and mothers-in-law in terms of ensuring nutritious food and rest. For example, during Afaf's pregnancy, her husband was a good caretaker, and her HM and HyZ did not allow her to contribute to the household chores. Meena, whose mother-in-law would generally decide what to cook, was able to demand whatever she desired to eat when she was pregnant.

> My HM and my husband took care of me. He [husband] used to take care of me that I should not carry anything...He used to follow doctors' advice about what to eat and drink, medicines and all, he used to buy and bring those. He used to take me for injections... My HM and HyZ used to do all the *ghar ka kām* (household chores).
>
> Afaf (24/U/Gr10/2D)

> My HM used to say "whatever your heart desires I will cook that, just tell it to me. We will not eat what we want; we will cook and eat what you want".
>
> Meena (33/U/Gr14/1D)

Pregnancy became a special time for the young women, unlike their mothers and mothers-in-law. However, after childbirth, women had to take on the responsibilities of motherhood.

Paid employment of women outside the home was not considered desirable by the majority of women and men we interviewed. Bringing money to home was seen as the husband's responsibility, as Ruby's husband reported, and the majority of women, like Sameena, was content with this division of labour.

> The biggest responsibility of a husband is to bring 100% of the earnings to the home and it give to wife. Then how to manage it [earnings] is her job.
>
> Ruby's husband (36/U/Gr5)

> He [my husband] works and fulfils the expenditures of the children and house. In other houses women have to work, but thanks to God in our home they don't allow us to go out. Everything is fulfilled by men.
>
> Sameena (33/U/0/3S4D)

While the above accounts suggest the continuity of women's socialisation in their roles as homemakers, there were some differences between the two generations that indicated changing norms, as well as the ways in which families adjust to the requirements of changing socio-economic environments which mainly resulted from increasing schooling of girls, employment opportunities for women and economic distress. These changes are discussed below.

7.1.1 She is not *fārig*: Schooling and decreasing expectations for daughters to contribute to household chores

Most women from the older generation were not schooled, and therefore expectations for them to fulfil domestic responsibilities in their natal homes when they were young were much higher as compared to young women who were schooled and thus not *fārig* (free/unoccupied). The older women also married much earlier than the younger women so they had a shorter time span to learn the necessary skills from their mothers.

Increased importance given to the schooling of girls partially changed expectations about girls' roles in their natal home. The parents of young women had to provide a home environment in which daughters could study and do their homework to be able to complete at least secondary level schooling. Therefore, young women who were at school did not to cook and clean the home on a regular basis, as Iffat reported above. They were often asked to wash and iron their school uniforms, to serve tea to guests, and to help with the care of siblings during their adolescence, but they were not expected to be regular helpers to their mothers. A small number of young women who worked outside the home before getting married could also forgo household chores.

The change that female schooling brought was more prominent for the third generation of daughters. Among younger women who were the mothers of daughters, the expectation for daughters to contribute to household chores had almost disappeared. As shown in Chapter 5, mothers were more concerned about educating

their daughters as well as their sons. Daughters, like sons, were busy with schooling-related activities for all day, and were not seen as free for domestic work.

7.1.2 She is not *fārig̱*: She needs to take care of children

The changing importance given to children's well-being and responsible parenthood also altered the division of domestic work within affinal homes. Among the older women, particularly those living in the rural areas, the responsibilities associated with the role of daughter-in-law surpassed those associated with motherhood. This, perhaps, was also related to the heavy domestic workload that older women had had to perform without the technology that was available to young women. The emergence of more urban lifestyles also lowered the burden of domestic chores among the younger women as they did not have to take care of animals and could buy products that were previously produced at home from nearby markets. Being a mother was important among the older generation, but the responsibilities of motherhood were not at the centre of older women's narratives. Malika's HM (50s/R/0/5S1D) for example, reported that she had never picked up her children as she had always been busy with work.

> I used to work all day. We had goats, and were poor, and had small children. All day I used to deal with giving *ćārā* (fodder) to goats and buffalos. I never picked my children up. I didn't, why should I lie?

For the younger women, on the other hand, their roles and responsibilities as mothers were the most important among all. Mothers of school-going children had to ensure that their children were clean and well-dressed, arrived safely at school and after school tuition, and completed their homework. They had limited time for general household chores. In some of the households we visited, unless the mother-in-law was sick or too old to do housework, it was she who cooked the food and washed the dishes when the young women were busy with their children. Although our sampling strategy, which targeted women with young children who require more attention from the mother, increased the likelihood of such a finding, the interview data suggested a change in the division of labour among women within the household.

For example, during both of our visits, Iqra's HM was the one who cooked the food and washed the dishes. Before her interview, we waited about 15 minutes for Iqra's HM to wash the dishes while Iqra was chatting with us. Similarly, in the households of Meena, Hafza and Kameela, the HM was solely responsible for cooking. Meena, being from a better off household, could spend most of her time with her daughter as she hired a maid for cleaning, and only prepared breakfast and cleaned vegetables for her HM to cook.

Although this argument requires further investigation of time use and division of labour among women within the household, there were some indications of a change between the two generations.

7.1.3 Increasing economic value of daughters

> We want this [more sons] so that they can earn [for the family] but nowadays even daughters get education and can do jobs... Times are changing and you have to follow them. Our time has passed. Now he [husband] is the only one earning and we are six people to be fed...I want to educate my daughters and God should give them jobs. At least my daughters will have some earnings and they can *niẓām karna* (dispose/arrange) themselves.
>
> Khalida (32/U/Gr5/1S3D)

Section 4.3 presented the decreasing preference for sons and increasing preference for daughters among the young women. It also showed that among young women who wanted to have more than one son, their main motivations were associated with the economic benefits of sons and worries about future security.

Although there exists a wage gap between men and women, the marginal economic returns of each year of schooling in wage employment (except in agriculture) has been shown to be higher for women than men in Pakistan when they complete Grades 10 and above (Aslam 2009), also equalising wages after Grade 12 (Aslam and Kingdon 2012). With increasing female schooling and employment opportunities for women, the relative economic value of daughters also increased in their natal homes. At the same time, having many boys was not perceived to have a *fā'ida*

(benefit) for parents unless they were well educated, well-behaved, economically capable, and able to provide old age security. As Aafia (35/R/Gr2/4S4D) reported, sons were seen as having less *fā'ida* now as they were more likely to disrespect their parents:

> Daughters go the *apnā ghar*, but still they do some work for their mother and father, they give food nicely [at least]. But now even sons don't have a *fā'ida* because they don't work properly and also answer back to their parents, they swear as well. So, it's better not to have them.

Daughters were more likely to marry later, and if educated, they could also spend the time between schooling and marriage in a paid employment. As compared to the previous generation, it was easier for women to get *ijāzat* (permission) from the family to work, as the mindset of the elders had changed.

> Now it [having a job] is not a problem. They [women] work. My BD has started working, in our house my HyBW works. This was not the case before...This *nasl* (generation) has very high education [levels]…They used to think it [women's employment] wrong before that she is going to be outside…but now they give *ijāzat* (permission), the *soć* (thinking) of the elders has changed a lot.
>
> Adeela (32/U/Gr8/3D)

> Previously people did not study, and daughters were married off early. Now girls are *paṛhī-likhī,* they do similar jobs to men. The jobs that men do, they also do the same.
>
> Meena's M (50s/U/Gr12/2S2D)

As Table 7.1 also suggests the percentage of young women who reported ever working before their marriage more than doubled between 1990/1 and 2006/7.[161] Uneducated women and highly educated women were more likely to work as compared to those who were *kam paṛhī-likhī*. This, perhaps, indicates not only the types of jobs available for women in the labour market, but also the increasing economic need for women's work (particularly among the uneducated who are also

[161] The questions asked were "Did you work any time before you (first) got married?" and "Did you work after you (first) got married?".

more likely to be from poorer households), and the availability of lucrative jobs and willingness of highly educated women to take these jobs.

Table 7.1: Percentage of young Punjabi women aged 25-34 who reported ever working before and after marriage, 1990/1 & 2006/7

	Ever worked before marriage		Ever worked after marriage	
Background/year	***1990/1***	***2006/7***	***1990/1***	***2006/7***
All	12.6	28.8	12.4	30.2
Rural	11.8	30.7	12.7	34.5
Urban	14.4	25.1	11.5	21.9
Grades 0-5	11.2	30.8	12.0	35.5
Grades 8-11	14.1	18.3	13.5	14.7
Grades 12 and above	36.1	38.2	23.0	27.6
N	1,599	2,191	1,602	2,191

Sources: DHS 1990/1 & 2006/7

Our qualitative interviews, in addition to indicating changing attitudes towards women's employment, also showed that compared to the previous generation, young women were more likely to work before and after marriage. Among the older women, only Kameela's HM (50s/U/Gr10/2S1D/received teacher training) worked regularly as a teacher before and after her marriage. Two older women started working after losing their husbands, and two others worked before their marriage only. Among the young women, however, working was a preference rather than compulsion. It was only young women with high schooling reported their willingness to work. In the rural area, Iqra was working from home as a beauty parlour and was also waiting for job openings in local public schools; Gulsum was waiting for her children to start schooling to restart teaching as her sisters did; and Iffat became a LHW after her marriage. In the urban area, Hafza was waiting for her children to grow up to pursue her schooling and start working again, and Kameela was planning to apply for jobs when her forty day old son was at least three months old. None of these women wanted their schooling to be wasted. They had permission to work and

wanted to help their husbands financially, but in jobs that would not affect their responsibilities as mothers.

This section suggests that despite the fact women continued to be homemakers, the division of household work changed among the younger and older generations in both natal and affinal homes, and women's employment outside of the home was increasingly accepted by their parents, husbands and in-laws. While these changes were generally the result of economic forces, increasing female schooling and increasing job opportunities for women, the expansion of the private education sector and government jobs contributed towards closing the gap in the values of sons and daughters by increasing the relative financial value of daughters.

7.2 Keeping your father's *pāg* (honour) unstained: Honour and parda

Daughters were also expected to abstain from any behaviour that could bring dishonour to their parents. Although what constituted acceptable and unacceptable behaviour varied between families or *birādrī*,[162] almost every interviewee stated that breaking the rules of *parda* (veil/modesty)[163] was the main behaviour that could damage the honour of girls and their families.

The requirements of *parda* ranged from more flexible rules on dress codes, to very strict rules on interaction and relations between genders. In terms of dress codes, based on theological and cultural grounds, women were usually expected to wear modest *shalwār qamīz* to cover the body and a *dupatta* to cover the head, particularly in public or in the presence of unrelated men. *Parda* in dress code was deemed

[162] While for some families going out without covering the head was a matter of dishonour, for some families or *birādrī*, schooling of girls beyond a certain level was also dishonourable. During our fieldwork, we also heard a story of a young girl from a neighbouring village being killed by her FeB and his sons for attending college although she was permitted to by her father.

[163] Although *parda* literally meant 'being veiled', in practice it determined women's interactions in the society by a) defining the dress codes that girls and women had to follow within or beyond their households; b) limiting women's mobility; and c) restricting the interactions between women and men.

necessary after puberty.[164] In terms of the more strict rules of *parda*, any kind of relationship between an unmarried girl and a boy was regarded as unacceptable and the most dishonourable behaviour. The main means of preventing dishonour was therefore to limit daughters' mobility and interaction with men, particularly as soon as they became *jawān* (reached menarche), that is, reproductive.

> Ghazala's mother (50s/R/0/5S4D): When a girl becomes *jawān* then parents start worrying. Sons can go out and work for a while, you don't worry as such. But for girls, when they become *jawān*, parents worry so much that they cannot sleep at night.
> Ghazala's BW: It becomes an issue for the parents' honour.
> MJ: What kind of an issue?
> Ghazala's BW: That our daughter should not do wrong.
> Ghazala's mother: Like if a girl goes out and roams around.

When the older generation referred to their childhood, honour was not only associated with going out but also with being "invisible" to others. "Invisibility" was a source of pride. As Sonia's HM's interview suggests, visibility meant higher risks of being talked about by others, which could bring dishonour to girls and the family. Sonia's HM (74, R, Gr5, 2S3D), who was taken out of school after 5, was proud of the strict training she received from her mother as it sustained her father's *pāg* (honour, literally "hat") unstained.

> My mother used to say us daughters are the ones that can stain the father's *pāg* … if a daughter does wrong the father's *pāg* gets stained… we [daughters] never did anything wrong. We did not let anyone say "your daughter was standing there"…we used to go to the roof to hang the clothes and our mother used to make us remove our shoes despite the hot [floor]... She used to say if they go with shoes people will see them and they will talk. This way their feet will burn. They will just hang the clothes and come back quickly. .. Our mother educated us this way.

The restriction of girls' mobility, although more central in the narratives of the older generation, was perceived by all the women we interviewed to be vital for protecting the *'izzat* of the family. Not allowing daughters to visit friends was a common source of pride for some mothers. A few of the young women also talked about not being

[164] In practice, girls as young as five or six covered their heads with a *dupatta* in rural areas.

allowed to attend family functions or visit relatives, particularly when they became teenagers. These restrictions continued until they departed with their *'izzat* to the affinal home.

When they compared their lives in their natal and affinal homes, the young women used words like *āzādī* (freedom) for the natal home and *pābandī* (restriction) for the affinal home. Most described their arrival at their in-laws as "being born again" or "starting a second life" as they had to adjust to different rules regarding their mobility and behaviour, as well as to the household chores as discussed above.

> You have to be born again… you have to learn everything again. Neither how you cook the food is the same, nor the way you sleep…It is difficult for a while then you learn.
>
> Safia (28/U/Gr10/2S1D)

Sonia's HM also complained that Sonia did not wear a *dupatta* at home and went out to buy vegetables when she was newlywed.

The *parda* restrictions on young women continued even after they got married, and sometimes increased, as was the case for Sonia. Going out was mostly restricted and required permission from the HM, husband or other elders. Going out alone was neither permitted nor preferred by women. Most of the younger women themselves wanted to be chaperoned to bazaars, doctors and their natal homes, so as not to create any doubts about their *'izzat*. Until their children were old enough to be chaperone, young married women usually went out with their mothers, mothers-in-law, HBWs, husbands and brothers.

The restrictions on mobility decreased with age. Mothers and mothers-in-law, who decided whether and when young women could go out, enjoyed being able to visit family members and shop at *bazārs* (markets), more freely and without a companion.

Although these were the general margins of *parda* to maintain family honour, two main changes were apparent when the generations were compared. The first was the

disappearing discourse on "invisibility", and the second was the decreasing mobility restrictions on girls, particularly for schooling purposes.

7.2.1 Increasing importance of schooling and flexibility in mobility of daughters

For older women, the restrictions on mobility defined whether and how much schooling they could receive. Among the younger women, however, a more flexible approach to mobility was taken by their parents for the purposes of schooling, at least until they completed *matric*.[165]

Among the older generation, "not sending girls to school" or "not educating girls in the family beyond primary" was a source of pride for the parents and the *birādrī* of older women as it showed the importance given to their honour and their ability to protect it. The highest level of schooling a girl could receive was decided by her parents depending on the "permissible educational levels of the family or the *birādrī*".[166] Therefore, among the older generation, the most common reason for not going to school – other than limited availability of female schools in the village – was the lack of permission of the parents and the *birādrī*.

> Farida's HM: There was no school in the village. There was a school for boys, but none for girls. Anyways, the situation in the village was such that nobody allowed their girls to study.
> QK: Why do you think that they didn't allow girls to study?
> Farida's HM: Because of *parda*, at that time girls had to do *parda*. In our house they were strict about *parda*.

Most of the older women also used collective terms like "girls in our *k̲h̲andān* (family) or *birādrī*" when explaining the source of limitations as well as the importance given by their parents to the views of extended families and *birādrī*. Even if parents were willing to educate their daughters, collective decisions were

[165] Until recently, *Matric* level schooling was the first concrete achievement in terms of success in an external exam. It is also the minimum level requirement for employment in most public sector jobs.
[166] This was generally linked with the highest level of schooling attained among the female cousins, sisters or daughters of significant figures of the *birādrī*.

important. For example, Adeela's HM's father could not resist the demands of the *birādrī*:

> Our elders used to say that one should not educate the daughters, it gets wasted. I really had my heart on studying, but the *birādrī* forced my father a lot as he was educating his daughters. They said a daughter's place is her home, and they didn't allow me to study... My father was really interested in educating me and I also had the *shauq* (interest), but then everybody started saying [to my father] "it is not good to educate girls, you should not educate them".
>
> Adeela's HM (60/U/0/5S)

Among the young women, however, permission to study was not raised as a major issue as the mobility of girls for schooling purposes became acceptable. However, this did not mean that girls were free to go out whenever they wanted to, they were allowed to go to schools, unlike the previous generation, and they were able to commute to their schools with other girls from the area using private services for girls, or accompanied with a male or older female chaperone from their homes.[167]

As such, the reasons that young women in rural and urban areas did not go to school or left schooling before completing a Grade less than eight, were more related to family circumstances and their own unwillingness to study, rather than lack of parental permission. While the young women who completed Grade 12 and above, with the exception of Farida, did not talk about parental permission, three young women who completed Grades 8-11 (Falak, Nafisa and Adeela) said that they left school because their parents did not allow them to continue studying.[168] For Falak and Nafisa, who were engaged, their fathers' decisions about their schooling were influenced by the prospective fathers-in-law:

> My *number* (exam result) was good and I even filled the forms. But my father and father-in-law (also FyB) did not allow me to study further. But now they [HF] realised [the importance of schooling] and say everyone should study...He himself is educated [Grade 14] but even then he used to say "colleges are like

[167] For example, Gulsum reported that her father took her to city every day for schooling after *matric*. QK, my research assistant was living 25km away from Sargodha and was allowed to commute between two *tehsils* only on a private van for girls.

[168] Other reasons were more personal, such as poor exam results, unwillingness to study further, or the death of a parent.

> that or like this"...Those girls run away. Now there is a lot of change, he has lots of dreams about his grandsons and granddaughters.
>
> Nafisa (31/U/Gr10/1S3D)

Farida (31/U/Gr12/2S1D) had to take a break from her regular schooling after Grade 10. She explained this decision by saying:

> My *māmū* (MB) did not want girls to go to college, I mean get [higher] education because in our *k̲h̲andān* people did not educate their girls previously. We had difficulties while deciding about my education.

Farida left after Grade 10 and took two years of religious education which was accepted by the family. After the course she continued her regular education and completed Grade 12. When she was asked whether her MB changed his decision, she said "No, but my father changed his mind", which also indicated a shift in the locus of decision-making from *birādrī*/*k̲h̲andān* to the parents, through parental resistance.[169]

The above findings mainly show the continuity in the desire of parents to maintain the honour of the family through *parda*, which restricted the mobility of girls. By showing parental flexibility in girls' mobility for schooling (as well as their employment to some extent), this section demonstrates how families adjust to changing socio-economic conditions, which produces tensions with their desires to maintain family honour. Flexibility in the matter of mobility was not unrestricted, nor did it mean girls that could study as much as they wanted to. This, however, was likely to change for girls in the third generation as the young women and their husbands were keen to educate their children as much as possible.

The findings, despite requiring further investigation, also point to the decreasing role of the *birādrī* in defining the limits to girls' schooling and *parda*. Again, this shift was more significant for the young women and their daughters: the young women and their husbands were the ones deciding about the schooling of their children and

[169] After Farida completed Grade 12, she became the role model in her family and her relatives started sending their daughters to college.

this was more about selecting the school than deciding whether or not to send children to school.

7.3 Being an obedient daughter, wife and daughter-in-law

All children were expected to be obedient. However, since the boundaries of obedience coincided with those of honour, the obedience of girls was regarded as more important than the obedience of boys.

7.3.1 Obedience in natal home

For all women, irrespective of their age, place of residence and schooling levels, being a good daughter meant being obedient to their parents and elders in their natal homes.

> I want my daughter to be as *obedient* [in English] as I was with my mother. I was with my mother in every matter. I did whatever she asked [me to do]. If I had to go somewhere, I didn't go until my mother said yes...I only pray to God to make my daughter *naik* (respectable) and *farmān-bardār* (obedient).
>
> Aleena (24/R/Gr14/1D)

Being obedient did not only include following the orders of parents or other elders, but also remaining silent even on major decisions related to their lives, like when and whom to marry, or when and how many children to have, as discussed in Sections 7.4.3 and 8.1. The expectations of obedience from a daughter did not change among the older and younger generations, and as Aleena's interview suggest most of the young women wanted their daughters to be obedient in the same way as they were. The daughters' obedience was important in the natal home but became particularly important when they shifted to their affinal homes.

7.3.2 Obedience in affinal home

The narratives of both generations shifted in focus from "honour" to "obedience" as soon as we started to talk about marriage. It was important that women obeyed parents' decisions about marriage (see Section 7.4.3.1), and obeyed their husbands and in-laws after shifting to the affinal home. Obedience was also associated with the honour of the parents, as daughters through their behaviour conveyed the quality of their upbringing and represented their parents.

Although most of the women were not prepared for the sexual relationship they would initiate after marriage, almost all of the young women were advised by their mothers about how they needed to behave in their new family, as their mothers and mothers-in-law were instructed by their own mothers. A virtuous woman, whose primary duty is to serve and remain obedient to the husband and in-laws, was the definition of a good wife and daughter-in-law. The advice received by Jamila and Nafisa from their mothers was:

> You have to listen to the *hukam* (orders) of your husband. Even if he asks you to jump in a well, you should not refuse.
>
> Jamila (28/R/0/3S)

> Now you have to die there or live there [affinal home]. Whatever happens to you should not go against what they say.
>
> Nafisa (31/U/Gr10/1S3D)

The young women also received advice from their mothers-in-law about how to behave in their affinal home, mainly involving *parda* regulations and how to keep husbands and in-laws happy.

> My mother-in-law says you are the shoes on your husband's feet. If he wants he will wear it and if he doesn't want he will not wear it… You should always try to remain as a good shoe. Stay polished so that your husband wants to wear you happily... I try to be a better wife and daughter-in-law by obeying to them.
>
> Safia (28/U/Gr10/2S4D)

Being an obedient wife and daughter-in-law was important for almost all the young women for two reasons: to maintain the respect of the parents, and to gain respect from husbands and in-laws. While this was true for both generations, the young women were particularly aware of the first-hand benefits of obedience, and were more strategically submissive than fearfully submissive as their mothers and mothers-in-law had been.

7.3.3 Obedience brings stronger familial relationships

> A good daughter cares for her parents' respect first. When she is in their home [natal home] she should be obedient to the parents and fulfil her duties. When she shifts to *aglā ghar* (next house), she needs to continue caring for the respect of her [own] parents. She needs to take care of them [in-laws] and the way she manages at her in-laws she needs to keep her parent's respect in mind.
>
> Aleena (24/R/Gr14/1D)

Obedient and serving daughters in their *susrāl* were a source of pride for their mothers. Disobedience, however, would create displeasure for parents as it would not only show the failures of mothers in raising their children, but would also create tensions between the families through "complaints" by the husband or in-laws. Complaints were mainly associated with not being obedient to the husband or in-laws, and not keeping silence or answering back.

> I have not received any complaints... She doesn't answer back. She is *guzāra karnā wālī* (one who can manage to survive)...I have five other daughters but I am hopeless about them because of their *zebān* (tongue).
>
> Hafza's M (45/U/Gr8/2S6D)

Although the sources of complaints differed, most of the mothers believed that the schooling received by their daughters made them "understanding".

> Education tells you even if it is their mistake, keep your language intact and keep your voice low. It's even better if you stay silent. It's their anger and it is temporary, both for husband and mother-in-law... Talk with love and with your own words. Their anger will fade away. Education teaches us this.
>
> Safia (28/U/Gr10/2S1D)

Indeed, the main difference between the two generations was the young women's possession of "understanding", which denoted awareness about the need to use submissive strategies to gain respect in the affinal home and not to lose respect in the natal home. The young women continued to be socially and economically dependent on men and elders, and more importantly, wanted to have intimate relationships with their husbands. Therefore, they preferred to remain obedient to secure their current and future economic and emotional well-being.

It was not only educated women who were "understanding"; almost every woman talked about the need to practice this trait. For instance, for Tania (25/U/Gr5/1S1D), whose husband was away for nine months in a year, her relationship with her mother-in-law was very important as she had to seek permission from her. She talked about the need to *mākhan lagānā* (to put butter) to keep a good relationship with her HM by taking care of her. Afaf talked about preventing fights with their husbands and in-laws through showing obedience and remaining silent:

> Give importance to what your husband says, do what your husband and in-laws wish…and if there is a fight in a house it happens because of not showing respect to your in-laws and your husband.
>
> Afaf (24/U/Gr10/2D)

Sameena (33/U/0/2S1D), however was unhappy with herself as she could not control her anger and would end up arguing with her husband. She felt the need to explain her disobedient behaviour to us by referring to her personal traits, and reported it as a weakness in her. Marriage is one of the systems in which honour and obedience can be challenged and has a bearing on women's fertility as it also partially defines their relationships with their husbands and in-laws.

7.4 Transforming marriage systems

In Pakistan almost all women and men get married, and stay married until the death of one of the spouses.[170] Divorce or separation is very rare[171] and is culturally

[170] Although polygyny is allowed by law, the majority of marriages are monogamous. Among our participants, only two women from the older generation were in polygamous marriages.

undesirable as it brings dishonour to the family. Therefore, all girls in their natal homes were socialised into accepting their affinal homes as the places that they would die. Aleena explained this by saying:

> In our society, despite all developments, parents still consider that the house that they send their daughter to has to be the one which her dead body leaves. And I also think this should be the case.
>
> Aleena (24/R/Gr14/1D)

Returning to the natal home, even if the young bride was subjected to violence, was unacceptable for parents. This message was provided to almost every woman by their mothers, as was the case for Ghazala (30/R/Gr1/2S1D) on her wedding day:

> My daughter, even if you get beaten there and come back, you will allow people to talk about you, and all *birādrī* will talk about you. They will make you apologise and send you back [anyways]. Therefore even if you are in a problem, or even if you stay hungry and naked, make sure that you raise our '*izzat* in *susrāl*.

The respectability of Ghazala and the family in their *birādrī* was paramount for her mother, as for most of the mothers in the study. Given the importance of a marriage for the '*izzat* of the family in the *birādrī*, the maintenance of marriage was imperative for both individuals and their families.

Firstly, marrying children was a social and religious *majbūri* (compulsion) for parents. Most of the parents reported sending their daughters to *apnā ghar* in order to *farz adā karnā* (complete the duty) or *ūpar se bohj uṭhānā* (remove the responsibility from the shoulders) before leaving this world.

> When they [daughters] got a bit young I asked their father to marry them off and remove it [responsibility] from your mind. It is a responsibility on the shoulders of parents, isn't it?
>
> Ghazala's M (50s/R/0/5S4D)

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[171] The rates of divorce (0.5%) and separation (1.0%) are low among women aged 15-49 in Pakistan (NIPS *et al* 2008). Among our participants, only one young woman and one older woman were divorced and remarried. In Pakistan, divorce is becoming more acceptable among professionals living in major cities who also belong to high-income households, but it still needs to be avoided if possible (Qadeer 2011).

Secondly, marriage was considered as the "marriage of two families" rather than individuals, and therefore decisions with regard to marriage were beyond the bride and bridegroom. Also, given the concerns about honour, the involvement of the prospective brides in the decision-making process was considered inappropriate by the majority of our women interviewees. Marriages were arranged by parents, elder siblings and other relatives, and all the women we interviewed were brought up let their families decide when and with whom they were going to marry.

The timing of the marriage was important for the parents: the later the age at marriage, the higher the risks to honour. While the families differed slightly in terms of their preferences over timing, *rishta* (marriage alliance) was chosen to be endogamous to the *birādrī*, preferably from first cousins. Spousal choice was mainly motivated by female hypergamy or at least the desire to preserve the current economic status and respectability of the family, depending on the household socio-economic circumstances and their ability to compete in the marriage market.[172]

While these factors set the broader contours of the marriage systems in Punjab, there have been some changes between the two generations. The subsections below aim to describe continuity and change in the marriage systems by focusing on several factors: age at marriage; prescriptions and preferences for *rishta*, and the consent of daughters.

7.4.1 Age at marriage

Marriage is almost universal in Punjab: only 1.3% of Punjabi women aged 45-49 reported their marital status as never married in 2006/7. The mean age at first marriage has been increasing progressively since the 1950s. As Table 7.2 shows, as compared to 1990/1, in 2006/7 the percentage of young Punjabi women who remained single by the age of 34 increased from 8.5% to 12.6%, and among those who were married, marriage took place one year later than that of their counterparts in 1990/1.

[172] For more detailed analysis on marriage preferences and kinship relations among Pakistanis see Charsley (2005), Donnan (1988) and Shaw (2001).

Young Punjabi women living in rural areas were more likely to get married earlier than their counterparts in urban areas in both years. Expectedly, there was a positive relationship between age at marriage and schooling levels: young women who did not go to school or completed primary school on average married 4.5 years earlier than young women who completed Grades 12 and above.

Table 7.2: Percentage of young women never married and mean age at marriage among young Punjabi women aged 25-34, 1990/1 & 2006/7

	% Never married		Mean age at marriage	
Background/year	***1990/1***	***2006/7***	***1990/1***	***2006/7***
All women	8.5	12.6	18.4	19.3
Urban	9.9	14.6	19.1	20.1
Rural	7.2	11.4	18.1	18.9
Educational level				
Grades 0-5	5.9	9.3	18.0	18.4
Grades 8-11	13.8	14.5	19.8	20.5
Grades 12 and above	21.4	26.3	22.5	23.0
N	1,164	21,524	1,605	2,196

Sources: DHS 1990/1 & 2006/7

Mean age at marriage was higher among urban women with different schooling levels except for those who completed at least Grade 12. Young rural women who were educated to at least Grade 12 were more likely to marry after their urban counterparts (Table 7.3).

Table 7.3: Mean age at marriage among young Punjabi women aged 25-34 by rural/urban locality and completed schooling level, 1990/1 & 2006/7

	Urban		Rural	
Educational level/year	***1990/1***	***2006/7***	***1990/1***	***2006/7***
Grades 0-5	18.1 (N=276)	18.5 (N=319)	18.0 (N=1,061)	18.4 (N=1,191)
Grades 8-11	19.9 (N=113)	20.5 (N=227)	19.7 (N=64)	20.4 (N=189)
Grades 12 and above	22.3 (N=58)	22.8 (N=173)	24.8 (N=5)	23.4 (N=55)

Sources: DHS 1990/1 & 2006/7

Although the mean age at marriage was around 18 and 19 in 1990/1 and 2006/7 respectively, in 1990/1 around one-quarter of young Punjabi women were married before the age of 16, and this only declined to one fifth by 2006/7. In addition, around four in every ten young women were married when they were between the ages 16 and 19 in both years. The proportion of women marrying after the age of 25, although increasing, only constituted 7.4% of all young women in Punjab in 1990/1 and 12.2% in 2006/7 (Table 7.4).

While there has been an increase in the proportions of young women who married after the age of 20 in both rural and urban areas, as Table 7.4 shows, this change was particularly notable among urban young women: urban young women were more likely to marry between the ages of 16 and 19 like their rural counterparts in 1990/1, and in 2006/7 they became more likely to marry after the age of 20.

Table 7.4: Proportion of young Punjabi women aged 25-34 who were married by certain ages, 1990/1 & 2006/7

	1990/1			2006/7		
Age/year	***All***	***Urban***	***Rural***	***All***	***Urban***	***Rural***
<16	23.9	16.0	27.1	19.0	12.6	22.1
16-19	41.2	41.5	41.1	37.2	33.1	39.3
20-24	27.5	33.2	25.1	31.6	38.4	28.2
25 & above	7.4	9.3	6.6	12.2	16.0	10.3
Total	100.0	100.0	100.0	100.0	100.0	100.0
N	1,605	463	1,142	2,196	734	1,462

Sources: DHS 1990/1 & 2006/7

Our interviews with two generations of women in Sargodha also support this change. First of all, all young women, except Ruby who had her first marriage at the age of 13, were married later than their mothers and mothers-in-law, irrespective of where they lived or how much schooling they received (Table 7.5).

Table 7.5: Percentage of women getting married before a certain age among qualitative sample 2010/2011

	Young women		Older women	
Age/year	***Number***	***%***	***Number***	***%***
<16	1	4.2	13	32.5
16-19	8	33.3	17	42.5
20-24	10	41.7	9	22.5
25 and above	5	20.8	1	2.5
Total	24	100.0	40	100.0

Most of the older women linked the timings of their marriages with menarche: the time that they became *jawān*. Both Hafza's mother and Aleena's HM, for example, were married and sent to their affinal homes as soon as they became *jawān* as their *rishtas* were fixed during their childhood and their in-laws were waiting for them. Both were living in the rural areas at that time, and received some schooling.

> I got my *menses* [in English] for the first time and I got married before the next.
>
> Hafza's M (45/U/Gr8/2S6D)

> I was young [when I got married]...first I had the *nikāḥ* (marriage agreement) for two to three years, and then when I became *jawān* they [parents] had my wedding.
>
> Aleena's HM (50s/R/Gr5/4S2D)

The older women living in urban areas were also married in their teens, with the exception of those who completed secondary schooling, like Meena's HM and Kameela's HM, who got married at the age of 22 and 26, respectively. Meena's HM got married after sitting her BA (Grade 14) exams, but Kameela's HM's marriage took place a while after her schooling and teacher training, as her mother and father could not reach a consensus about the prospective bridegroom as they wanted her to marry her their own blood.

Table 7.6: Proportion of women marrying before a certain age by grade completed, qualitative sample 2010/2011

	Young women			Older women		
Age/ educational level	***Grades 0-5***	***Grades 8-11***	***Grades 12 and above***	***Grades 0-5***	***Grades 8-11***	***Grades 12 and above***
<16	1	0	0	12	1	0
16-19	5	3	0	13	4	0
20-24	3	4	3	7	0	2
25 and above	0	0	5	0	1	0
Total	9	7	8	32	6	2

Among the young women, marriages before the age of 16 were uncommon, and all women who married after the age of 20 were schooled to at least Grade 12 (Table

7.6). All those who married after the age of 25 were from the urban area, except Gulsum, whose marriage was delayed due to a broken engagement (see Section 7.4.2).

7.4.1.1 Shift from "being jawān" to "as soon as possible"

The norms about ideal age at marriage changed from "being *jawān"* to "as soon as possible". The discourse on the need for a girl to marry as soon as she reaches menarche had almost disappeared among the interviewees; the young women did not mention it at all, and among the older women it was only raised by those in rural areas who were the mothers of uneducated girls. Their concern, as almost all women from older generation, was the increasing pressures they felt for marrying their daughters as early as possible as the world was changing or their desires to complete their parenthood duties.

> When a girl becomes 10-12 she has her *tarīh* (menses). Then it [marriage] is a compulsion for parents. Previously it was different. Now girls cannot go out alone due to the situation of the world.
>
> Ghazala's HM (74/R/0/6S1D)

> Considering the times one gets scared. Also, when a girl reaches 14, 15 it is one's responsibility [of parents to marry the daughter]. She should go to her own home.
>
> Batool's HM (50/R/0/2S3D)

None of the young women said that girls need to marry as soon as they become *jawān*. Instead, these women talked about the necessity of girls being old enough to take care of the responsibilities of a marriage (managing household chores and relationships), to complete schooling, and to deliver a child without risk to her health. Therefore, the ideal age for marriage was reported by most young women to be between 18 and 25; and young educated women were more likely to report an age above 20.

> The right age for marriage is 24/25. One should not get married before this, because she cannot have a sense of herself, and on top of that she has to take

> the responsibility of in-laws, then children. So, until she is not capable of taking care of herself, she should not be married.
>
> Afaf (34/U/Gr10/2D)

> She needs to be very mature. She should not be married before she is able to manage the house. To go to *agay ki māhol* (affinal home) one has to be mature [enough], otherwise *life* [English] will be very difficult... It should not happen before the age of 20. Twenty-four, twenty-five is better.
>
> Kameela (26/U/Gr16/1S)

Marriage after the age of 25 was considered very late and believed to adversely affect fecundity and the chances of finding a good *rishta*.

> A girl should be married off by 18 or 19... If it gets late, if a girl's age gets older, then it gets difficult to find a *rishta*... That's why she needs to be married off by a middle age.
>
> Khalida (32/U/Gr5/3D1S)

> One needs to be married around 20…The issue is if she gets married at an older age, she cannot have a child. In our *birādrī*, some girls got married late. My cousin...got married late. She is married for the last 4-7 years but she could not have a child. When we take her to doctors they say "There is a *munāsib* (suitable) age for marriage. If you don't marry by then you have a problem in having children".
>
> Ameena (27/U/Gr12/1D)

Although young women married later than their mothers and mothers-in-law, the association between the desire to protect the honour of the family and the age at marriage did not subside. It rather created a dilemma for parents in the younger generation.

7.4.1.2 The dilemma of protecting honour and age at marriage

The majority of older women and around half of the young women talked about the changing times, and the need for daughters to marry not too early, to ensure their well-being and education, but not too late, to sustain the honour of the family. They believed that it was more difficult to get girls married with '*izzat* because increased schooling and availability of mobile phones put girls at a higher risk of "doing

wrong" and damaging the family honour. On the other hand, most of the women also referred to the health risks of child birth at an early age. Ruby's HM's account below summarises these dilemmas:

> Ruby's HM: ...One needs to marry her off by 18 so that she can have a child easily by the age of 19 or 20.
> FB: Right
> Ruby HM: If she gets married before, she will have *taklīf* (difficulty), she will have *operation* (caesarean).
> FB: Hmm, what if she is older than 20?
> Ruby's HM: It should happen before 20, by 18. Then it is a good age. Doctors also say that a girl should marry by the age of 18... if young then she has difficulties [in child birth], but some people marry their children early as well.
> FB: Why they do so?
> Ruby's HM: *Māhol* (environment) is like that and that's why... Nowadays mobile phones made people *kharab* (ruined)...They [girls and boys] talk on the phone, and people at home don't know about it. Where the girl is, where the boy is people at home don't know. Therefore, one needs to marry them off early...If a girl does like this...people in the neighbourhood will talk about her. God should protect us from such times. Therefore, we get them married early, to *sambhālnā* (sustain) our '*izzat*.
> FB: Is there anything else that made the *māhol* *k̲h̲arāb*?
> Ruby's HM: Children go to school. They remain in touch with each other...Girls who go to school also get in touch with boys. Then the *māhol* gets *k̲h̲arāb*.

These dilemmas also brought about a rather new practice for those families who placed importance upon both the schooling of girls and the honour of the family: schooling after marriage.

7.4.1.3 Schooling after marriage

Both generations reported a higher need for mobility restrictions now as compared to times past, since the *māhol* was deteriorating, but at the same time they had to decrease the restrictions on mobility for the purposes of schooling. Schooling was important not only for finding a good *rishta*, but also for the future economic security of women in case of loss of household income. This perhaps also reflects the growing insecurity of future financial support from the natal home, particularly from brothers to sisters, as the cost of living rose.

Some parents were also concerned about finding a *rishta* if the girl was educated "more than enough". Ameena's father was one of them.

> I even went to the college to get admission in B.A, but my father stopped me saying "You have studied enough". He believed when a girl studies a lot, finding a *rishta* for her becomes very difficult, and he was right...My father said "if you want to study more, do it after you are married". At that time my husband said "have some more courses", but I asked "Shall I study or take care of the house?". If there was any one else to take care of the house, I would have studied more. Ameena (27/U/Gr121D)

Schooling after marriage, a rather uncommon practice in Pakistan, was a solution to the dilemmas parents faced. Falak's father, who was a teacher and had to marry her right after she completed Grade 9 to comply with the desires of prospective in-laws, asked Falak's HF to allow her to continue her schooling after the marriage. They agreed, although they did not keep their promise. Iqra's father and mother, who believed that girls should be sent to *apnā ghar* as soon as possible to end their parents' worries, asked Iqra's in-laws to allow her to continue schooling, and Iqra completed Grade 16 after marrying and having children. Hafza was also supported by her in-laws, and was considering further schooling as soon as her youngest daughter started school. Hafza also wanted to work after completing her Master's degree in order to support her husband, who was the sole earner of the household and had to arrange the marriages of his two sisters.

These findings show the different ways in which families adjust to both the challenges to their traditions of maintaining honour, and the pressures brought by the changing ideals of age at marriage and female schooling. It also highlights the increasing value given to daughters' well-being and the dilemmas this creates for parents who are responsible for protecting the honour of the family.

7.4.2 Compulsions and preferences for *rishta*

The compatibility of *rishta* was important for the social standing of the family within its *birādrī* and society. *Rishta* with other religions, ethnic groups and castes

(particularly castes perceived as inferior) was considered unacceptable as these groups were perceived to be incompatible. Marriages within the *ḵẖandān* and *birādrī* that would also allow for female hypergamy were preferred as they increased the social, if not economic, status of the family and strengthened the ties between families.

Consanguineous marriages constitute around two-thirds of all marriages in Punjab, and the slight decrease in the proportion of young Punjabi women married to a man other than a blood relative between 1990/1 (34.9%) and 2006/7 (33.4%), indicates not only the continuity of but also the growing preference for marriages among blood relatives (Table 7.7). This preference increased particularly in urban areas, which experienced a larger decline in proportion of consangeneous marriages as compared to rural areas, despite having a notable higher proportion of young women marry a non-blood relative in urban areas both in 1990/1 and 2006/7.

First cousin marriages constituted more than half of the marriages among young Punjabi women in both years. While there was no difference in the urban area, in rural areas in both years a first cousin from the father's line (FZS, FBS) was more likely to be preferred for young women than a first cousin from mother's line (MBS, MZS), but with a slight decrease in the proportion of young women married to their FZS/FBS and an increase in those who married to their MBS/MZS, between 1990/1 and 2006/7. Although the proportions of women who married to their first cousins did not change notably in the urban area, the increase in marriages with second cousins and other relatives explains the decrease in the proportion of no blood relationship marriages.

Table 7.7: Blood relationship of young Punjabi women aged 25-34 with their husbands by locality, 1990/1 & 2006/7

	1990/91			2006/7		
Relation/Location	***All***	***Urban***	***Rural***	***All***	***Urban***	***Rural***
No blood relationship	34.9	47.5	29.8	33.4	43.2	28.5
First cousin / father	29.7	21.8	32.9	27.5	20.2	31.1
First cousin / mother	22.7	21.0	23.3	23.9	20.1	25.8
Second cousin/other rel.	12.7	9.7	14.0	15.3	16.6	14.6
Total	100.0	100.0	100.0	100.0	100.0	100.0
N	1,599	459	1,140	2,196	734	1,462

Sources: DHS 1990/1 & 2006/7

Table 7.8 shows the blood relationship of young Punjabi women with their husbands by the completed schooling level of women for 1990/1 and 2006/7. It shows that there is a negative association between schooling and consanguineous marriages. It also indicates the increasing prevalence of first cousin marriages among educated women.

Table 7.8: Blood relationship of young Punjabi women aged 25-34 with their husbands by completed schooling levels, 1990/1 & 2006/7

	Grades 0-5		Grades 8-11		Grades 12 and above	
Relation/year	***1990/1***	***2006/7***	***1990/1***	***2006/7***	***1990/1***	***2006/7***
No blood relationship	31.4	29.3	53.7	40.0	47.5	47.6
First cousin / father	31.7	30.3	20.3	23.6	16.4	18.5
First cousin / mother	23.5	25.2	19.2	21.7	14.8	19.4
Second cousin/other rel.	13.4	15.3	6.8	14.7	21.3	14.5
Total	100.0	100.0	100.0	100.0	100.0	100.0
N	1,332	1,510	177	415	61	228

Sources: DHS 1990/1 & DHS 2006/7

During our interviews, all women were asked whether there was any blood relationship with their husbands. As compared to the older generation, the young women were more likely to marry their first cousins. Among 45 mothers and mothers-in-law, 16 were married to their first cousins, and another 16 did not have any blood relationship with their husbands. In contrast, half of the young women were married to their first cousins; eight reported that they did not have any blood relationship, and the remaining four were married to a relative. All of these marriages, except one,[173] were within the same ethnic group and *qaum/zat* (caste).

Three main types of marriage, which correspond to blood relationships between spouses, were identified by the women: *Apne wāle* (one's own), *rishta-dār* (a relative), and *gair se* (outside of the family).

Apne wāle was used to refer marriages among first cousins from both the mother's and the father's blood line. *Apne wāle* was the most preferred *rishta*. As the word

[173] Hafza was a Pakhtun married to a Punjabi.

denotes, it was the closest match. In addition to being from the same *k̲h̲andān* (family, the same blood), this kind of a marriage was less risky as compared to the other types since the spouses' characters would match almost perfectly due to their similar upbringing. The bride and bridegroom would be well-known by their prospective in-laws, and therefore the risks of any deception would be minimised and the young bride would be able to quickly and easily adjust to her new home.

> I did not have difficulties because he is from family; he is our men. If I was married to a new family, I would have felt more [difficulty]. I did not feel [the difference] a lot because families used to visit each other.
>
> Kameela (26/U/Gr16/1S)

First cousin marriages were beneficial for the parents in strengthening the ties between siblings. As Farida's HM said after marrying her son to Farida (MBD), and marrying her daughter to Farida's brother (MBS), their relationship became concrete. Kameela's HM wanted to ensure that she kept in touch with her brother.

> My son got married to their [Farida's] house, then they [Farida's parents] asked for my daughter's rishta and we accepted it. Now the rishta-dāri is pakkā (concrete). Now it is one's own home.
>
> Farida's HM (50s/U/0/3S4D)

> My mother used to say that I will give the rishta to one of my brothers so that I can continue meeting them for whole of my life, but my father used to say 'I will give rishta to Karachi [to his sister]".
>
> Kameela's HM (50s/U/Gr10/2S1D)

Therefore, unless there were familial problems among sisters and/or brothers, it was a kind of "compulsion" for parents to accept *rishta* from their siblings. Sameena's HM, for instance, was not content to marry her youngest daughter to her divorced nephew but explained her decision in terms of respect for her siblings.

> My youngest daughter is married with my real nephew. He was married before but it ended, so my four sisters and brothers got together and asked for my daughter's *rishta*. We had to give it for the sake of them because we respect each other very much.
>
> Sameena's HM (50s, U, 0, 6S2D)

Not giving the *rishta* to siblings could involve the risk of losing the support of the whole family, and the case of marriage, family ties were considered to be more important than the desires of children. For instance, the marriage of Meena and her MZS was arranged by their MF in their childhood. When they grew up, Meena's husband did not want to marry her, nor did her MZ (HM) want Meena as a daughter-in-law. Meena's husband wanted to marry a doctor like himself. According to Meena's HM, her son eventually accepted the *rishta* for her sake, because she was threatened by her siblings.

> I compromised for my family. My niece (ZD) was not at the level of my son. My son was a doctor and *mā shā' allāh* very good *rishtas* were coming for him. But all my family, sisters and brothers were saying you have to take her otherwise we will leave you. Then it was a compulsion.
>
> Meena's HM (58/U/Gr14/2S1D)

Although initially she did not want her son to marry Meena, Meena's HM also talked about the benefits of this marriage for herself and her son. She believed that women from *ġair* family demand more from their husbands in terms of sharing the household duties and care of children. It was also difficult to get angry at them, and she considered "being able to scold" Meena as a benefit:

> I have benefits… If I tell my sister that I am going to scold her, she will say do whatever you want… I do scold her. I don't care. I also scold her in front of her mother and it is not a problem, my brother and my MB will support me. The ones from outside [of the family] don't bear it. If you talk a bit, they leave.

Rishta with *apne wāle* continued to be the most preferred type of marriage among both generations, with increasing preference for it given its benefits for everyone and perhaps also the difficulty of finding trustworthy people with the changing *māhol*.[174]

The second type of marriage, *rishta-dār*, included unions between blood relatives other than first cousins, and within the *birādrī*.[175] *Rishta-dār* was the second best

[174] The women mentioned the different deception tactics used by people from *ġair*, including purporting to have a higher schooling level than was actually the case and hiding drinking habits and illegal jobs.

[175] Although the word *rishta-dāri* denotes closer relationships, it was also used for those who belong to the same *birādrī*.

option when *rishta* among the *apne wāle* was not possible, because information about the family of the bride and the bridegroom were still available to the parents through *birādrī* or relatives, and therefore the chances of deceit and risks to the marriage would be low.

Among *rishta-dār*, having a close blood relationship was not necessary. Repeated *rishtas* between two families from the same *birādrī* would make the families *rishta-dār*. This type of marriage was still better than a *ġair se* marriage, as Farida's mother said:

> My father accepted the *rishta*, but my mother didn't…My FM also forced my mother to give this *rishta* because they gave two *rishtas* to us before...There were *ġair* people who sent *rishta* for me. But then they thought, it is also not good to give *rishta* there because we didn't get any *rishta* from them before. Then my parents decided to give my *rishta* to those who gave us *rishta* before.
>
> Farida's M (50s/U/Gr5/2S3D)

Although Farida's mother's *rishta* sounds like reciprocity, it was still less risky for her parents.

Ġair se and *bāhir se* (from outside) were the words used for marriages that occurred among families without any blood relationship. These mainly included marriages based on *dostī* (friendship) and acquaintance, and made through *rishta* makers. These marriages were preferred when there was no *rishta* from *apne wāle* or *rishta-dār*.

> If there is a good *rishta* in the family, we definitely do it. But if there is none, it is not compulsory to marry in the family. Out of family is also okay.
>
> Hafza (27/U/Gr12/2D)

The apparent preference for *ġair rista* usually indicated problems among the members of the *ḵẖandān*. Based on her negative experience during her marriage, Hafza's mother believed that the behaviour of a husband depended on his *ḵẖūn* (blood). She did not want to marry Hafza to someone from her father's *ḵẖandān* as their "blood was not good": they were rude, conservative and strict with women.

Aleena's parents also preferred a *ġair rishta* for her based on their past experiences of difficulty as first cousins.

> My mother and father had to face so much difficulty because of being *first cousins* [in English] that they decided that having my marriage *out of family* [in English].
>
> Aleena (24/R/Gr14/1D)

Ġair rishta was also preferred when there was disunity among siblings at any stage before or after *rishta*. For instance, Gulsum's engagement with her FyB was broken due to issues related to the distribution of ancestral land as Gulsum did not have a brother. Her father decided not to marry any of his five daughters within the family.

Hafza, Aleena and Gulsum were highly educated and their parents had higher aspirations for their marriages. This also depended on the financial strength of the family. For example, Gulsum reported that she knew from childhood that she would marry an engineer or a doctor because she was not only going to get an education but is also from a land-owning family. The parents of educated daughters did not want to narrow the circle of compatible *rishtas* to *k̲h̲andān*, particularly when they had experienced problems within the family. None of these aspirations were solely economic. Parents also gave higher consideration to daughters' future well-being, by protecting them from a conservative family, as Hafza's mother did, or by avoiding economic or other worries common to cousin marriages.

The above findings show that other than cases where there is a preference to marry outside of the family as a result of sibling disputes, strong preference for first cousin marriages continues and is on the rise. The fear of deceit was one trigger for this, as changing lifestyles have eroded the similarities among people and people could easily provide misinformation about themselves. More importantly, although the prescriptions changed very little, the preferences changed noticeably: higher importance was given to partner compatibility, rather than only family compatibility.

7.4.2.1 Partner compatibility in addition to family compatibility

> I went to many places to look for a *rishta* for my son but I haven't managed to find a good girl. Previously people did not to search...Did we search and get married? Did we look for anything? We didn't.
>
> Iqra's M (50s/R/0/3S3D)

The accounts of the older and younger generations suggest that parents of young women were more considerate about the choice of husband for their daughters. As Iqra's mother said, the young generation now had to search for a *rishta* for their children.

The older generation experienced more of a "give and take *rishta*". In other words, *rishta* occurred more spontaneously, especially if between the first cousins. The majority of the older generation were married off without any specific requirements, or as a result of necessities or promises given to siblings by either parents or by *birādrī*.

> Our elders used have our *nikāḥ* when we were very young. I had my *nikāḥ* when I was five [years old].
>
> Adeela's HM (60/U/0/5S)

> When my FyB and FyBW died they [my husband and his two brothers and four sisters] were young... Some people told my father "their parents died and you are their FeB, you have to take care of their home" and then my father arranged my marriage with him and my HZs are married to my brothers... The whole *birādrī* got together and decided for it.
>
> Ameena's M (45/R/0/2S2D)

> My mother thought this was the first *rishta* so one should not refuse it.
>
> Hafza's M (45/U/Gr8/2S6D)

For the younger generation, *rishta* was a decision which was taken after some consideration, even when it was between first cousins, particularly if either the bride or bridegroom was highly educated. Finding a *rishta* from a respectable family was important, but having similar educational attainment levels, a good job and/or some

similarity in lifestyles (economic, religious or social) were expressed as prerequisites for the *rishta*.

> My parents were looking for someone who was educated, had a job, and was not very aged, and his family was *honourable* [in English].
>
> Aleena (24/R/Gr14/1D)

> They were looking for a good person first, and whether he prayed [regularly].
>
> Ameena (27/R/Gr12/2D)

Unlike the era of the previous generation, when only wider *birādrī* and family relationships were regarded as crucial for the *rishta*, importance was now placed on having a *rishta* in which the couple could develop some common understanding. This was also evident in the higher incidence of broken engagements among young women, who later married another cousin or someone from outside of the family. Malika was engaged to her FeBS, but her MZS insisted on marrying her as he had fallen in love with her. After discussions with elders, Malika's parents broke the engagement with her FZS and married her to her MZS. Farida explained the reasons for breaking her engagement as incompatibilities in personal characteristics:

> There was a difference [between me and my previous fiancée, FZS] in education. They were also living differently from us...Other than this, his mind did not suit mine. I mean he was not mature, he was *chachora sa* (cheap and irresponsible). .. I wanted someone *muḥabbat karnā wālā* (loving), educated and mature... He [my husband] was *free* [in English] with his sisters, he didn't stop them from anything... Some brothers put *pā-bandi* (restrictions) on their sisters; he was not like that.
>
> Farida (31/U/Grade 12/1S1D)

Young women, unlike their mothers and mothers-in-law who had no expectations from their marriages except financial security, not only expressed preferences for a marriage partner's physical or educational qualities, but also wanted him to be able to understand them, love them, allow them a degree of freedom, *and* provide them with financial security. This suggests that young women have increased desires for more companionate marriages and for involvement in spouse selection.

7.4.3 Consent: Arranged marriages, parental flexibilities, and resistant daughters

Marriages in Pakistan are not very different from marriages in other South Asian countries, where "the relative activity and power in the process varies among father, mother, older siblings, other relatives, and not necessarily least, the prospective bride or bridegroom"(Therborn 2004: 108).

All the marriages of the women we interviewed were arranged by their parents, other elder relatives, or siblings. The women interviewed rarely had any control over when and to whom they were married. All of the older women, and most of the young women, were not asked for their consent. Young uneducated women living in rural areas were less likely to be asked, and also less likely to want to be involved in the process.

> No [I was not asked]. My parents liked them...why ask me? We don't ask.
>
> Aafia (35/R/Gr2/4S4D)

> They don't even give you a chance. Parents decide themselves… The sign of an '*izzat-dār k̲h̲andān* (honourable family) is their quiet children. I mean in villages, people consider the family '*izzat-dār* when parents decide and children say *āmīn* (God grant it be so) and don't say anything else…we consider those who say "I am not going to marry there, I didn't like him" very bad… People think that "this girl likes someone else and therefore she says I am not going to marry there"
>
> Jamila (28/R/0/3S)

The women gave a number of reasons why there was no need for them to be involved in marriage decisions: Firstly, the fact that requesting the consent of the woman is not family *riwāj* (custom); secondly, the better knowledge of parents about marriage matters; thirdly, fear of parents; and finally, a belief that "good daughters accept parents' decisions about the marriage". As Jamila explained, women did not want to risk their reputations and the honour of the family; it was better to let parents decide about their marriage.

Although the young women were marrying later than their mothers and mothers-in-law, decisions about the timings of marriages were mostly dependent on the desires of parents and in-laws. The schooling of girls up to secondary level could delay the marriage naturally, as the girls were not "free" until they completed their schooling. However, daughters were not given the right to veto their parents' or future in-laws' decisions, nor did they want to challenge them.

All women got married when their parents told them to do so, although some of the women's accounts reflect their desires to continue education or their lack of mental preparedness for marriage. Ameena was the only woman who resisted her parents' decision by talking to her mother. Although she could not change their minds, she believed that they should follow the requirement of Islam to gain the consent of the girl in marriage decisions.

> One has to ask to the girl first. If she didn't make up her mind about getting married, then she should not be married off. I didn't make up my mind. I didn't want to get married, but my family forced me. I even told them that "I will not get married now". But they didn't listen. Even Islam allows girls [to have a say], it says the *marẓī* (will/wishes) of the girls have to be considered. We need to follow that.
>
> Ameena (27/R/Gr12/1D)

Although girls were not asked for their *marẓī* for the timing of the marriage, the family *riwāj* to not ask children for their consent regarding their future spouse slightly changed in two ways: young women were given the right to veto their parents' decision, or they were more likely to resist their parents' decision.

7.4.3.1 Right to veto parents' decisions

None of the older women were asked for their consent to their parents' decision about their spouses. Although some had a different view later, none considered consent important prior to marriage since they felt that their parents knew better and they were too young to have any idea about marriage.

> Nowadays one has to ask children... Now *talīm* is high. Where ever they have their heart, the parent should give the *rishta* there. This is a matter of whole *zindagī* (life), not a day. One has to spend a whole life [together].
>
> Nafisa's M (50s/U/Gr8/3S4D)

The young women, like their own mothers, were not able to select a spouse, but unlike their mothers, they were given the right to veto when a prospective spouse was already selected by the parents.

> Nobody asked [me]. But now we asked from our children and married them because one has to follow the times. At that time the *māhol* was different, now people ask their sons and daughters "We are arranging [your marriage] here, you do not have any *ĕ'tirāẓ* (objection), right?". My three daughters are married to their FeBS... they said "who knows better than our parents. Whatever they do for us, they will do it for our best. So it is your will."
>
> Tania's M (40s/U/Gr5/1S8D)

Most young women also believed that children had to be asked whether they agreed with the *rishta* for two reasons. The first one, as Ameena reported, was the spread of information about what Islam desires from parents. The second was greater concerns about the future happiness of the couple, as they were the ones who would be spending a life together. Like Nafisa's mother, Adeela also reported:

> My mother asked me "Daughter, are you happy?" I said "Mum, wherever you are happy, it is fine with us. Wherever our parents are happy"...One has to ask both from boys and girls because they are the ones who are going to spend a life together. Parents just complete their duty. People did not ask before, but now they ask...it should be done with their happiness.
>
> Adeela (32/U/Gr8/3D)

The likelihood that parents would seek the consent of their daughters corresponded to the girls' schooling levels, the family's place of residence and the type of marriage. None of the uneducated young women from the rural area were asked for their consent. Two of the four uneducated women from urban area were asked.[176] While almost all educated young women from the urban area were asked for their consent, in the rural area, Gulsum, a highly educated young woman from an affluent

[176] Ruby was only asked for her consent for her second marriage.

household with no sons and who also married non-relative, was the only young woman who had a say in spouse selection.

It was less common to ask for the consent of the girl when the prospective husband was a cross or parallel cousin, or a relative. In these cases either the marriage was arranged during childhood or the consent of the girl was not considered important as the proposal was from *apne wāle*.

> She is married to her FeB's house, what to ask. He is an educated boy, so we arranged it.
>
> Kameela's M (50s/U/0/1S1D)

When the marriage was with a *g̲air*, on the other hand, the parents were more likely to ask for the girl's consent and to allow her to see what the boy looked like. For example, Safia (28/U/Gr10/2S1D) saw a picture of the boy before leaving the decision to her parents. Ruby (27/U/0/3S1D, for her second marriage) and Afaf were married to outsiders and had seen their husbands before the decision.

> Everybody asked me. My mother, my younger brother, my FyB …"We will show you the boy and if you agree then we will do it." Then they showed him…I did not talk to him or receive other information about him, just saw him. He came to my FyB's house. Then they asked me, saying "you are the one to spend a life with him"… I told them that I liked him. The remaining is your job.
>
> Afaf (24/U/Gr10/2D)

Tania (25/U/Gr5/1S1D) and Nafisa (31/U/Gr10/1S3D) were the only ones who were asked for their consent among the *apne wāle*, and both left the decision to their parents, although Nafisa liked another cousin, who was now getting married to her younger sister.

> My elder brother... asked me whether I had anyone else in my mind. He said "tell me, we have many other cousins". With one of them I had something, you can take it as an affair, but they did not send a *rishta* and I got a *rishta* from here first [husband, FBS] … I told him, where my father decides, it is okay for me… God's wish, now he is getting married to my younger sister… He was not destined for me.

Nafisa's brother's question also indicates that it was acceptable to have someone in mind, provided that he was a cousin.

7.4.3.2 Daughters have the right to fight for themselves

The notion of having a right to disobey parents' decision about a spouse when the *rishta* was not suitable for the young women was emerging. Older women did not think they had the right to disobey their parents, even if they believed that the *rishta* was not right for them.

> He got married before and had five children… four of them died… and he had to marry again… at that time the *zabān* (tongue) of the girls did not open, it had to stay closed. Whatever decision was given by parents, one had to say *āmīn* and *manẓūr karnā* (accept it)…He was the father of five and was much older than I was.
>
> Ruby's HM (50/U/0/4S2D)

Refusal of parents' selected spouse was also absent from the young women's narratives in general, but most reported that they were happy with their parents' decision. Only Farida (31/U/Gr12/2S1D) showed resistance through refusing to marry to her fiancé (FZS) and through her MyB, managed to marry another cousin (FZS):

> I refused it...I was in either class 6 or 7...We did not have a formal engagement but the elders finalised it. When I grew a bit, I refused it. I told them I am not marrying there… I talked to my MyB, he was like a friend. He asked my opinion about the marriage one day when we were alone and I told him that I did not want it. Then he arranged my marriage here [to another FZS]…I had to listen to a lot from my mother and also from *k̲h̲andān* (family). "Who does this? Nowadays girls have become like this like that". My mother asked me many times to marry him [ex-fiancé]… I told her "I refused it so I refused it".

Although Farida's refusal was based on personal differences in ideologies and lifestyles, as mentioned in the previous section, she also considered it important to have a loving husband. One of the common discussions among both older and younger generations was the emergence of love marriages.

7.4.3.3 Love marriage

Unlike the young women, the older generation claimed not to have wanted or even known about the existence of *'ishq* (love) or *pasand ka shādī* (love marriages).[177]

> Now girls say I should find a *bahut piyār karnā wālā* (very loving) husband. We didn't know these matters. We didn't know what *piyār* (love) was at that time.
>
> Falak's M (50s/R/0/3S3D)

> Nobody knew about *'ishq* at that time, like I fell in love with someone... Now daughters' *marẓī* rule. They tell their mothers that I will have *rishta* with this one. Good or bad, it is daughters' *marẓī.* Then mother has to *ḍhapnā* (hide) it with her. Why mothers have to *ḍhapnā*? Because people ask and she [mother] has to tell people…She has to give *bahāna* (excuse).
>
> Iffat's M (50s/R/0/3S5D)

There were some signs of love marriages among the younger generation, although they did not or could not speak about them openly because they were still considered dishonourable for the family or others were present in the room. As Iffat's mother stated, love marriages had to be hidden. Iffat told us that hers was a love marriage in the sense that her husband loved her. Similarly, Malika (27/R/Gr9/1S3D) told us that her marriage was arranged and her husband loved her. Her mother's (40s/U/0/3S4D) account, however, was different and also explained why her previous engagement was broken:

> QK: How did her *rishta* take place?
> Malika's mother: [Laughing] hers was *pasand ka* (love marriage)
> QK: Did you agree to it?
> Malika's mother: Yes
> QK: Did Malika ask you? I mean how did it happen? Who brought her *rishta*?
> Malika's mother: Her FZ, my HZ is the one I gave my daughter to. For the boy [Malika's husband], Malika was his MBD and therefore he was coming and going to our house. Then he liked her then told his parents. Then they talked to us. We said "boy and girl are *rāẓī* (agreed)" so we gave her.
> FB: Did Malika say to you that she wants to marry him?
> Malika's mother: Yes, she said I will do it [marry] there.

[177] These might take many forms, from liking expressed by one side to mutual liking, even if the couple did not have any communication before marriage.

The marriage system in Punjab, which had more straight forward prescriptions with regard to marriage timing and choice of spouse among the older generation, became more complex as prescriptions were combined with preferences, and particularly as increasing considerations were given to partner compatibility, family compatibility and the consent of the girl. The changes in age at marriage were more likely to be the result of increasing female schooling than women having a greater say in the matter. However, in terms of whom to marry, young women had a higher involvement in decisions, mainly through parents giving their daughters a chance to veto their decisions. There were also signs that the requirements for daughters to show obedience to men and elders, and to honour their families, have started to be challenged by young women through refusals to parents' choice of spouse and love marriages.

7.5 Conclusion

This chapter has provided an overview of the gender and family systems which define women's obligations, rights and options through prescribed gender roles with regard to labour, honour codes, and obedience to men and elders. By comparing the accounts of younger and older women, it has also shown how these systems are challenged and/or reshaped to adjust to the changing requirements of the economic and social environment. The analysis indicated that authority structures based on age hierarchies were dissolving: not only were they becoming more flexible, but they were also more likely to be challenged by young women. The findings also suggest that stronger emotional bonds were emerging between parents and their children, as well as in conjugal relationships.

The newly emerging systems, however, did not appear to offer women the ability to control their lives fully. They provided some flexibility that allowed young women to participate in parts of the public sphere and to have a say in some of the decisions that affect their lives, through expanding the boundaries of gender roles, honour and obedience. In this expansion, the role of schooling was the foremost among others which include increasing economic opportunities and pressures (in terms of both

rising prices and aspirations as shown in Chapter 5 and decreasing need for high volumes of labour for household subsistence production), and concerns for daughters' well-being.

The chapter also showed various ways that increasing female schooling had influenced the gender roles with regard to labour, honour, and obedience, and the prescriptions of marriage systems. Firstly, women in their natal and affinal homes were still expected to restrain their labour activities to home. If young women were schooled, however, they could forgo their responsibilities to help their mothers in natal home, and they could focus on activities and care of children in their affinal homes. In addition, educated women themselves are willing to and acting on possible economic opportunities outside of their homes. Secondly, honour continued to go beyond the family to kinship systems in Punjab. *Parda* and associated restrictions on women's mobility continued to be the tools of protecting the honour, but girls schooling led flexibilities in mobility restrictions. Marriage system has also been going through significant changes in terms of age at marriage. This was partially was a result of increased schooling and partially increased importance given well-being of daughters. In terms of *rishta* arrangements elders continued to make most of the decisions and consanguineous marriages were common. The compatibility of *rishta* for families was still important but compatibility of the couple had also become crucial for the parents who were looking for compatible *rishta* for their children. Young women, particularly if schooled and possible *rishta* is with a non-relative, are also more likely to be given right to veto before final decision of elders.

The next chapter focuses on fertility negotiations within and beyond households.

8. Negotiating reproduction: Transforming relationships and the reproductive agency of women

Chapter 7 indicates that the boundaries of gender and family systems are not absolute, static or non-negotiable. Are patriarchal and age hierarchies breaking down when it comes to fertility decisions? If so, how does this affect the reproductive agency of young women?

In this penultimate chapter I focus on fertility negotiations within (and sometimes beyond) the household, and the differences in the ways that the two generations of women negotiated their fertility with their husbands and mothers-in-law. In doing so, I also investigate transformations in the quality of conjugal and intergenerational relationships within households, and the ways that these transformations affect young women's reproductive agency.

I use "negotiation", one form of agency, to denote the processes, intentions and strategies through which fertility decisions are negotiated between the couple and within the household. Based on Kabeer's (1999) and Unitthan-Kumar's (2001) approaches to women's agency, I define reproductive agency as conscious strategies and acts that (aim to) influence their fertility careers. This allows me to capture various forms of agency, even if women could not always achieve their own desired outcomes.

The chapter is divided into three sections. The next section shows the differences in the preferences of young women and their mothers-in-law with regard to the numbers and timings of pregnancies of young women. The second section describes how women from the two generations negotiated their reproduction – particularly contraception and abortion – with their husbands and mothers-in-law during four different stages of their fertility careers: marriage to motherhood, temporary contraception, abortion, and sterilisation.[178] The third section assesses the extent to

[178] All four stages, except the marriage to motherhood stage, are no are not necessarily experienced by all women, that is not all women have abortion, strerilisation, or use temporary contraception.

which differences between the two generations suggest that there has been a change in the quality of conjugal relationships and intergenerational relationships. I argue that there has been a change in conjugal relationships and relationships with mothers-in-law on matters related to the fertility of young women, and the chapter concludes by exploring the nature of this change and its implications for young women's reproductive agency.

8.1 My heart's desire and my daughter-in-law's *marẓī*

This section analyses the differences in the views of mothers-in-law and daughters-in-law with regard to the number of children a young couple should have and the timings of births.

8.1.1 I want four but she will follow her own *marẓī*

The number of children a young couple should have was an area that most of the young women and their mothers-in-law had divergent views about. The majority of mothers-in-law, irrespective of their educational levels, wanted their son and daughter-in-law to have at least four children: preferably two sons and two daughters (Table 8.1).[179]

Table 8.1: Desired number of children by young women and their mothers-in-law

		Number of children desired by HM				
		3	4	4+	Whatever they want	Total of young women
Number of children desired by young women	2	1	1		1	3
	3	3	7			10
	4	1	4	3		8
	4+			2		2
Total of HM		5	12	5	1	

[179] For double answers, the higher number was used

The desires of mothers-in-law were therefore very similar to those of most of the uneducated young women, particularly in rural area, but were higher than those of most educated young women in both rural and urban areas. This difference was reflected in the case of Kameela and her HM:

> I want a small family, not more than two or three.
>
> Kameela (26/U/Gr16/1S)

> I like four children families. Two sisters and two brothers, one can share her/his sorrow with each other, like my sons do.
>
> Kameela's HM (50s/U/Gr10/2S1D)

The discordance with the mother-in-law, as reported by most of the young women, usually led to some kind of verbal confrontation between the two. Aleena (24/R/Gr14/1D) clashed with her mother-in-law (50s/R/Gr5/4S2D) in our presence when she made her desires known to her:

> Aleena: ...Considering the *ḥālāt* (circumstances) and *mushāhara* (monthly earnings) nowadays, one should have two children... I have never discussed it with anyone *even* [in English] with my husband I never talked about this *topic* [in English] that we should have two [children]
> FB: Has he ever talked about what he wants?
> Aleena: No. Neither I nor did he has said anything.
> HM: Two sons and two daughters are a must, the remaining is *Allāh kā ẕāt kā kām* (God himself's job)...A girl needs her sister. Also a brother needs his brother, one needs the other.
> Aleena: Shall we consider that daughter gets a sister and son gets a brother or shall we consider our *budgets* [in English]? We will consider how many children we can educate in a better way, give *good dressing* [in English] and provide good food. This is also there, it is not only that [having sisters and brothers].
> ...
> HM: Why don't you speak to those who are one sister and one brother... Expenditures are given by *Allāh ta'ala* (God, exalted be He), it is a daily matter. Don't have many, like six-seven [laughing]. If one has two daughters then one has the desire from *Allāh* to have one son. You see, it is *Allāh* who gives [children].
> Aleena: One is never *muṭma'in* (content). *Pane ki umīd* (the hope of attainment) remains. There are some people who don't have a child and some are not satisfied by two [children].

> HM: Those who don't have a child are *majbūr* (compelled). My daughter is married for 11-12 years and doesn't have a child… Her mother-in-law does not have any *piyār muḥabbat* (love) for her. See how painful it is for the parents of the childless women as well…I don't know how she spends her life.
> Aleena: We were talking about the *soć* (thoughts) and as I have told you these are my *soć* and I haven't even told them to my husband or someone else until today. Fine, I will see when the time comes, I left everything to *waqt* (time).

Most of the young women like Aleena defended their fertility preferences for two (or three) child families by referring to financial difficulties, the increasing costs of schooling and of nurturing children, and parental desires to provide "better" for the children within their budgets (see Chapter 5). Most of the mothers-in-law used the need for same sex siblings for the benefit of children as a justification for their own desires for their daughters-in-law to have two sons and two daughters, as was the case with Kameela's and Aleena's HM. Most of the mothers-in-law, irrespective of their economic situation, also thought that four children were financially affordable.

The confrontations usually occurred when the *waqt* (time) is right. Younger women often reported that they did not discuss their fertility preferences with their mothers-in-law (or sometimes their husbands) until they had one or two children or had an unwanted pregnancy. Aleena was an exception. She wanted her *soć* known to her mother-in-law before having a son and used her response to our question to do this. However, even then she decided to leave everything to *waqt* as she was aware that it was not necessary to continue her argument with her mother-in-law before having a son or receiving her husband's consent.

Most of the mothers-in-law of the educated young women were concerned about not getting enough grandchildren. During her interview, Aleena's mother-in-law was still concerned about Aleena's preferences and continued talking about her objection to Aleena's desire to have two children. However, after Aleena's confrontation, she mentioned that her role in Aleena's fertility could not go beyond simply "asking" the couple to have more:

> Aleena's HM: My desire [for them] is two sons and two daughters. [But] she [Aleena] wants one son and one daughter. I think one daughter is nothing; nor is one son something.
> FB: What would you do if they say we are going to have two only?
> Aleena's HM: Then it would be their *marẓī* (will), there is no *zor* (force)... We can only ask, and if they listen to us it is fine, if they don't listen to us it is also fine. There is no *zor* on this, but they themselves should understand.

Aleena was a highly educated young woman who also worked as a teacher in a private school for a year before getting married to Shahid. Their marriage was an arranged and *bāhir ki shādī* (out of family marriage). Most of the HMs, who had *paṛhī-likhī* and *bāhir ki bahū* (out of family daughters-in-law), were more likely to report a low perceived role in their daughters-in-law's thinking about fertility as compared to those whose sons were married to a *ghar ki beṭī* (daughter of the house). Mothers-in-law could not really force daughters-in-law from beyond the family, but had an easier challenge in convincing *ghar ki beṭī*, either directly or indirectly, through their own mothers, when there was agreement between the mother-in-law and the *bahū*.

The perceived lack of power to influence the fertility decisions of their daughters-in-law was not only common among the mothers-in-law of educated women who wanted to have four grandchildren. Most of the mothers-in-law of uneducated young women also desired their daughters-in-law to have four children. Their primary concerns, however, were to make sure that the couple did not "give" them "more than enough" children, particularly in these financially hard times. This was particularly true when the young couple already had two sons and the household had a relatively low income. In these cases, mothers-in-law advised their daughters-in-law (and sometimes their sons) to "be careful not to go beyond four" if they had less than four children or to "stop childbearing" if they had four or more children. None of these mothers-in-law, like Aleena's HM, were sure that their daughters-in-law would pay attention to their advice:

> Thanks to God, they have four now. Now it is enough. Now they don't need more [children]…I told her and my son as well that consider your family...

> Lead a good life yourself and ensure that your children also live a good life…They listen for a while but the rest is *Allāh's marẓī*.
>
> Ruby's HM (50/U/0/4S2D/has *bāhir ki bahū*)

> My sons have as many children as I had: three daughters and two sons… Now I told them *"bas kar"* (stop). The *ḥālāt* (circumstances) are not good…it is expensive now and we cannot make ends meet… She listens to me, but [even then] she will do *apnī marẓī* (her own will) when her youngest will grow up a bit. She is *mood wālī* (moody).
>
> Batool's HM (50s/R/0/2S3D/son married to MBD)

The cases in which the mother-in-law wanted three or fewer grandchildren were exceptional. Hafza's HM (58/U/0/2S3D/son married to *bāhir ki bahū*) was the only mother-in-law who believed that even two children would have been enough for her if Hafza did not have two daughters:

> Hafza's HM: One son and one daughter were enough. The more they have the more difficult it would be [to nurture].
> QK: She has two daughters, what do you think for now?
> Hafza's HM: *Allāh ta'ala* gives them a son and their family will be complete. But not now, after three or four years.

Very few mothers-in-law desired to have more than four grandchildren; those who did tend to want to *lenā* (take)[180] at least two grandsons from the couple. This was the case irrespective of the educational levels and places of residence of the young women and their mothers-in-law. For Nafisa (31/U/Gr10/1S3D), who desired to have two sons and a daughter during the initial years of her marriage, having three daughters and one son was now enough. Nafisa's mother-in-law, however, wanted to "take" at least two grandsons from her. Nafisa said she had confronted her in-laws:

> Whatever I have is enough, I can hardly *handle* [in English] them. But all [in-laws/parents] say that we will *lenā* (take) another son from you. I tell them that I am not a machine.

Nafisa's HM (50s/U/0/3S1D/son married to FeBD), like most of the other mothers-in-law, was not really sure whether Nafisa would listen to her, but she wanted to

[180] The word denotes the expectations of the extended kin from the couple to contribute towards the continuation of the lineage. While older women want to take children from the couple, as shown in the previous sections young women feel the pressure to give children to her husband's family.

convey to Nafisa what was in her heart as making a *joṛī* was important for the family:

> Nafisa's HM: She has three daughters [and a son]. If *Allāh ta'ala* gives another son, there will be a *joṛī*. We make *joṛī* [laughing]...
> MJ: Have you told her about when to stop?
> Nafisa's HM: I told her that if *Allāh ta'ala* gives a son, it is enough.
> MJ: You mean she should have one more?
> Nafisa's HM: [laughing] I want her to have one more. Even if she doesn't want to have [another one], we have the desire in our heart, don't we?

The young women in general believed that the number of children they were going to have was a decision that they would take with their husbands, not with their mothers-in-law. This belief was more prominent among the educated young women. Some young women did not discuss their fertility preferences with their mothers-in-law until the time was right as a strategy. Some of these women felt compelled to exclude their mothers-in-law at least until they had a strong enough position in the affinal home, that is, by having a son and having their husbands' support. Most of the young women, irrespective of whether they informed their mothers-in-law about the number of children they were planning to have, had an idea about what their mothers-in-law wanted from them, although at times they also had misperceptions[181] about the number of children desired.

Mothers-in-law also wanted to have a say in the timings of the young women's births.

[181] For example, Sameena believed her mother-in-law wanted three children from them, although her mother-in-law wanted four. Meena said that she and her mother-in-law wanted two children, but her mother-in-law wanted them to have three. Sonia thought that her mother-in-law wanted four, although her mother-in-law told us that she wanted Sonia to stop at three since she had two sons already.

8.1.2 After the first child it's their hearts' *marẓī*, but only if *waqfa* is not too short or too long

Both young women and their mothers-in-law wanted the first pregnancy of the young women as soon as possible (see Section 4.4.1). Discrepancies between the desires of the young women and their mothers-in-law regarding the timings of births started after the first child. Most of the mothers-in-law reported that after the first child, the young women could follow their hearts' desire.

> One should have the first child, then it is her [daughter-in-law's] *marẓī* to have the next one after two years, three years or five years. Then it [the decision] depends on children's [son and daughter-in-law's] *dil kī marẓī* (heart's desire).
>
> Sameena's HM (50s/U/0/6S2D)

However, further discussions on the topic revealed that mothers-in-law did get concerned and wanted to intervene if they felt that the *waqfa* was too long or too short. Even when Sameena's HM talked about the *marẓī* of the couple, she also specified boundaries for this *marẓī*, i.e. not before two or after five years.

Most of the mothers-in-law supported around two to three years of *waqfa*. They also did not want their daughters-in-law with incomplete families to have a *waqfa* of more than four years. Having another child "on time" was often seen as the *farz* (duty) of young women to their in-laws.

Like the long *waqfa*, closely spaced births (less than two years) were not welcomed by most of the mothers-in-law. The health risks of closely spaced births to mothers and children were known to them from television programmes, LHWs or doctors, and hence they wanted their sons and daughters-in-law to "take care of it". Hafza (27/U/Gr12/2D), who got pregnant with her second daughter when her first daughter was seven months old, was ashamed about having a mistimed pregnancy: she was highly educated but felt that she had behaved like *jāhil* (illiterate/ignorant) people. She and her husband started using condoms and were not planning to have another

child for five years. With regard to the reactions of her mother and mother-in-law, Hafza said:

> They [my mother and mother-in-law] tell me to do it [use contraception]. They say the [second] child came too early. Even my husband's *nānī* [HMM], who is 80 years old, although being very *purāṇi* (belongs to olden times) tells me not to have another one before the fifth year. She says you had her very early.

Hafza's HM (58/U/0/2S3D) said during her interview that Hafza's second pregnancy was a *g̲alṭī* (mistake) and added:

> I told them to take some care. I tell them "now you have to take care at least for three or four years. The *g̲alṭī* that happened, it happened but you should not make another *g̲alṭī."*

Waqfa was perceived as necessary and a right by both generations of women, and there was generally a mutual silence on the matter, unless the *waqfa* was regarded as too short or too long.

The above narratives, apart from showing some of the divergent views of the young women and their mothers-in-law, also reflect the fact that most of the mothers-in-law wanted to have a say in the couple's fertility, particularly on the number of sons (and sometimes daughters) they would have. Almost all of the mothers-in-law would "ask", "inform", "advise" or "tell" their daughters-in-law (and their sons), during various stages of young women's fertility careers, about what "their heart desired" for the couple.[182] Moreover, the above interviews reveal that despite seeking some entitlement in their daughters-in-law's fertility, most of the mothers-in-law recognised that their influence in this respect would be restricted by their daughters-in-law's *marẓī*. Most of the mothers-in-law, like those of Aleena, Ruby, Sonia, Batool and Nafisa, were willing to express an opinion about their sons' family size, but did not consider that their views would be taken seriously or affect the number of children the couple would have unless the young women themselves had the *marẓī*.

[182] Only two of the mothers-in-law reported that they did not talk to their daughter-in-law or son, despite thinking that the couple had more than enough children (Falak's HM), and as the woman was a new mother (Kameela's HM).

Mothers-in-law's hearts' desires, however, were not always higher than those of daughters-in-law; mothers-in-law of uneducated women were trying to ensure that the couple did not give them too many children, particularly if they already had two sons.

Having low perceived control over daughters-in-law's fertility, most of the mothers-in-law felt the need to justify this disobedient behaviour of daughters-in-law to us. In addition to the "personality" of the daughter-in-law (e.g Batool being moody), the three most common justifications for the young women's behaviour were: a) financial *majbūri* (compulsion), as times were expensive; b) health *majbūri*, as young women were weak because they could not eat *desī* (local) food to give birth to many children; and c) higher schooling of the younger generation, which made them *samajh-dār* (prudent/wise), particularly on matters related to fertility.

8.2 Negotiating fertility

This section focuses on differences in the ways in which the two generations of women negotiated their fertility. My interview data suggest that the ways in which women negotiated their fertility varied across the four stages of their fertility careers: marriage to motherhood, temporary contraception, abortion, and sterilisation. Based on these findings, this section is divided into four subsections.

8.2.1 From marriage to motherhood: Submissive strategies

Both generations described the initial stage after their marriage as an adjustment period in which they were trying to get to know their husbands and in-laws and the way they lived. As advised by their own mothers, all the women were expected to remain obedient to the desires of their husbands and in-laws during this stage.

Literature on (in)fertility among Pakistani women living in Pakistan (Bhatti and Jeffery 2012) or in other countries (Hampshire *et al* 2012) reveals the pressures

exerted on newlywed women by their husbands, mothers-in-law and/or other family members to bear children quickly. As Chapter 4 also shows, the primary duty of the bride, if *Allāh* allowed, was to "give" a child to her husband and in-laws as soon as possible. Having specific reproductive plans before giving birth to a child was therefore perceived as unnecessary and improper at this stage.

Both older and young women had a child soon after their marriage. However, this was not a decision that was discussed and taken by the couples. It was rather more an "implicit compliance" with the norms and the expectations of society, husbands and in-laws. Both the older and younger women were at this stage "submissive", but even then there were noticeable differences between the two generations, as shown below.

8.2.1.1 Older women: Fatalistic submission

The older women often mentioned that at this stage they did not have any specific fertility desires. All but two highly educated women, who reported they had thought about family planning, entered the marriage union without considering the number of children they wanted to have.

> It was *Allāh* who gave [children], so who would think about how many kids to have?
>
> Adeela's M (60/U/0/5S1D)

Like Adeela's mother, for most of the older women it was unnecessary to plan or even think about childbearing, as fertility matters such the timing and number of pregnancies were decided only by *Allāh*. Most also lacked knowledge about reproduction and therefore did not perceive any need for communication with their husbands and mothers-in-law.

The mothers-in-law of older women did not communicate with their daughters-in-law about fertility matters unless there was a very long delay in the daughters-in-law's pregnancy. The older women's accounts also indicated some signs that their mothers-in-law regulated their fertility, particularly through controlling sexual

activity between the couple. This, however, was to prevent a pregnancy if the bride was very young. For example, Batool's mother reported that she was a child when she got married. She had her first pregnancy three or four years after her marriage. When she was asked whether there was any problem about this she said:

> No, there was nothing. My *sās* said she is young, she cannot take care of a child. That's why *ādmī* (man/my husband) should stay away. That's why.
>
> Batool's M (40s/R/0/1S9D)

8.2.1.2 Young women: Strategic submission

> If a woman cannot have a child, she is of no use. If there is no child, then men also do not care for those women.
>
> Ameena (27/R/Gr12/1D)

Chapter 4 shows that young women reported feeling extreme pressure to get pregnant within the first couple of months of marriage, and the impetus for this mostly came from their own desires.

Younger women who entered into marriage unions were aware of what was expected of them even though they were not always explicitly asked, and they were happy to comply with these expectations. Their compliance was not an entirely passive one though; they were "strategically submissive" to the prevailing norms and desires of the society, husband and other family members. Unlike the older generation, the young women were highly aware of the virtue of motherhood for establishing and strengthening their relationships with their husbands and in-laws. They were wearing "a mask of conformity" (Goyal 2007: 409) but strategically planning for future gains such as better quality of relationships, particularly with their husbands. Most wanted to have their first child as soon as possible after the marriage as they saw it as a source of power and respect in the conjugal home.

> When a woman has a child her *qadam* (footstep) in her in-laws gets strong and the child increases her *respect* [in English].
>
> Aleena (24/R/Gr14/1D)

For some others having a child quickly was about strengthening the husband-wife alliance. This was the case for Meena (33/U/Gr14/1D), who wanted not only to secure her place in her affinal home (also her MZ's home) but also to strengthen her relationship with her husband through having a child.

> Meena: If you have it [a baby] at the beginning, if *Allāh* listens to it [your desires] that it is good. The rest of the children one can have after the first one turns three.
> FB: Why do you think that it should be that way?
> Meena: Because, you start liking the *shādī ka jo rista hei* (the alliance of the marriage) more if you have a child soon... Then because of [having] children the husband-wife alliance becomes stronger and you start liking the *rishta* more and your heart settles in. Obviously the environment of your home is different and when you move on [get married] then you have a different one. So, one has to place herself into this environment. When you have children then you start liking the married life more.

For some others a first birth was necessary as quickly as possible to gain the "love" of their husband. For example, Sameena (33/U/0/2S1D) was relieved of her fears of "not being liked" by her husband when she had a child:

> I was from a village and I was not sure whether he would like me or not. One or two years have passed like that. Since my daughter's birth, he *piyār karnā* (loved) me so much that I cannot tell you...until now we've never stayed away from each other. Thanks to God, he loves me... *Allāh* should give a husband like him to everyone.

Having the first child quickly would also give some *ḥaqq* to young women to plan their fertility careers. Ghazala (30/R/Gr1/2S2D) achieved her aim of having a greater say in the *waqfa* of births after breaking free of social pressures:

> This *daur* (era) is like that, that if [a woman] does not have a child for two to three years, people say woman has a sickness. Have the [first] child during the first year and have the *waqfa* later.

8.2.1.3 Young women's relationships with their husbands during this stage

During the initial months of the marriage, the young women and their husbands were in agreement about wanting a pregnancy soon, even if they did not openly discuss the matter. Young women tend to have limited communication with their husbands and if there was any discussion about fertility between the couple it is mostly about their desires for having a child, the plight of childless relatives, and perhaps also the total number of children they wanted to have.

Such communication was mostly initiated by the husband, as there is a cultural expectation for newlywed women to be discrete about sexual matters, as behaving otherwise could indicate a lack of innocence (Hampshire *et al* 2012; Mumtaz and Salway 2007; 2009). Most of the time, the young women also reported having inadequate knowledge about sexual matters, reproduction or family planning (see Iffat's account in Chapter 4) to be able to initiate communication with their husbands at this stage.

8.2.1.4 Young women's relationships with their mothers-in-law during this stage

The young women's fertility was under panoptic surveillance by all women in the household and particularly by the mother-in-law. When asked about their first pregnancy, some of the young women mentioned that they learned about it from their mothers-in-law or *jitanī* (HeBW), who realised that they had missed their menses. When mothers-in-law were asked about the first pregnancy of their daughters-in-law, most could state the exact timing of the pregnancy by the number of menses the young brides had after marriage. This was the case for Ruby's HM (50/U/0/4S2D):

> It was two months after the wedding. She had her menses twice [in our home] and was pregnant during the third month.

The young women and their mothers-in-law had co-operative relationships at this stage, since they had similar desires. Most of the mothers-in-law, realising the

difficulties that might arise in the young women's lives during this adjustment period, reported that they tried to be co-operative and affectionate with their daughters-in-law, helping them if there was a need and guiding them in the household chores.

Communication between the young women and their mothers-in-law and mothers on reproductive matters was rare. It usually started after the young women became pregnant or when there was a delay in pregnancy, and mostly took the form of the provision of advice from the elder women, who were considered to be experienced in these matters.

8.2.2 Negotiating temporary contraception

Once the young brides had fulfilled the expectation of becoming pregnant, they acquired a greater sense of agency and a larger room to manoeuvre in reproductive decisions. They reached a stage in which they had the *ḥaqq* (right) to decide about the timings of subsequent births, which was not a norm for older women as described below.

8.2.2.1 Older women: Mechanical spacing

Chapter 4 shows that after giving birth to the first child, unlike the younger women's desires to space subsequent births, the older women did not have any specific desires for spacing. They did not necessarily consciously delay the next birth or limit total fertility, and most reported being unaware of the existing family planning services, or lacked access to them.

Given these circumstances, for the older women, lack of communication with their husbands and mothers-in-law continued at this stage. Even if these women wanted to space their later births, they were unable to communicate their desires as they lacked courage and were afraid of talking to their husbands or mothers-in law:

> Our times were very different. We didn't have the courage to talk about it [fertility matters] with anyone… Our in-laws were also very strict.
>
> Sameena's HM (50s/U/0/5S3D)

> *Allāh* gave me four, my son came after seven years of *waqfa* and my daughter after five years. Neither did I think about *manṣūba bāṅdhi* (family planning) nor was there a need for it or anything else... I didn't know what family planning was. To tell you the real *bāt* (matter), at the time, among landholders, things were different then than they are now between husband and wife. Like if you give room to the men [now] they *sar-par ćhāṛnā* (become a bit too familiar)... [At that time] you had to do a lot of *sharm* (shame) and *ḥayā* (modesty). In front of the father-in-law and mother-in-law, you would not talk to one another.
>
> Gulsum's HM (60s/R/Gr10/3S1D)

Most of the older women reported that they followed the advice of their mothers-in-law since they were inexperienced about reproduction. Although the influence of mothers-in-law on the spacing decisions of the older women was not obvious since the timings of the older women's pregnancies were not consciously manipulated, the available evidence indicates that mothers-in-law dictated the duration of the breastfeeding.

> My first son was two years and one month when my *ammi sās* (mother-in-law) said "you are breastfeeding for two years, now quit". Then I quit breastfeeding and I got pregnant again when my son was two and a half years old.
>
> Nafisa's HM (40s/U/0/3S1D)

8.2.2.2 Young women: Taking initiatives for spacing

After proving their fertility with the birth of their first child, most of the young women mentioned their desires to wait at least three years for the next birth (see Chapter 4). This was the stage when they started showing more noticeable reproductive agency by initiating communication on the topic and being involved in decisions about the contraceptive method. Communication about spacing births or using temporary contraception was usually initiated by the women themselves after the first birth or after having a mistimed second pregnancy.

8.2.2.3 Young women's relationships with their husbands during this stage

All of the young women sought their husband's permission and most found that it was given easily, as was the case for Sonia:

> I told him that there should be some *gap* (spacing) between children. He said the way you wish, I have no *ĕ'tirāẓ* (objection).
>
> Sonia (28/R/Gr5/3S1D/pills)

Young women were also the ones who offered the type(s) of method that the couple could use. For example, Jamila (28/R/0/3S) was the one who took the initiative to start family planning after having a child. She went to the LHW and asked her for family planning assistance. Jamila and her husband used Nova injections and *Saathi* (condom brand) for spacing between their three children. Jamila's husband (40/R/Gr5) said that although the decision to use contraception was a mutual one, the guidance for the method was given by Jamila:

> Jamila's husband: We just used *Saathi*.
> GM: From where did you get the information about it?
> Jamila's husband: From home.
> GM: From home. Have you only used that [condom] or other methods like pills, injections or others?
> Jamila's husband: Our neighbour gave her an injection once.
> GM: By saying from home, did you mean your wife guided you about it?
> Jamila husband: Yes.
> ...
> GM: Whose decision was it to have it?
> Jamila's husband: It was [the decision of] the two of us.

Like Jamila and her husband, most of the women and men talked about temporary contraception as the mutual decision of the couple. The method to be used, however, was usually negotiated between them. Jamila and her husband's case was one of the exceptions in which the young women took the lead role in the choice of contraceptive method. In most of the other narratives the decisions of husbands were more dominant (see Section 6.2.3, Aleena's husband).

However, the husband's decision was not always the final one, especially if the method he preferred did not suit the wife. After their first child, Farida (31/U/Gr12/2S1D) said to her husband "now we will not have children for some time" and her husband agreed. Her husband gave her the idea of using pills and she used them for a while. However, pills did not suit her and she had excessive bleeding. Farida and her husband then decided to use condoms, which were safer and would not affect Farida's health. During his interview Farida's husband (30/U/Gr14) reported that he did not like using condoms and would still prefer pills, but it was his responsibility to prevent another pregnancy as Farida had already had three C-sections and the couple did not want to have another child.[183]

The cases of discordance between the husband and wife were rare at this stage and mostly related to the type of method rather than the use of contraception or delaying the birth. Even in this case, women were able to show some agency in the form of resistance or deception, in order to guarantee the prevention of a pregnancy through the methods they themselves opted for.[184] For instance, Tania (25/U/Gr5/1S1D) was using injections against the wishes of her husband; she was also hiding it from her mother-in-law, as discussed in the next subsection.

> I decided myself. My husband used to say don't do anything, it [contraception] is not good for women. Women are delicate from inside and you will get sick... He forbade me many times but then I thought myself and had the *injection* [in English].

Tania was living very close to a FWC and did not need the support of any other family member in accessing contraception. For Nafisa (31/U/Gr10/1S3D), whose husband was against contraception for religious and health reasons, her mother-in-law's support was crucial in accessing injections:

[183] They considered sterilisation during her third C-section, but were refused by the doctor as Farida was too "young" to be sterilised (35 was the minimum age requirement).
[184] Some methods could be used even if there was a disagreement between the husband and wife. Contraceptive methods like injection and pills were perceived as *majbūri* only when husband and wife had a disagreement about having a child.

> I told him and he got upset, he used to say don't get them [injections]. He has heard about the *side effects* [in English]. He was upset but I kept on having them without telling him. I had it three, four times. .. She [HM] went with me [to have the injections], she knew about it.

As the quotes also suggest, men were not against using contraception for birth spacing, but they did not want their wives to use hormonal methods as they were concerned about the possible side effects on women's health. Among the young couples, the most common method was condoms, which also indicated that men were willing to take responsibility for using contraception, particularly so as not to endanger their wives' health by having closely spaced pregnancies or using hormonal methods. This responsibility also derived from couples' willingness to have small families for financial reasons, as shown in Chapter 5, as well as the increased availability and promotion of male methods/discouragement of hormonal methods, as discussed in Chapter 6. The ways through which the young women could access contraception was also important. In some cases when there was a disagreement between the couple, the co-operation of mother-in-law and mother was crucial in accessing contraception.

8.2.2.4 Young women's relationships with their mothers-in-law during this stage

Most of the younger women we talked to mentioned that they did not necessarily inform their mothers-in-law whether they were using contraception or not, and their mothers-in-laws were mostly excluded from the decision-making process.

Mothers-in-law, if informed, mostly co-operated with the couple as they themselves believed that there should be some spacing between births. They said that young women were not as strong as them and needed a break from childbearing. Most of the mothers-in-law regarded four grandchildren as a sufficient number and this was manageable in the young women's reproductive careers even if they were spacing the births.

Discordance between daughter-in-law and mother-in-law was rare and the strategy used by the young women in this case was deception. Tania (25/U/Gr5/1S1D), who resisted her husband's choice of contraceptive method, was hiding her use of injections from her mother-in-law because her mother-in-law was strongly opposed to contraception and wanted Tania to have at least four sons and one or two daughters. Although she did not inform her mother-in-law, Tania's mother was aware that she was using injections and supported her decision. During her interview, Tania's mother (40s/U/Gr5/1S8D) told us that she herself advised her daughter to use contraception. Tania's mother-in-law (55/U/0/5S1D), however, forbade the LHWs to visit their house: "If a family planning person comes I don't even let them come inside". When her mother-in-law was not home, Tania would receive injections from the FWC in their area. One of the main benefits of this method for Tania, as also mentioned by some of the LHWs, was the low need for interaction with workers (usually every three months) and high chances of being able to keep it secret, if necessary.[185]

Ameena, who used pills after gaining permission from her husband, had to hide this from her mother-in-law and her HeZ:

> She [HM] used to tell me that you will have a child. I told her no, it wouldn't happen. She knew [must have understood] that I was taking pills.
>
> Ameena (27/R/Gr12/1D/pregnant)

Ameena's mother (45/R/0/2S2D) was the one covertly supplying her with the pills:

> Whatever the *gap* [in English] is there [in the spacing between Ameena's first and second pregnancies], I told her to do so and nobody else was aware. Whenever her husband came back, I used to give her pills. Her HZ came to know that she [Ameena] takes pills from me and uses them...Then they [HM and HZ] forbade her. Her husband also knew. He said "our daughter should get a bit older and then we will think about the second one". Only they and I knew [that she was using pills].
>
> Ameena's M (45/R/0/2S2D)

[185] Contraceptive methods like copper-T (IUD), injections and pills were perceived as *majbūri* only when there was a disagreement between women and other family members.

The secret use of family planning methods, particularly hiding it from the mother-in-law and other female members of the household, was mentioned by almost all family planning workers. They believed that husbands and wives acted together to hide contraceptive use from other family members:

> They hide it from mother-in-law, and also from HeBW, HyBW, that they should not get to know that we are using a *method* [in English].
>
> FWC-A

> FWC-B: Husbands are better than before. They bring their wives for antenatal check-up and send children for vaccination... He is the one who manages everything done secretly from other household members, that's why women are doing family planning *ćorī-ćorī se* (secretly).
> FB: Does it also happen secretly from husbands?
> FWC-B: No it doesn't happen. One can have injection secretly from husband but whoever comes to me asks her husband first, and husbands also send them.
> FB: What do you think are the reasons for this [change]? You mentioned earnings before, what else?
> FWC-B: Husbands usually give permission because of income, having many children, education – now you have to educate children and also take care of them. Education also gives some awareness. Women also now ask for their *ḥaqq* and husbands give in compulsion.

8.2.3 Negotiating induced abortion

Chapter 4, shows that induced abortions are increasingly practiced among younger generation to control not only the number of births – like their mothers and mothers-in-law rarely did – but also as a contraceptive method to space births.

8.2.3.1 Older women negotiating for abortion

There were very few cases of induced abortion among the older generation. In all of these cases it was chosen by women after "completing the family". However, the timing of the completion of the family was mostly decided by the husband or mother-in-law, depending on the number of sons a couple had (at least two or three).

Abortion as a method of birth control was mostly selected by the women who wanted to obey their husbands' decision about family size. For example, Hafza's mother (45/U/Gr8/2S6D) was told by her husband to do something after having their second son, who was their eighth child. She used copper-T, but she had it removed due to an infection. She then opted for multiple induced abortions as she was scared of her husband. The older women who opted for abortion also mentioned the difficulties in accessing these services and visiting the service provider a number of times before having it.

8.2.3.2 Younger women negotiating for abortion

Among the younger generation, on the other hand, abortion was thought to be necessary if there was a mistimed pregnancy. Communication about abortion was initiated by either the women or their husbands. In all cases the couple had mutually agreed on abortion. When Sameena (33/U/0/2S1D) got pregnant soon after the birth of their first child, it was her husband who was concerned about Sameena's health and bought pills, which ended her pregnancy. Khalida's husband also allowed her to have an abortion, which was also a sex-selective one. Khalida had three daughters and one son. When she got pregnant again after her son [fourth child] and learned that it was a girl, she asked her husband if she could have an induced abortion and her husband said "if you don't want to keep it, do it". Her in-laws were against the abortion but she still found a *dā'ī* with the help of a LHW*:*

> I *sāfai karwā deya* (got the uterus cleaned i.e. abortion). My son was very small; I had him after three daughters. He used to remain sick most of the time and we didn't have money....I told them later, initially my HZ and my mother-in-law forbade it and told me to let it come [to the world], I told them that they were right but it [four children] was enough...my son was very sick and I had to go to hospital every day. One feels *sharminda* (ashamed) going there with a big *peṭ* (belly)...My mother-in-law and father-in-law forbade me, saying you cannot have it, I told them that I was going to have it.
>
> Khalida (32/U/Gr5/1S3D)

Unlike in the use of contraception for spacing, the permission of mothers-in-law was sought for abortion because an abortion was likely to be more "visible" than

contraceptive use, particulalry since it required the assistance of older women in accessing surgical procedures. In all cases of there was a disagreement between the couple and the mother-in-law, but mothers-in-law's views were not considered as decisive. Negotiations with mothers and service providers were also common and more influential in decisions regarding abortions. In most cases, after negotiating with their mothers or service providers, young women had to give up, as Hafza (27/U/Gr12/2D) and Nafisa (31/U/Gr10/1S3D) did.

Hafza got pregnant to her second child when her daughter was only six months old. She realised she was pregnant after three months, as she was breastfeeding and her menses were not regular. She initiated the discussion about having an abortion and her husband fully supported her. However, her mother, who herself used abortion as a regular method for controlling her family size, forbade her and warned her about the side effects of abortions:

> She [Hafza] used to say "I will have the abortion". She had taken the advice of her husband as well and he said "do it". Then I forbade her. I told her about the side effects...I told her that "I didn't have a sense and I didn't know [about the side effects]. Now you know. You also have people to support you [in child care]"... Then she didn't have [an abortion].
>
> Hafza's M (45/U/Gr8/2S6D)

Nafisa got pregnant with her second child when her daughter was seven months old. She wanted to terminate the pregnancy. Her husband gave her permission but her in-laws disagreed. She would have had the abortion but for the doctor's refusal:

> I was not at all [ready for the second child]. I went to Dr. X and asked her to give me a tablet or an injection [to terminate the pregnancy], I heard it could happen. She [Dr. X] forbade me and said she wouldn't do anything like that [abortion]...Then I gave up. My mother-in-law and father-in-law also didn't allow me to do that [abortion].
>
> Nafisa (31/U/Gr10/1S3D)

The negotiations for abortion involved a variety of actors including extended family members, mothers, LHWs, and abortion providers. Despite the fact that in each case the couple mutually agreed to the termination of pregnancy, attaining the desired outcome was not as straight forward as was the case for temporary contraception.

8.2.4 Negotiating sterilisation

For most of the older women, the time of the completion of the family was dictated by their husbands or mothers-in-law. Therefore, the impetus for sterilisation did not always come from women. Among the younger generation, however, communication about sterilisation was mostly initiated by the women themselves.

8.2.4.1 Older women

Ten older women who had *nasbandī* or *operation* (sterilisation) reported that the advice for sterilisation was given by service providers, their husbands or other female family members including mothers, mothers-in-law, HeBW. The permission of the husband and the mother-in-law (if alive) was also sought and was perceived as crucial.

> QK: Who gave you the advice for having the operation?
> Malika's HM (50s/R/0/5S1D): One woman [from the family planning department] came to our village, and told me to have the operation. I said okay and I got it done.
> QK: Did you ask your husband about it?
> Malika's HM: He himself said "get it done"
> QK: At that time, did you ask your mother-in-law as well?
> Malika's HM: Yes, she also said get it done.

There were only two cases in which older women reported that they acted against the wishes of others. Falak's mother (50/R/0/3S3D), with the advice of her FeBD, decided to have the operation. Knowing that her husband was religious and would consider sterilisation as a sin, she decided to have it in Faisalabad and stayed with her mother until her wounds were healed. Batool's HM (50s/R/0/2S3D), on the other hand, wanted to have more children and resisted her mother-in-law's request for her to have operation by giving birth to another child:

> We never thought about how many kids to have or how many one should have… The matter is, when I had two sons and two daughters my *sās* told me

> to have the operation...after four children. *Jān jān-ke* (wittingly), I had another daughter.
>
> Batool's HM (50/R/0/2S3D)

8.2.4.2 Younger women: Multiple negotiations

Among the young women, the initiative for sterilisation was usually taken by the women themselves. Three women were sterilised and five others wanted to have sterilisation. In all cases the permission of both the husband and the mother-in-law was sought.

With the younger women, there was a wide range of processes through which a woman secured – or was prevented from having – a sterilisation. Some idea of the range can be gleaned from following cases.

Concordance: For Ghazala (30/R/Gr1/2S2D), an uneducated young woman from the rural area, all parties were agreed, including her husband and in-laws, because she had two sons and two daughters, i.e. a "complete" family.

Concordance and submission to service providers: Farida (31/U/Gr12/2S1D) and her husband, who was not willing to use condoms, decided to have sterilisation during Farida's third delivery, which was a C-section. However, she was refused by the hospital for religious reasons, and on the basis of her age:[186]

> I told [the doctor] that three children is enough. The doctor said "Don't say this" and asked her what her age was. Then she [the doctor] said "you are only 30 and *baćhā band karwānā* (literally stopping children/getting sterilised). You should not say that this is enough, stop it. This is *shirk* (to equate someone else with God) and *gunāh*. This [a child] is what is given by God. You try controlling your *nafs* (desires)".
>
> Farida's Husband (30/U/Gr14)

[186] Most of the service providers also mentioned the minimum age limit of 35 as a barrier to sterilisation.

Discordance and submission: Malika's (27/R/Gr9/1S3D) husband and mother-in-law refused to let her have a sterilisation before giving birth to another son. Malika and her husband used *Saathi* condoms for spacing. She had three daughters and a son, who had a hearing disability. She did not want to have another child but was pressurised by her mother-in-law and husband to have another son. Malika's mother and mother-in-law had the operation after completing their families and advised her to do the same: "get the operation done; the real solution is the operation".

> Malika: ...My mother-in-law does not agree with it [me having sterilisation now] and says have another son...but old people, they don't understand these matters, they just make one do their own, do this and do that.
> FB: What does your husband say?
> Malika: When I was having my last daughter, he said "if it is a boy, get the operation done because we will have two sons and two daughters". He doesn't say that we should have [one more] son, he says this one cannot speak, there should be one son who could speak and there should be one for this one [son with hearing disability] as well. He says if he was able to speak, it would have been enough for us. It is a problem, isn't it? That he cannot speak.

Discordance and resistance: Khalida's (32/U/Gr5/1S3D) husband was against the sterilisation as he believed it was a sin. However, with the support of her in-laws, Khalida managed to get sterilised. She confronted her husband:

> It was my *irāda* (desire) and was also their [in-laws'] choice but my husband did not agree. Then I told him "take it as either my *zabardastī* (compulsion) or my *bad-tamīzī* (misbehaviour) or whatever you want but I cannot have more children".

Discordance, renegotiation, and resistance: Aafia first considered sterilisation when she had six children. Her husband, like Khalida's HM, considered sterilisation as sin and did not allow it. Aafia asked her mother to help her, but she also refused, saying she would not do anything against the wishes of Aafia's in-laws. After having two more children, Aafia discussed the matter with her HM as well as her HyB, who was educated, living in the urban area, and supporting them financially. She eventually managed to gain their permission:

> I went to my mother before, when I had six children, and asked her to get my operation done. My mother was scared of my in-laws and asked me to get their permission first. When I had eight [children], my HyB said "get your operation done". Then I went to my mother... there was a family planning office, we went there and got the operation done... I could not have it here because my husband was not allowing. I *zid kar ke karwānā* (got it done with opposition).
>
> Aafia (35/R/Gr2/4S4D)

> When she had her youngest son, she told me that she could not have more children... When she was going to have the operation, I said "This is *Allāh*'s matter, leave it" but she said she did not want to have more children, then I said okay.
>
> Aafia's HM (70/R/0/5S3D)

Mothers-in-law expected young couples to seek their permission for *nasbandī* as it meant they would not "take" more children from their daughters-in-law. Not seeking permission was rare; however, there were some instances where mothers-in-law were totally excluded from the sterilisation decision. They complained to us about this. For example, Jamila's HyBW got sterilised after having three sons without asking for Jamila's HM's permission:

> If God blessed us with a granddaughter it would be good. But my son without asking me got her *band karwānā*. I didn't even know [that they were planning it]. One day he mentioned that he got her tubes closed. I told him it is your own decision and your own life. Live it the way you want.
>
> Jamila's HM (53/R/Gr8/3S3D)

8.3 Transforming intra-household relationships

> Previously when girls got married they used to stay *dābī* (repressed) for a long time. They used to come from one family to another and adjusting the *māhol* was very difficult. But now boys, the husband *tā'wan karna* (cooperate) with their wives, and therefore it is not like before...I mean husbands take the side of their wives...husbands have changed a lot now and therefore mothers-in-law say that "our daughter-in-law came and changed our son"... It was not like this before and they used to pay attention to their own mothers more.
>
> LHW Atika (Urban)

The discourses on daughter-in-law and mother-in-law rivalries, like the above discourse of the daughter-in-law stealing the son from his family, particularly from his mother, are not new and have a significant place in South Asian literature, films and media. The previous sections indicate the weakening role of the mother-in-law (extended kin influence) and the strengthening of conjugal relationships within intra-household relationships on matters related to reproduction. These changes cannot be viewed separately from the increasing financial burdens and aspirations of young couples, or the wider socio-economic changes and improvements in the family planning programme. In light of the changes discussed in the previous section and utilising some additional information from the interviews, this section examines the changing nature of conjugal and intergenerational relationships.

8.3.1 Has the quality of conjugal relationships changed?

Sections 7.4.3 and 8.2.1 show the changes in expectations from marriage and conjugal relationships across the generations. The young women and men, in contrast to the previous generation, entered into relationships with the expectation of establishing a conjugal bond and love. Initiating their marriages with this aim, the young couples did have stronger conjugal relationships as compared to the previous generation: in terms of both increased communication and being able to develop a more affectionate and considerate relationship.

According to the DHS, in 1990/1 more than 60% of young women in Punjab did not discuss how many children the couple should have and 71% never discussed family planning with their husbands. This data was not collected in the DHS 2006/7. Another indicator, which indirectly indicates some information about husband-wife communication but requires precaution as it reflects only women's perceptions, was husband's desires for children. While in 1990/1, 35.5% of young Punjabi women said they did not know how many children their husband wanted, this declined to 17.9% in 2006/7. The percentage of women who reported that her and her husband's desires were the same also increased from 44.8% to 62.9%.

Interviews indicated that the young women were more likely to communicate with their husbands and also to initiate communication themselves when the time was right, i.e. after having one or two children. The issues of feeling shy, being scared to talk to their husbands, or having no control over fertility decisions due to lack of awareness or fear, which were common among the older generation, were almost non-existent among the younger women. Instead, the latter defined their relationships with their husbands as friendly,[187] and had knowledge of and easy access to contraception. Most of the young women were able to communicate their own desires to their husbands and were also able to develop a common ground, in which to act as a couple against the influence of others.

The young women also reported that their husbands were considerate and co-operative in fertility matters, particularly the spacing of births, and this was confirmed in the narratives of their husbands. During his interview, Aleena's husband (31/R/G11) told us "my wife's desires are my desires" and tried to find a middle way between Aleena and his own mother regarding their dispute on number of births. He told us that they had reached an agreement of having two sons and a daughter, which was more than what Aleena preferred but also lower than what her mother-in-law wanted.

The changing norms and desires about spacing of births and health concerns, as well as the financial difficulties of ensuring a good education and life for children, provided an isolated space for couples in which they could start developing a considerate form of conjugal agency. Within this space, two matters in particular were discussed in relation to fertility: financial difficulties and the increasing costs of children; and the health of the wife and children. Husbands also talked about the necessity of giving *apne jaghāṅ* (own space) in terms of care and consideration to their wives and children, and ensuring *ḥaqq* to their wives and children without neglecting their filial duties, particularly when their parents were old and required care. Upholding "a good family" – a contented wife and children – was also

[187] The young women also talked about the jokes that women make with their husbands, including about mothers-in-law and their desires for the couple.

considered to be men's *bojh* (burden/responsibility) and fulfilling this had become an important component of manhood.

The cases of discordance between husband and wife were rare. There was only one extreme case in which a young woman could not go ahed with contraception and/or sterilisation, even after negotiating and renegotiating with her husband. Falak (35/R/Gr9/2S3D) could not gain the support of her in-laws because they were unable to speak about contraception with their son and also worried about the negative consequences of helping her as their son had a slight learning disability, was using drugs and was violent with Falak and other household members. Falak herself was scared of her husband and did not take up the offer of help from her mother and elder sister. In less extreme cases of conjugal discordance, as shown in previous sections, women could act in various ways with some support from their mothers and mothers-in-law to reach their contraceptive goals.

8.3.2 Has the quality of daughter-in-law and mother-in-law relationships changed?

> Nowadays, both *sās* and *bahū* are *tez* (sharp). Now it has become *barābar* (equal/the same). Previously *sās* were *śakt* (strong), daughters-in-law had to keep quiet, [they used to be] *ḍarnā* (afraid)...Now it is not the same, now *bahū* is very *tez.*
>
> LHW Raana (Rural)

The control of mothers-in-laws over their daughters-in-laws' reproduction appears to be weakening as the quality of conjugal relationships improves and young women show reproductive agency by taking initiative to regulate their fertility, with or without informing their mothers-in-law. It was almost non-existent for spacing of births and was limited for decisions on abortions, particularly when conjugal agency had developed during the "spacing" stage and excluded mothers-in-law from the temporary contraceptive decision-making. Mothers-in-law were asked for their permission when young women wanted to have an abortion, but this permission was not as absolute as it was for decisions concerning sterilisation.

Mothers-in-law, who perceived that they lacked control over the contraceptive decisions of their daughters-in-law, were mostly supportive of the decisions of the young women. This was particularly the case when the young women's fertility behaviour complied with the prevailing norms about birth spacing and they were able to "give" enough sons to the family. Indeed, except in cases where the couple did not have "enough sons", none of the older women were actively involved in pushing their hearts' desires on the young women. In addition, mothers-in-law did not always aim to have a larger family than was preferred by the couple. They sought to keep the family small when the daughter-in-law was uneducated and had a "complete" family, as having more than enough children was a concern for the whole extended family for financial reasons.

Having a co-operative relationship with the young women was also important for mothers-in-law, as they would need both their sons and daughters-in-law for old age support and care, particularly in times when conjugal bonds were strengthening. The weakening role of mothers-in-law in young women's fertility and the strengthening of conjugal relationships, thus, did not problematise the relationships between young women and their mothers-in-law. Rather, the empirical evidence suggests that mothers-in-law reconcile themselves to younger women's preferences in order to keep the intergenerational solidarity intact.

One of the discourses that signified growing affection between young women and their mothers-in-law was the increasing health concerns of the latter for the former. Most of the mothers-in-law talked about perceiving their daughters-in-law as their own daughters and behaving accordingly to prevent risks to their health. The supportive role of the mother-in-law was also important, especially when there was a disagreement between the couple, as was the case when Nafisa had to access temporary contraception, or when Khalida wanted to have sterilisation.

8.4 Conclusion

This chapter has argued that young women, as compared to their mothers and mothers-in-law, exercise more control over their own fertility careers. While most of the older women did not perceive themselves to have any control over their reproductive lives and were mostly submissive to their husbands and in-laws, the forms of young women's reproductive agency varied widely from strategic submission to resistance, depending on the stage of their fertility careers and whether they were in concordance or discordance with their husbands and/or mothers-in-law.

The chapter has also shown that young women consciously and actively constructed and negotiated their reproductive careers. This, however, does not mean that they were always acting beyond the limits of patriarchal systems, or that patriarchal submission is a thing of the past. Although young women had a significant say, particularly in matters related to temporary contraception, regulating fertility without spousal permission was still considered to be a disobedient behaviour. The reproductive agency of women, however, was benefiting from strengthening conjugal relationships, as a "conjugal form of subordination may be less onerous than a paternal form of patriarchy and offer greater room for the exercise of agency" (Jackson 2012: 4). In the majority of cases, couples exercised a collective form of agency – conjugal agency – to accomplish their contraceptive goals, even if these were different to those of their in-laws.

The chapter has also suggested that the quality of conjugal relationships is improving. In contrast to the previous generations, whose accounts indicated a lack of communication, fear and *sa̲kh̲ti* (strictness) between the spouses in reproductive matters, the young women were able to communicate with their husbands easily, and couples defined their relationships as amicable, considerate and affectionate. The husbands were particularly considerate about the health of their wives and were ready to take responsibility for contraception or to co-operate with their wives, especially for the spacing births through temporary contraception and abortion. The women were more likely to take initiative for fertility regulation, but the men were

also more open to consider the views of their wives, regardless of educational levels, locality or income levels.

Although the role of mothers-in-law in couples' fertility decisions was eroding, the quality of the relationship between daughters-in-law and mothers-in-law was also improving. Mothers-in-law were also considerate about the health of their daughters-in-laws, again particularly for the spacing of births. They would mostly co-operate with the young women, even though they were not always happy with the couple's decision.

Another finding presented in the chapter is the strong link between the quality of relationships and the reproductive agency of women. The young women, who had better spousal relationships than their mothers-in-law (or other young women), based on communication and emotional connections, were more likely to manoeuvre their reproductive careers. The quality of conjugal relationships also overruled any presumed influence of education on fertility when the intra-household relationships and the women's agency were taken into consideration. As the sections above suggest, factors such as educational levels and rural/urban residence did not have a notable influence on women's reproductive agency for fertility regulation, as uneducated young women like Ghazala or Sonia from the rural area could attain their reproductive preferences just as easily as educated women like Meena and Farida from the urban area.

In addition, negotiations on fertility occurred at multiple levels: not only between two individuals within a household (either husband and wife or young women and their mothers-in-law) but also between the household and other institutions (such as mothers and service providers). The co-operation established as an outcome of one negotiation could lead to collective agency, for example conjugal agency, which in turn affected the processes or strategies of negotiations that could occur at other levels, for example with the mother-in-law.

The chapter has important implications for women's agency. The qualitative data indicate that women's agency is neither static nor unidirectional. The positive and continuous association which is usually established in the literature between women's age and her agency is not always true. The Pakistani women we interviewed did have reproductive agency, even when they were newlywed, although this was more in the form of strategic submission, and were able to exercise more overt forms of agency as soon as they became mothers.

The study also confirms other studies that suggest the co-existence of women's agency and subordinating patriarchal structures. However, it reveals that the boundaries of these structures are not static, and change over time according to the quality of relationships between women and their husbands, mothers-in-law and mothers. In the case of Pakistan, as this and the previous chapters have demonstrated, the boundaries of gender and family structures have been expanding and becoming more flexible to allow young women to more easily negotiate and manoeuvre their reproduction.

Conclusions

In this thesis I set out to advance the understanding of contemporary rapid fertility transition in Pakistan. I investigated the differences in the fertility preferences and behaviour of two generations of Punjabi women; their perceived motivations for and reasons behind these differences; and the nature of changes in gender and family systems, and familial power relationships pertaining to fertility, by employing an intergenerational, two-phased mixed methods research design.

The methodological approach, which included the analysis of two existing DHSs and semi-structured interviews with young Punjabi women, their mothers, mothers-in-law and husbands, not only enabled comparisons in the fertility preferences and behaviour of two generations of women, but also captured subtle transformations in Punjabi families, and in conjugal and intergenerational relationships. My approach also, however, had limitations. In addition to method-specific restrictions discussed in detail in Chapter 3, the sample selection procedures also produced a number of limitations with regard to possible generalisations of the study. Firstly, the study focused on Punjab and the qualitative stage was conducted in a central Punjabi district with relatively high development and low fertility levels. Considering this and the possible differences in gender and family systems in different parts of the country, the findings of this study are not applicable to the whole of Pakistan, though they show a likely direction that the rest of Punjab might follow. Secondly, the selection of the sample for the qualitative study was undertaken through LHWs' registers and therefore this study does not include women who were not served by a LHW. Similarly, access to the city from the selected village was less than 30 minutes by car, and therefore the study also does not represent the views and experiences of women living in relatively remote rural areas. Finally, the selection of young women was limited to married women from the age cohort 25-34, with at least one child, and a living mother and mother-in-law. Therefore the possible variations in experiences of young women from other age cohorts, and young women aged 25-34 living in the selected communities who are unmarried, married without children, or who have lost their mother or mother-in-law, are also overlooked in the study.

The coverage of some groups in the qualitative study was also small. It was possible to elicit the views of only a few men, and most households were from low and middle income and extended households. Although the experiences of a few husbands and women living in better-off or nuclear households are also provided in the analysis whenever crucial, the coverage of these groups was insufficient in general.

Despite these limitations, the study has contributed to knowledge about the contemporary demographic and social transformations in families in developing countries; and more explicitly in a highly patriarchal Muslim country with low socio-economic development levels and strong kin relationships. The thesis showed that the strong cultural forces working to defend older ideas about family size being God's will or more children being desirable have disappeared in Punjab. Most Punjabi families and the women within them now aim to have smaller families because of the impact of economic forces and their penetration into rural society, increased aspirations of families for a higher standard of living and providing children a better future through schooling, the impact of the mass media in bringing new ideas about familial relationships, and the status impact of women's education. Although the findings do not show that women have equal rights within the family or they have a free right to choose about their reproduction, there has been changes in the power relationships within the family that would tend to increase younger women's power over time. As argued in Chapter 1, there is no shortage of theoretical approaches that aim to explain fertility transitions, yet none of these alone is sufficient to explain the multifaceted and context-specific reasons behind fertility declines in a specific country, particularly without taking into account the nature of gender and family systems. This study reaffirms these theoretical approaches by showing how economic, institutional and political changes complementarily influence the fertility preferences and behaviour of individuals and their familial relationships within the boundaries of gender and family systems. Equally, it complements studies which argue for the appreciation of the complexity and heterogeneity (rather than uniformity) of how individuals, couples and families

adjust to emerging economic and social forces brought by changes in the wider economic, institutional and political environments. The study also contributes to existing scholarship on the reproductive agency of women in patriarchal settings by highlighting a) the non-static nature of women's reproductive agency at various stages of their fertility careers; b) the importance of collective agency – particularly conjugal agency – for young women in achieving their reproductive goals; c) the existence of multiple reproductive negotiation processes within and beyond households; and d) the positive link between relationship quality and women's reproductive agency.

Empirical studies concerning fertility transition in Pakistan, as discussed in Chapter 2, have been inadequate: not only in numbers but also in terms of their methodological or disciplinary approaches in explaining fertility transitions. Furthermore, although the existing research often presents patriarchal family structures and the low status of young women – compared to men and older women – as a major reason for the delayed onset of fertility transitions in Pakistan, no empirical study has investigated the transformations in fertility and family systems and intra-familial power relationships during rapid fertility transitions. Therefore, this thesis distinguishes itself from many other studies of fertility transition in Pakistan by a) employing an intergenerational mixed methods approach and collecting the perspectives of four important actors from the same family: young women, their husbands, mothers-in-law and mothers; b) focusing on conjugal and intergenerational relationships pertaining to fertility, and changes in them; and c) exploring the intergenerational differences in reproductive negotiation processes during various stages of women's fertility careers.

The remainder of this chapter synthesises the findings of the study, suggests implications for policy, and identifies areas for further research.

Fertility and family change in Punjab: A summary of findings

The analysis of the DHS 1990/1 and 2006/7 datasets and the qualitative data in Chapter 4 established the patterns of change in the fertility preferences and behaviour for two generations of Punjabi women living in rural and urban areas and with varying educational levels. Chapters 5 and 6 detailed the perceived reasons and motivations for these changes and their links with developments in wider economic, institutional and policy environments. I also unpacked how these developments influenced women's aspirations with regard to achieving better living conditions, being good parents and having companionate conjugal relationships, and created positive attitudes towards family planning and contraceptive use. Linking parental/familial aspirations and increased female schooling with transformations in gender and family systems, Chapter 7 showed the continuity and subtle changes in gender roles with regard to labour, honour and obedience, and the changes in Punjabi marriage systems, which define the constructions of women's reproduction. Chapter 8, then, illustrated how young women negotiated their reproduction during four different stages of their fertility careers within the existing gender and family systems. It explored what these findings suggest about changing conjugal and intergenerational relationships pertaining to fertility.

Planning a family: The emergence of perceived control over reproduction among young women

The findings suggest that young women, as compared to older women, were consciously planning their families with specific preferences with regard to when and how many children to have. "Planning a family", which was seen to be in the hands of God among the older generation, entered into the "calculus of conscious choice" among all of the young women, whose fertility preferences and behaviour were notably different from those of the older women. Firstly, in contrast to the older women's general fatalistic attitudes towards reproduction in terms of both numbers and timings of births, the young women wanted to have a small (between two and four children) and complete (at least one or two sons and one daughter) family. As

compared to the older women, the young women also had a higher impetus to enter into motherhood as soon as possible after the marriage, with the conscious idea of strengthening their conjugal bonds and position in the family. The preference to space subsequent births at three year intervals had also become a norm and a perceived right among the young women. Spacing of births was highly supported by husbands, mothers and mothers-in-law. The young women were actively working towards achieving their preferences through initiating communication about family planning, and higher use of traditional and modern family planning methods and abortions as compared to the older women (Chapters 4 & 8).

I have argued that these findings suggest the emergence of strong perceived control over reproduction among the young women. Although this did not mean that they could individually decide about the timings and number of births or contraceptive use, they had a higher level of involvement in decision-making processes about their reproduction (Chapter 8), increased access to knowledge about contraception through television and services providers, increased availability and choice of contraception in both urban and rural areas, and decreased financial, cultural and religious barriers to use of family planning (Chapter 6). Having considerate, cooperative and companionate conjugal relationships in which their well-being and opinions were taken into account by their husbands and their mothers-in-law particularly contributed to the emergence of perceived control over reproduction among the young women (Chapter 8).

Planning a family became a norm among all women regardless of their place of residence and educational attainment levels. Analysing the survey data from 1990/1 and 2006/7, Chapter 4 argued that the fertility transition in Punjab was mainly driven by changes in the fertility preferences and behaviour of young women living in rural areas with no or low levels of schooling. Although young women with no schooling or low educational attainment levels were more likely to desire three to four children as compared to their highly educated counterparts (Chapter 4), the differences between uneducated and educated women were disappearing. Furthermore, the processes through which young women negotiated the use of contraception and

abortion were also similar among all women, and young women from different educational backgrounds showed similar autonomous behaviour regarding their reproduction (Chapter 8). Increased access to family planning services, expansion of private schooling and television and cable networks, and the spread of urbanised lifestyles and market forces to rural areas were some of the reasons for the closing gaps between young women from different backgrounds, as they created similar compulsions and aspirations among all women (Chapters 5 & 6).

Compulsions and aspirations: Multifaceted and complementary reasons for fertility declines in Punjab

As shown in Chapter 5, *mehaṅgāi* was the main perceived reason that the young women preferred a small family, or more precisely the main reason that young couples started considering "planning a family" as compared to the older generation. Individuals and their families experienced rapid changes in their economic environments, and improvements in their socio-economic conditions and lifestyles (Chapters 2 & 5). In addition to the emergence of a strong market economy and disappearing practices of household production, the expansion of education and healthcare, mainly through the private sector, increased the costs of living, childbearing and childrearing. Rapid socio-economic developments, improvements in lifestyles and the availability of "good, better and best" choices also increased parental aspirations for children's schooling and general well-being, necessitated institutionalised healthcare during pregnancy and childbirth, and led to aspirations for achieving better living conditions in general. Improved living conditions and increased aspirations for "a better life" were therefore paradoxically experienced as growing economic constraints for the parents and households, and compelled the young couples to decrease their family sizes in order to ensure current economic stability of the household, and future economic well-being of children and their parents.

In addition to economic forces, institutional and policy developments including the expansion of the family planning programme, changing religious stances about

family planning, the spread of mass media, and increased (importance given to) female schooling also influenced the fertility preferences and behaviour of the young women. Institutional and policy developments brought about awareness of family planning and contraception, created easy access to family planning services, and redefined the values and attitudes of individuals with regard to family planning, parenthood and familial relationships. These, in general, operated as complementary forces that supported, and perhaps accelerated, the fertility decline in Punjab, including by influencing aspirations about familial relationships.

Chapter 6 argues that although service providers restricted the method choices of the young women through their "guidance", the presence of LHWs facilitated access to family planning for all women, irrespective of their place of residence, educational attainment levels or social class. Alongside television advertisements, the expansion of family planning services removed taboos with regard to communication about family planning between spouses and women from the two generations.

My findings also suggest that young women did not ascribe agency to God in fertility decision-making. Although some members of the older generation did express the view that contraception is a sin, this had disappeared among the younger generation, who redefined their views based on economic compulsion and the emergence of the notion of Islamic family planning.

In addition, television became a source of information on reproductive matters and family planning, through advertisements and health-related programmes. It also became the main means of exposure to other lifestyles and religions, which was perceived to change the younger generations' worldviews, and values and aspirations regarding family relationships. As argued in Chapter 6, the older generation in particular perceived television as a challenge to intra-household relationships and the traditional marriage system, by making young women aware of the existence of more egalitarian intra-household relationships and marriages based on love.

The increased availability of girls' schools and the importance given to female schooling by parents altered household power relationships, in addition to increasing the costs of childrearing. As argued in Chapters 6 and 7, having an educated daughter-in-law created ambivalences about hierarchal statuses within the household and decreased expectations about young women's obedience among uneducated mothers-in-law. Uneducated mothers-in-law, who lacked confidence about their knowledge about contraception and good practices of childcare, felt challenged about the continuity of their power status within the household, including with regard to fertility decisions (Chapter 8). Female schooling also led to an expansion of the boundaries of the gender and family systems in a number of ways. As discussed in Chapter 7, the increasing importance given to female schooling compelled parents to take a more flexible approach to honour codes related to young women's mobility and changed the nature of young women's contribution to household chores. Furthermore, female schooling, together with greater employment opportunities for young women, increased the economic value of women as daughters, leading to changes in how parents arranged the marriages of their children. The authority structures were changing through strengthening familial relationships.

Weakening authority through strengthening familial relationships

The thesis has argued that the fertility decline coincided with a subtle transformation of gender and family systems in Punjab. This specifically entailed limited dissolution of previously existing power relationships within families with regard to marriage and reproductive decision-making, through strengthening quality of relationships between couples and generations. For instance, although most of the marriages were arranged by the parents, some young women were given right to veto by their parents, who aspired their daughters to have companionate spousal relationships. Equally, husbands and mothers-in-law, who were concerned about the health of young women, supported the young women's desires for having birth spacing.

Focusing on the continuity and change in gender and family systems, Chapter 7 showed the limited expansions in the boundaries of gender roles with regard to

labour, honour and obedience for young women. The chapter showed that the schooling and well-being of daughters became important for parents. In their natal homes, lower expectations were placed on daughters to contribute to household chores, and the codes of honour were adapted through the removal of some restrictions on women's mobility and economic employment. With regard to marriage, although the parents of the young women faced dilemmas concerning family honour and the well-being of their daughters, particularly as the latter had a higher chance of interacting with boys as compared to the previous generation, parents desired their daughters to marry after the age of 18, when the maternal risks of childbearing would be lower and daughters would be mature enough to handle their relationships in the affinal home. The young women also desired marriages in which they could build companionate relationships with their husbands, and parents partially supported their daughters' desires by giving importance to couple compatibility in addition to continuing the prescription of compatibility of families. Particularly when the daughter was educated and the *rishta* was from a non-relative, daughters were given the option of vetoing the *rishta* selected by their parents. Although very rarely, some young women were also able to resist their parents' decisions based on reasoning of couple incompatibility.

The young women also had different attitudes to their mothers and mothers-in-law concerning parenthood. Among the young generation, a focus on the education, nourishment and well-being of children has become important; the financial resources, time and effort devoted to children have increased; and the desire to be good parents by providing the "good, better and best" of available options to children has defined the ways young mothers' plan their lives and priorities. In their affinal homes, therefore, the domestic roles of the young women were more focused towards the activities and care of children rather than domestic chores. Educated young women were also more likely to be given permission to participate in paid economic activities outside of the home, if doing so did not conflict with their parental responsibilities.

Expectations of obedience from women continued to exist before and after their marriages. There was a change, however, in women's perceptions of the returns of

obedience; it came to be seen as a strategic tool for ensuring relationship quality and continuity with both natal and affinal kin. The young women wanted companionate and cooperative relationships with their spouses, and to keep or build good quality relationships with their parents and parents-in-law through showing respect, servitude and obedience. As compared to the previous generation, they acted more strategically to achieve their goals, such as through being submissive until the time was right to take the initiative to act upon their desires. This was also true for reproductive behaviour. The young women tended to comply with the desires of other family members until they proved their fecundity with a quick first birth, then show autonomous behaviour by communicating their preferences to their husbands, and acting upon family planning with the permission of their husbands (Chapter 8).

The findings of Chapter 8 indicated that the mothers-in-law did not perceive that they could affect the number and timings of births that their daughters-in-law had, but they usually wanted a higher number of children than the couple desired, and at least two sons. Furthermore, mothers-in-law were not always supportive of large families, and sometimes tried to use their authority to stop the couple having more than enough children, particularly when the daughter-in-law was uneducated and they already had two sons.

Chapter 8 also posits that the young women negotiated their reproduction differently during the various stages of their fertility careers as compared to the older women. Strategically conforming to the existing norm to get pregnant as soon as possible after the marriage, the young women started taking the initiative and communicating about temporary contraception with their husbands after becoming a mother. After motherhood, they developed conjugal agency and excluded mothers-in-law from decisions, particularly with regard to temporary contraception. Mothers and mothers-in-law, however, supported spacing of births and helped young women to access contraception. They also usually continued to play an important role in decisions about abortion and sterilisation. Particularly when the couple did not have at least two sons, mothers-in-law played a restrictive role in sterilisation decisions.

In general, however, although the young women are still expected to be obedient to their husbands and mothers-in-law with regard to fertility decisions, they have been able to influence the power dynamics between themselves and their mothers-in-law by building stronger conjugal relationships and being submissive to their husbands' desires at almost in every stage of their fertility careers. The findings of the study indicate that the husbands of the younger women tend to share their wives' economic concerns and aspirations to provide a better life for their children and family. These husbands were also more considerate about the health and well-being of their wives and children, and were willing to take responsibility for family planning with their wives, as reflected in the higher use of couple-based methods (Chapter 4).

Policy implications

The findings have clear implications for policies related to population and family planning as well as social development.

Firstly, the findings suggest that expansion of family planning services and particularly the presence of LHWs in communities contribute positively to fertility declines through providing easy and equitable access to contraceptives and information. Therefore, expansion of the LHW programme in underserved rural areas is expected to contribute to a further reduction in fertility rates in addition to improving reproductive and child health in Pakistan. However, as shown by this study, the available services also create various forms of institutional barriers for uptake of hormonal (pills and injections) and permanent (sterilisation of women) methods, which needs to be addressed. Indeed, there are strong limitations created by family planning service providers, in both public and private sectors, on women's method choices. These include spreading misinformation based on personal biases, which discourages the use of hormonal methods; pushing women towards certain methods by concealing full information about available methods; and refusing to perform sterilisation based on minimum age requirements or religion. While the first two barriers require closer regulation of the public and private sectors, and retraining of service providers, the removal of a minimum age requirement of 35 for

sterilisation of women is necessary, particularly since young women are now more likely to "complete" their families before this age. The removal of quota requirements for FWCs might also eliminate the push for certain methods by these service providers.

My research also suggests that the reproductive health information available to young women is incomplete. Most of the young women still enter into marriage without adequate reproductive health knowledge and their reliance on breastfeeding as a contraceptive method for two years after the first birth often leads to mistimed pregnancies. In addition to introducing reproductive health education to unmarried women immediately before their marriages, there is a need to educate women about the limitations of breastfeeding as a reliable method. This institutional gap is perhaps difficult to fill through formal education, but LHWs can provide information to girls and boys who are about to get married, and after childbirth.

My study shows that men play an important role in decisions pertaining to fertility, but at the same time they are more inclined to use "Islamic methods" or condoms. There is a need to design effective education, information and communication to improve knowledge about the variety of methods available to men. There is also considerable scope to expand the number of male mobilisers in order to reach more men and actively encourage them to participate in family planning and allow their wives to use contraception. The family planning programme also needs to target older women in their information and awareness raising campaigns.

In addition to pursuing a more rigorous family planning programme, the Pakistani government should continue to give priority to female schooling, facilitating socio-economic development and employment of women. Female schooling at higher levels needs to be particularly encouraged by subsidising schooling for girls and perhaps providing safe travel opportunities for them. Government policies should also invest in designing social security systems to cover the great majority of men and women who are not employed in public sector or formal jobs. Such measures are likely to improve the financial contributions of women to household economies, and

decrease the reliance on sons for old age financial support. Equally, given the increasing desires of educated women to participate in the labour force, providing and promoting childcare until the formal schooling of children starts might also contribute to the labour force participation of young women.

Possibilities for further research

In generating evidence about intergenerational differences in fertility preferences and behaviour, and in part about the changes in conjugal and intergenerational relationships, my research has mainly relied on the views and experiences of women. Although some changes in the attitudes of men towards fertility, parenthood and family relationships are revealed by this research, further investigation is required to capture men's views and experiences. Information on men's fertility preferences and behaviour was collected in the DHS 1990/1 and the recent DHS of 2012/13. Quantitative comparisons overtime will be possible when the recent data becomes available. Equally, qualitative research is required to fully understand the relationships between adult sons and their mothers and fathers; how men negotiate fertility preferences with their parents; how changing power relationships between the two generations influence men's relationships within the family; and the nature of men's roles as husbands, fathers and sons, including possible changes in these roles over time. Although not a focus of this research, during the fieldwork we observed that for economic reasons, men were more mobile across the country. Understanding how migration influences the attitudes of men towards fertility preferences, behaviour and conjugal relationships is perhaps another area for future research.

As previously noted, my research did not cover nuclear households adequately. Further research on how fertility negotiations take place in nuclear households, and whether (and if so, how) mothers and mothers-in-law influence the fertility preferences and behaviour of women living in such households is crucial to fully understand the dynamics of fertility decision-making in Pakistan.

The findings of this study suggest that the idea and practice of control is now present in Pakistani society and among women from various backgrounds. There is, however, a general resistance to hormonal methods like pills and injections. While biases created by service providers have been highlighted, further research must focus on the quality of these methods, including whether there is any link between quality of methods, their side effects and resistance to use.

This research shows that in order to gain a fuller understanding of intergenerational differences in the fertility preferences and behaviour of Punjabi women, the changing familial context of women's lives must be central to the analysis. It indicates that young women's fertility preferences and ability to make decisions in relation to their reproduction continues to be strongly affected by the familial contexts, which also adjust to the changing socio-economic and political contexts in multiple ways. As the empirical data has revealed, families in Punjab are undergoing transformations, including weakening authority structures and improving quality of familial relationships, particularly between parents and children and couples. These factors combine to create a greater space for women to manoeuvre in their reproductive careers.

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Appendices

Appendix A Family Planning Services and National Programme 1955-1988

This appendix provides the earlier developments in family planning service provisions in Pakistan as three periods.

First three five year development plans (1955-1970): During the first five year plan (1955-60), family planning services were provided only through private sector by FPAP and other organisations. Although there was no particular set up of family planning at the national level until the third five year plan (1965-1970), during the second five-year plan (1960-65) the importance of slowing down the population growth rate for ensuring economic progress was recognised as a separate area in the five-year development programme document and the family planning service provision was also expanded to government health outlets, which were "too immature to take on family planning" at that stage (as cited in Khan 1996: 33).

During the third five year plan, which devoted a chapter for family planning, a separate service delivery network (through *dā'īs*, doctors, and health visitors, shopkeepers, chemists) was proposed and national scale information, IEC component was initiated to improve awareness about family planning. The 'Family Planning Scheme' under the third plan also introduced IUD as a major programme method in addition to other methods including foam, condoms and sterilisation. The implementation of the programme, however, suffered from administrative and logistic inadequacies as well as being negatively affected by the war with India in 1965.

Non-plan period (1970-77): In 1969 Ayub Khan was replaced by general Yahya Khan until Zulfikar Ali Bhutto was elected in 1971. "Continuous Motivation System" and "Contraceptive Inundation Scheme" were the two programmes of the

non-plan period. Continuous Motivation System (1970-73), as the national programme, aimed to reoriente the supply approach to a client-based one and to employ male and female workers at the union council level. The Contraceptive Inundation Scheme (1974-77) was on the other hand followed a supply oriented approach that aimed at distributing condoms and pills through shopkeepers, health outlets and fieldworkers. Although the programme received substantial technical and financial assistance from international organisations, the political support to the programme weakened by Bhutto's indifferent commitment to family planning, and continuing administrative and logistic problems and thus it was never implemented as planned (Khan 1996; Robinson and Ross 2007). During this period however, pills were introduced and promoted together with sterilisation rather than only IUDs, and population Secretariat became a division under the Ministry of Health. Civil war between West and East Pakistan, that is current Bangladesh and Pakistan, in 1971 also negatively affected all family planning activities.

Zia regime (1977-1988): [188] In 1977, General Zia ul-Haq came into power and froze the population programme until 1980, banned the publicity of family planning activities until 1985 and also abolished the separate Population secretariat by bringing family planning activities directly under the Ministry of Health. Population division renamed as Population Welfare Division (also becoming in charge of maternal and child health care, nutritional education and other welfare issues in addition to family planning) and shifted under the Ministry of Planning and Economic Development in 1981. The sixth five year plan (1983-87), was a silent shift from the initial stance of Zia regime, and proposed a multi-sectoral approach that included family planning, health, education and women's development. The implementation of the programme shifted to the provincial level, funding to NGO sector increased, and commercial marketing of contraceptives accepted as one of the main strategies in addition to research and increasing IEC activities. Despite

[188] His regime was not only detrimental for family planning but also for women's rights. The Islamic laws of Zia included laws targeting women. Under the *Zinā* (adultery) Ordinance, for example, a rape case was considered as *zinā* and was punishable with flogging or stoning to death if a woman was unable to prove rape by the testimony of four male witnesses. Under the Law of Evidence, the testimony of a woman counted for half of that of a man. Zia also advocated *chadar aur char diwari* (veil and four walls – meaning wearing the veil and staying in the home) for women.

introducing a multi-sectoral approach, which also formed the foundation of the subsequent plans till today, the programme could not achieve its targets of decreasing the birth rates and increasing contraceptive prevalence rates from 9.5% in 1983 to 18.6% by 1988 and according to DHS the CPR stood at 12% in 1990/1.

Inconsistent political support and religious politicisation of the programme: Political turmoil, wars with India and West Pakistan (Bangladesh) and Islamic politicisation of family planning resulted in inconsistent political and financial support for the programme. Although religion, particularly the opposition of conservative Islamist groups to the idea of contraception, did not directly hinder the family planning programme activities, it negatively influenced the population policies of two successive governments and led to further weakening of the already administratively and logistically fragile programme from the 1970s until the end of the Zia regime in 1988. Religion was not significant in Ayub Khan's government but his support for the family planning programme – among other factors – was used against him during the protests that eventually led to his forced resignation in 1969, with the suggestion that he was promoting free sex (Khan 1996). Zulfikar Ali Bhutto (1971-77), who allied with religious parties in the protest against Ayub Khan, took a rather indifferent approach towards family planning in order to prevent religious parties using similar arguments against him. For Zia ul Haq, a "ban on publicity for family planning activities was one of many gestures to his religious constituency, traditionally opposed to birth control programmes, that he was serious about Islamization" (Khan 1996:38).

Inadequate coverage: The coverage of the national family planning programme was extremely inadequate, particularly in rural areas. By the early 1990s, only 20% of the total population was effectively covered by the Programme and the services were mainly available in the urban areas (50% coverage) rather than the rural areas (5% coverage) (Carton and Agha 2012; Hardee and Lecby 2008). Furthermore, these services could not maintain a regular supply of contraceptives or follow-up of patients using clinical methods like IUD, which was also the main method promoted during the third five-year plan, indicating the low quality of the available services.

Inadequate importance given to awareness raising campaigns: The attention given to the IEC (information, education and communication) component of the programme was also inconsistent and insufficient to create any demand for contraception throughout most of the period before the 1990s (Farooqi and Sheikh 1993). To give some examples, in addition to banning all IEC for about a decade during the Zia regime, the programme focused on brochures and posters, which were inappropriate for illiterate women who were in the great majority, rather than radio, the most common method of mass communication in the 1960s and 1970s (Robinson and Ross 2007). The messages provided through the programme were also irrelevant for the majority of an agricultural and Islamic society, as they dictated the aims of programme of two children or increased use of contraceptives rather than using a more client-based approach to general reproductive health.

Inadequate focus on general reproductive health and the couple: The rationale for the national family planning programme, like most of the other family planning programmes during the 1960s and 1970s (Seltzer 2002), was based on concerns about the negative impact of high population growth on the economy, national resources and social development. Furthermore, family planning was mostly planned and implemented separately from other components of reproductive health service provision until the mid-1990s. It could not go beyond promoting specific female-based contraceptive methods to addressing the general reproductive health of the couple or the health of the family.

Appendix B District Selection Process

District level data collection and selection of the district

District selection process consisted of a) collecting district level data and short-listing five districts that progressed relatively better in total fertility rates and female schooling; and b) having meetings with scholars and government officials to pick one district among the short-listed five districts.

a) District level data collection and short listing of the Punjabi districts

There was no readily available district level statistics covering the period before 1998; the year that last population Census of Pakistan was conducted. The datasets which would allow any district level analysis after 1998 were based on household surveys conducted in 2000s and were not comparable with the Census level data both in terms of their sample as well as the details of indicators collected. The possible surveys that could be used for district comparison in Punjab were Pakistan Social and Living Standard Measurement Survey (PSLM)[189] 2004/05 & 2008/09 and Punjab Multiple Indicator Cluster Survey (MICS) for the years 2003/04 & 2007/08.[190]

After accessing datasets, which took two months as officials were reluctant in providing them until a right contact was found, the next step was short-listing following the steps:

Step 1→ Using MICS[191], I listed 36 districts of Punjab according to their progress in mean number of children ever born (CEB) to a married woman aged 15-49, female adult and youth literacy by age cohorts 25-34 & 40-49; and female educational

[189] PSLM is conducted since 2004 by Federal Bureau of Statistics, Government of Pakistan in order to develop poverty reduction strategies and district level development programmes. The survey collects indicators related to education, health, water supply and sanitation, economic situation of the households and satisfaction from government facilities used.

[190] MICS survey is conducted by provinces since early 2000s. It collects data on education, nutrition, child mortality and child health, environment, reproductive health including contraception and unmet need, maternal and newborn health, maternal mortality; child development and protection. .

[191] Bureau of Statistics, Planning and Development Department, Government of the Punjab (2005; 2009)

attainment levels by age cohorts 25-34 & 40-49; and contraceptive prevalence rate to have an idea about the changes in fertility and female schooling levels in the districts.

Step 2 → Dropping out districts for logistic, linguistic and security reasons

2a. The districts in South and Western Punjab were dropped; the southern districts mainly because of language barriers and difficulties in accessing to these areas, and western districts because of they border two conflict areas (KP and Baluchistan) as well as language barriers in some of them. Southern and Western districts of Punjab have very high levels of mean CEB and low educational attainment levels for girls and very slow progress in these and therefore dropping them did not seriously affect the study.

2b. I have also dropped highly urbanised districts including Lahore, Rawalpindi and Faisalabad and districts that were relatively new like Nankana Sahib (no data was not available).

2c. I also dropped the districts that are in Central Punjab but another language than Punjabi was more commonly used.

Step 3 → Short-listing five districts where the fertility transition was most advanced and female secondary enrolment rates were high. These districts were Chakwal and Jhelum from North Punjab and Sialkot, Gujrat and Sargodha from Central Punjab. All had lower mean CEB, higher female literacy and educational attainment levels as compared to Punjab.

b) Discussions with scholars and government officials

After short-listing of the districts, I sent a summary of my research proposal to academics and researchers[192] working on relevant areas in Punjab and in Pakistan

[192] Dr. Durr-e-Nayab (Head of Population Studies Department in Qauid-I- Azam University (QAU)), Naushin Mahmood (Population studies department QAU), Dr. Zeba A. Sathar (Country head, Population council), Minhaj-ul Haq (Senior Programme officer, Population Council); Dr. Haris Gazdar (Head, Collective for Social Science Research), Dr. Shabana Saleem (Director, Ministry of Population), and Dr. Faisal Bari (Lahore University of Management Sciences and Open Society Institute)

and asked for their suggestions about the district. Later I had arranged face to face meetings with those who responed positively and were available to discuss their suggestions in detail.

I was suggested ***not to work*** in:

1. North Punjab (Chakwal and Jhelum) and Gujrat as male out-migration is very high in these areas and the low mean CEBs not necessarily reflect the changes in attitudes and behavior but might be a result of males being away. In addition Chakwal was also known for high infertility among women;
2. Sialkot as it was going to be difficult to commute as there were no motorway connections; the district would not represent a usual Punjabi district as it was very rich as compared to most of the other Punjabi districts and it was also going to be difficult to work in Sialkot where many women are engaged in home-based work for the export industries which might lead to high refusals;
3. In North Punjab and in Sialkot women were already highly educated, so the differences between young and older generations in terms of education might be less stark as compared to the difference in Sargodha.

And I was suggested to work in Sargodha because

1. It was one of the fastest developing districts, which was also not very large in size
2. It was an agricultural as well as an industrial district, which would also reflect the characteristics of an average central Punjabi district
3. It was easy to commute from Islamabad through motorway
4. Presence of Sargodha University would facilitate finding a research assistant. However, since the University was offering MPhil/PhD programmes, Sargodha was over-researched particularly in poverty

and agriculture related areas. There, however, have not been many studies on reproductive health and fertility in Sargodha.

Appendix C A snapshot of the methodological approach

Table C.1 Details of the two phases of the study

<table>
<tr><td></td><td colspan="2">Phase 1</td><td>Phase 2</td></tr>
<tr><td></td><td colspan="2">Analysis of secondary data</td><td>Qualitative data collection</td></tr>
<tr><td>Data sources</td><td>DHS 1990/1</td><td>DHS 2006/7</td><td>Semi-structured interviews</td></tr>
<tr><td>Sample drawn from</td><td>Nationally representative</td><td>Nationally representative</td><td>One rural and urban community in district Sargodha, central Punjab</td></tr>
<tr><td>Sampling strategy</td><td>Two-stage stratified sampling</td><td>Two-stage stratified sampling</td><td>Purposive sampling</td></tr>
<tr><td>Sample size of the dataset for initial analysis</td><td>6,611 ever-married women aged 15-49, and 1,354 husbands</td><td>10,023 ever-married women aged 15-49</td><td>N/A</td></tr>
<tr><td rowspan="3">Sample size of used for detailed analysis</td><td rowspan="3">1606 ever-married Punjabi women aged 25-34</td><td rowspan="3">2196 ever-married Punjabi women aged 25-34</td><td>Young women (ages 25-34)- 24 in total</td></tr>
<tr><td>Mothers and mothers-in-law- 43 in total</td></tr>
<tr><td>Husbands- 6 in total
Informal interviews with service providers- 7 in total</td></tr>
<tr><td rowspan="6">Indicators</td><td colspan="2">Children-ever born</td><td rowspan="6">Thematically coded texts on background of the interviewee and their natal and affinal households, marriage process, experiences of marital life, pregnancy and childbirth, fertility preferences, family planning and contraceptive use, perceptions on intergenerational differences with regard to fertility and marital life and perceived reasons for these differences</td></tr>
<tr><td colspan="2">Family size desires, desire for no more children, desired sex preference, timings of births</td></tr>
<tr><td colspan="2">Ever and current use of contraception, use of certain methods i.e. method mix</td></tr>
<tr><td colspan="2">Rural/urban residence</td></tr>
<tr><td colspan="2">Educational attainment levels</td></tr>
<tr><td colspan="2">Wealth quintiles</td></tr>
<tr><td rowspan="2">Data analysis</td><td colspan="2" rowspan="2">Descriptive analysis: frequency tables, graphs, cross-tabulations</td><td>Thematic analysis of coded text</td></tr>
<tr><td>Comparative analysis of coded text by generations, rural/urban residence and schooling levels</td></tr>
<tr><td>Data analysis programme</td><td colspan="2">SPSS</td><td>Atlas.ti</td></tr>
</table>

Appendix D Maps of district and *tehsil* Sargodha

Figure D.1 Map of Punjab showing Sargodha

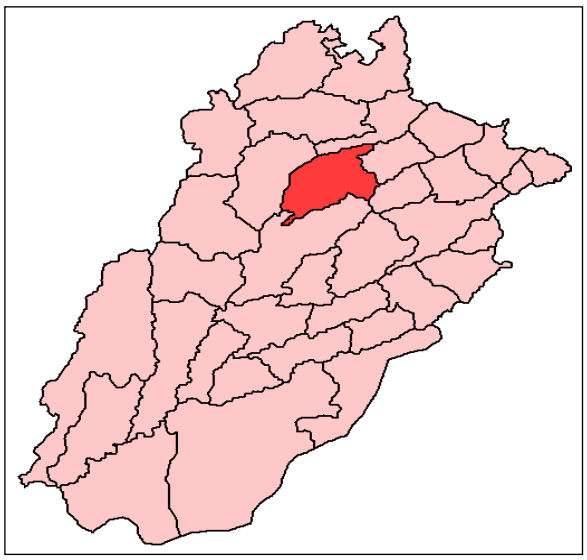
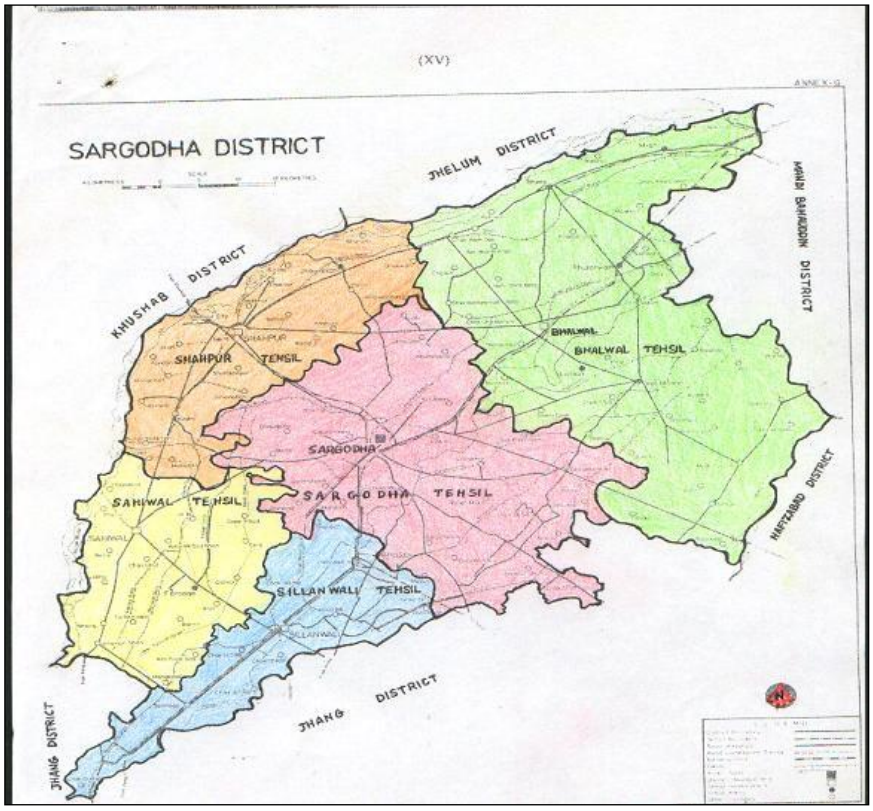


Figure D.2 Map of Sargodha, showing Sargodha *tehsil*



Appendix E Selected indicators for Sargodha and Punjab, 2007/8

Table E.1 Selected indicators for Sargodha and Punjab, 2007/8

	Sargodha	Punjab
Literacy		
Adult literacy rate (ages 15 and above)	49	52
Youth literacy rate (ages 15-24)	76	73
Child and maternal health		
Infant mortality	71	77
U5 mortality	101	111
% of pregnant women who had ante-natal care	54	53
Institutional childbirth	40	38
Contraceptive prevalence rate	40	32
Access to basic services		
Primary school within 2km		
Government girls	97	91
Government boys	96	93
Private girls	96	74
Private boys	96	74
Health facility within 30 minutes distance	89	75
Households		
Mean household size	6.4	6.5
Number of persons per room	3.7	3.7
Pucca roof	92	84
Pucca wall	86	76
Family member working outside village/town	18	12
Unemployment	6	7
Child labour	2	5

Source: Bureau of Statistics, Planning and Development, Government of Punjab (2009)

Appendix F The communities: *Chak* and *Shahr*

The rural community, *Chak* was 27 km away from the *tehsil* centre. The road to *Chak* was metalled throughout. The red brick walls of the Girls College on the left would sign the start of the village. Behind the college, the muddy and dirty roads and *kaćća* (mud) houses of one of the biggest colonies of the *Chak* were partly seen. The *Chak* spread to both sides of the road; on the right there were only two large houses of the Union Councillor's brother, some shops including a barber, a tea shop, a small branch of National Bank of Pakistan, Nestle milk collection point and the party office of the union councillor. On the left there were some small grocery and service shops that provided services like mobile phone repairs and other electrical goods, and behind them were the houses of the villagers.

The roads within the village were unpaved and the streets and open spaces were full of garbage. The village didn't have a closed sewerage system: water and waste from the houses were going directly to an open sewerage system, which used to get blocked quite often and also over flowed during rainy season. During the rainy season, walking within the village was almost impossible as all the roads become muddy and slippery. People in the village walking with naked feet or open slippers were able to manage it much better than we did with our closed shoes as we fell down a number of times.

The village consisted of 80 *murabba* land (2000 acres) which was distributed in 1902-03 to the settlers from Sialkot, who shifted to Sargodha under the *Ghoṛī Pāl Scheme* (Horse breeding scheme) of British.[193] Cheema caste having 35 horses at that time owned the 88% of the land in the village.[194] Despite the village is very large, only ten percent of the land is used for settlements and the remaining of the land is used as agricultural land and gardens of *kinnow* (a variety of mandarin) and oranges

[193] One *murabba* land is equal to 25 acres of land. People were provided two *murabba* land for each horse they had in addition to a monetary benefit of 300 Rupees at that time.
[194] Other land owner castes in the village are Waraich four *murabba* land, Gondal, Jolla and Bachima castes each own two *murabba* land.

(from informal discussions with the landlord and union councillor dated 09/12/2010 and 05/01/2011, respectively).

There were around 500 houses in the village and most of these had more than one married couple living under one roof. There were no official records showing the recent population of *Chak.*[195] The union councillor of the village estimated it to be around 8,000 people by the end of 2010 (field notes dated 05/01/2011). There were four separate colonies within the village, mainly based on their settlement dates or the caste/religion of the people living in these colonies.[196] While most of the people living in *gau* (village)[197] that is at the centre of the *Chak*, were highly educated landholders working either in white-collar jobs or manage the farming activities, people living in other colonies were uneducated/less educated labourers working for daily wages.[198] More than 80% of people living in the village were Muslims. The remaining was Christians mainly living in one of the colonies (*Phool* colony). There were five *masjids* (mosque) in the village all following the same Sunni *mazhab* (religious jurisprudence) and a church.

[195] The last Population Census of Pakistan, which was conducted in 1998, provides the total population of *Chak* as 6,200.

[196] *Gau* was in the middle of the *Chak*. *Dadoo* (also called Bhutto colony as land distributed during Zulfikar Ali Bhutto's land reforms) and MS Colonies were on the backside of the village from left and *Phool* colony was on the backside of the village on the right. After *gau*, the biggest one of these colonies was the *Dadoo* colony with around 150 households.

[197] The informants and people of the village used the word *gau*, which literally meant village for differentiating the central area of the village from the other colonies although the borders of the *gau* and colonies were not clear as the village was like one large block.

[198] We also heard stories about opportunities changing for some of the households living in poorer colonies. These stories were mostly related with how higher education of their children, combined with opportunities of going abroad changed their economic conditions. Although mothers and fathers were more likely to be uneducated in these communities, most of the children were studying in schools of the village.

Pictures of *Chak*, central area:




Pictures of *Chak,* colonies:

The *Chak* was well-served by most standards: there were three government schools for girls providing schooling at primary to college level (Grade 12), two government schools for boys providing schooling up to high school (Grade 10), and three co-education private schools providing schooling up to middle (Grade 8). The *Chak* also had one Basic Health Unit,[199] one FWC, six *hakīms,* one private dispensary and five LHWs providing basic healthcare services also including reproductive healthcare and family planning since 1996.[200] Three traditional birth attendants were also operating in *Chak,* although during our visits two of them reported that they were not practicing anymore. Poor of the village depended on the government services mostly, and also used a government hospital which was five kilometers away from the village if the problem was serious. Richer groups on the other hand preferred private hospital and clinics in Sargodha City.

Basic Health Unit and Family Welfare Centre in *Chak*

[199] The government hospital had only one male eye specialist, who was available only from 8am till 1pm three days a week when we started our study. Later a female technician had also joined to the unit.

[200] From 1996 till 2001, there were only two LHWs and the number of LHWs increased to five in 2001.

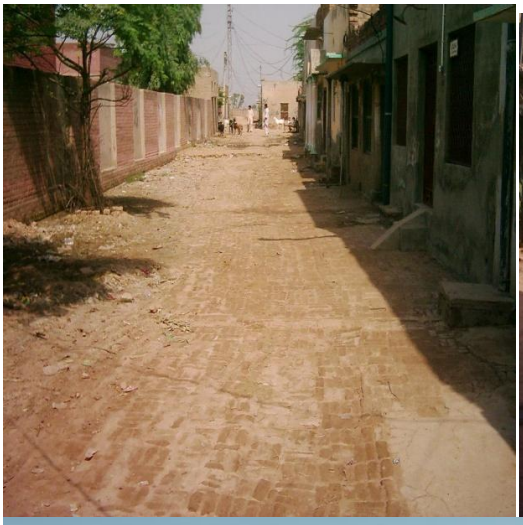
In *Shahr*, five colonies were selected with the help of LHWs. A part of each colony, which comprised of 150-200 families served by a LHW, was selected for sampling. These colonies, to some extent, were different in terms of economic conditions of the households; nevertheless all had female secondary schools and main government and private hospitals and clinics in their vicinity and served by a LHW for at least for the last ten years. They also shared the common problem of underdevelopment of the city: most of them had unpaved streets, sewerage problems and had rubbish on the streets.

The C colony was five kilometres away from the city centre on the Islamabad-Sargodha road. The roads were unpaved and filled with plastic bags and other rubbish. The colony had serious problems during rainy season, as the main round-about to the colony usually filled with water and the streets became muddy. The colony was mainly consisted of lower-middle and low income groups. Most of the houses were two-storey and had an open veranda in the middle of the house, surrounded by bedrooms and other rooms. Most of the houses had a guest room at their entrance, since male guests were usually not allowed to enter the household and met the men of the household in this room, but women could easily enter the house and meet other women. The colony was usually very welcoming except for some older women who initially were not happy from us investigating their lives. These were the older women, who thought that we were investigating mother-in-law, daughter-in-law clashes or government employees trying to prevent close kin marriages (field notes dated 01/11/2010).

A colony, B colony and D colony were in the middle of the city. A Colony was a lower-middle income area. There were narrow unpaved streets with houses on both sides and travelling by car on those streets was very difficult. The streets were unpaved initially[201] and the sewerage lines in the area were mostly blocked with leakages on the roads. There were small shops at the corners of each street selling groceries and *nān* (flat bread). The area was served by a FWC in addition to a LHW-A.

[201] They were paved by the end of our fieldwork in Sargodha.

Some pictures of Shahr





There was a water canal opposite to the B colony and most of the children were taking bath and swimming in the dirty water of this canal. The streets were narrow but paved. They, however, were paved a number of times such that entrance of the houses were below the street level and one had to step down to enter the houses. The sewerage system was also full and over flooded to the streets. The smell of the sewerage was mixed by the smell of the faeces of donkeys (which were kept on the streets), and was unbearable. Most of the people living in the area belong to low-income families. The houses in this colony were small as compared to the others. Most of the households had onions and potatoes at the entrance of their houses and men were selling these in *bazārs* (markets) on donkey carts. LHW-B was working in the area since 1996. She served 179 households on three streets. She was respected a lot in her area as all of her children, who grew in those poor streets, had become doctors and she herself was educated up to Grade 10. The father-in-law of LHW-B was also a well-respected *ta'wīẕ* (amulet) provider in the community.

Although the roads of D colony were as narrow as those in others, the streets were paved. Most of the people living in the area were middle to higher income groups with large houses built in closed style i.e. did not have an open veranda in the middle. LHW-D was working in the area since 2001.

Only the main streets of E colony, a colony at the beginning of Sargodha- Lahore road were metalled. The sewerage was also a problem in the area, as it was the case in the others. The sewerage mixed with rainwater had become a huge dirty pool in the middle of the colony. Most of the houses in the area were rented by people migrating from villages. Most of the people in the area belonged to lower and middle income households. E colony was served by two LHWs-E1 and E2, who were LHWs since late 1990s. Both of them served around 200 families each.

Shahr (City) was the headquarters of Sargodha division and therefore served well with a large number of schools and hospitals, also including large private hospitals and branches of private schools that were proliferated from larger cities such as Lahore and Karachi. According to most of the locals we came across during our

study, the city had changed rapidly after the establishment of Sargodha University in 2002. The roads around the university were expanded; fast-food and local restaurants had become common. Shopping plazas were built and most of the brands available in large cities like Lahore also became available in Sargodha. The changes were quite noticeable even in a short period of time: almost every week there was a new shop opening. These were mainly branded clothing, household linen, cafes and restaurants.

In Sargodha, women were mostly absent from public spaces unless when they were with families. Although men had a number of communal spaces where they could meet,[202] women usually meet other women inside of a house. Young women mostly remained in their homes, unless they had to go for work (if among the small group of working women), had health issues (going to hospital for themselves or children/elders) or they were going to visit their relatives or natal homes. Although being responsible for the kitchen, women did not go out even for groceries. Groceries were either bought by men/children or brought to their doors by mobile sellers, who usually let women know about their arrival and what they were selling with a loud speaker. Young women were particularly less likely to be mobile as compared to older women and school going girls, both in rural and urban areas. Mobility of women also intersected with the economic conditions of their households: for example in *Chak* women from lower economic groups were more likely to be visible as some of them worked in the houses of landlords, teachers or washed clothes near the water canal. In *Shahr*, on the other hand, women from higher income groups were more visible dropping and picking up their children to school by a car. Although as a female researcher I continuously observed the gender imbalances on the streets or public places that I have been to, but it was not odd for women in Sargodha to remain at home unless it was essential to go out. Even in some cases, women talked about their husbands with proud if he brought 'everything' for them and they did not have to leave their homes at all. Even within their homes, they tried

[202] In *Chak*, for example, although there were two main common meeting areas for men (in the middle of the village next to the largest mosque and *baitak* (the meeting place of union councilor/party), and attracted men from different age groups throughout the day. The same was also true for the urban communities; although there were more public places for families (like restaurants) to spend time.

their best for ensuring seclusion. For example, the gates of the houses, both in rural and urban areas, were covered with a printed thick cloth like a curtain to limit visibility of women from outside even for the short time period when people enter and exit the house.

Appendix G Information letter in English

Information provided here was also explained to women verbally during the initial contact.

Peace be upon you,

I am Feyza Bhatti. I am a Ph. D student at University of Edinburgh and also worked as a researcher in an Islamabad based organisation, Mahbub ul Haq Human Development Centre. I am currently conducting a study to understand relationships between young women, their mothers and mother-in-laws on matters related to reproductive health for my Ph. D thesis. My colleagues, who are from Sargodha University, are going to help me in this study.

As a research site, we have selected your village/community, and have also taken permissions from (names of the district officer/landlord) to carry out this project in your community.

As a part of the project, we are going to conduct interviews with selected young women, their mothers and mother-in-laws in your village/community. We have obtained your name and address from lady health worker. I would like to interview you, if you and your family do not have any objection.

Interview: If you agree, the interview will take place at your home at a time which is convenient for you. I, Quratulain and Masooma will visit your home on a specific date and time after taking an appointment from you.

The interview will include questions about your experiences, opinions and decisions on matters related to your reproductive health and your relationship with your family. The interview is expected to take about an hour.

Your participation to this study and all information given will be kept confidential. Your name will not be mentioned at any written documents produced at the end of this study. If you agree for recording, the interview recordings will be kept in a secure place and will not be accessible to others.

Your participation in this study is voluntary. If you choose not to participate or withdraw at any stage of the interview there will be no penalty. Although I am conducting this study as a part of my degree, I also intend to inform policy makers in Pakistan and Government of Punjab, and therefore your participation would not only benefit my project but also the government policies on reproductive health of women. I will visit you later again for your answer. Thank you.

If you have further questions or clarifications please feel free to contact me.

Feyza Bhatti
Email: feyzabhatti@gmail.com, Phone: 03335155355

Appendix H Information letter in Urdu

السلام علیکم

میرا نام فضہ بھٹی ہے۔ میں ایڈنبرگ یونیورسٹی میں پی ایچ ڈی کر رہی ہوں اس کے ساتھ ساتھ میں اسلام آباد میں ایک ریسرچ ادارے محبوب الحق ہیومن ڈیویلپمنٹ سنٹر سے وابستہ ہوں۔ میں آجکل صحت کے مسائل سے متعلق نوجوان عورتوں، ان کی ماؤں اور بہو/ساس کے درمیان تعلقات پر تحقیق کر رہی ہوں میری ساتھی قراۃ العین اور معصومہ جن کا تعلق سرگودھا یونیورسٹی سے ہے اس سلسلے میں میری مدد کر رہی ہیں.

ہم نے اپنی تحقیق کیلئے آپ کے گاؤں/ کمیونٹی کا انتخاب کیا ہے اپنی اس تحقیق کے سلسلے میں ہم نے نوجوان عورتوں، ان کی ماؤں اور ان کی ساسوں کا انٹرویو کرنا ہے اس سلسلے میں ہمیں آپ سے اور آپ کے گھر والوں سے بھی انٹرویو کرنا ہے ہمیں اُمید ہے کہ آپ کو اس پر کوئی اعتراض نہیں ہوگا۔

انٹرویو کیلئے اگر آپ اجازت دے دیتے ہیں تو انٹرویو آپ کے گھر پر ہوگا۔ میری اور میری ساتھی لڑکیاں طے شدہ تاریخ اور وقت پر پیشگی اجازت لیکر آپ کے گھر آجائیں گی۔ انٹرویو میں آپ کے تجربات، رائے اور فیصلوں سے متعلق سوال ہوں گے اور آپکے خاندان سے تعلقات کے بارے میں بھی پوچھا جائے گا انٹرویو کا دورانیہ تقریباً ایک گھنٹہ ہوگا۔

اس تحقیق میں آپ کی شمولیت اور دی گئی معلومات کو خفیہ رکھا جائے گا آپ کا نام کہیں پر بھی ظاہر نہیں کیا جائے گا اور ساری معلومات کو محفوظ رکھا جائے گا اور یہ معلومات کسی کو بھی نہیں دی جائے گی۔ آپ کی اس تحقیق میں شمولیت رضا کارانہ ہے۔ اگر آپ فیصلہ کرتے ہیں کہ آپ اس کا حصہ نہیں بننا چاہتے یا کسی بھی موقع پر اس تحقیق سے خارج ہونا چاہتے ہیں تو آپ ایسا کر سکتے ہیں اگر چہ یہ تحقیق میرے علمی مقاصد کیلئے ہے تاہم میں اس تحقیق کے بارے میں پالیسی سازوں کو بھی آگاہ کرنے کا ارادہ رکھتی ہوں اس کیلئے آپ کی اس تحقیق میں شمولیت نا صرف میری ذاتی تحقیق کیلئے فائدہ مند ہوگی بلکہ عورتوں کی صحت سے متعلقہ پالیسی بنانے میں بھی مددگار ثابت ہوگی۔

اگر آپ کو کوئی سوال پوچھنا ہو یا کسی چیز کی وضاحت چاہیے ہو تو آپ مجھ سے رابطہ کر سکتے ہیں۔

فضہ بھٹی

142 ایمبیسی روڈ G-6/3 اسلام آباد

فون نمبر 0333-5155355

Appendix I Details of the participants

Table I.1 Details of young women from urban area, uneducated

Name	Age	Grade	No. of children	Use of family planning	Other information
Khalida	32	Grade 5	1S3D	Copper T, then sterilised	Khalida lives in a low income household with her husband, and four children. She shares the house with her HM, HeB and his family but has a separate kitchen. Her husband, whom she married at the age of 17, is a 35 year old labourer and do not have a blood relationsip with her. Khalida had a sex selective abortion and lost another daughter during the 8th month of her pregnancy. During the initial parts of the interview LHW and HeBW were present. The interview was conducted in Urdu.
Ruby	27	None	3S1D	Breastfeeding	Ruby lives in very small two storey house with her husband, children, HM, HF, two HyBs. She got married at the age of 13 to her FZS, who sent her back to her natal home after six months. She got married again at the age of 16. Her husband is a barber in the city and they did not have any blood relationship. The interview was conducted in Urdu and her HM and HeZ were present in the interview.
Sameena	33	None	2S1D	Condoms	Sameena lives in low-income household. She and her husband share two storey house, which is on rent, with two HyBs and their families. Her HM also lives in an adjacent house. Sameena moved to city after her marriage. Sameena's husband sells kitchen utensils. Sameena was engaged to her MZS by birth, had *nikāḥ* when she was 15, and got married when Sameena was 20 years old. Sameena had one abortion. The interview was conducted in Punjabi and LHW was present during the initial questions.
Tania	25	Grade 5	1S1D	Using injections	Tania lives in a higher-middle income two storey house with her HM, one HeBW, two HBW (also her sisters) and their children. Her husband, HF and HBs work in another country and visit them in turns once in a year for three months. Her husband is 25 years old and is her FeBS. The interview was conducted in Urdu and her sisters were present during the interview.

Table I.2 Details of young women from urban area, less educated

Name	Age	Grade	No. of children	Use of family planning	Other information
Adeela	32	Grade 8	3D	Withdrawal	Adeela lives in a higher- middle income household in a two storey house with her husband, HF, HM, HeBW, 2 HyB and their wives, and children. She moved to city after her marriage. Her husband, 35 year old distant relative, completed grade 10 and was working in a government institute as a security guard. The interview was conducted in Urdu and HeBW and HyBW were present during the interview.
Afaf	24	Grade 10	2D	Withdrawal, breastfeeding	Afaf lives in a lower-middle income household with her husband, children, HF, HM and one unmarried HyB. Her HeB, HEBW and their children live adjacent to them. Afaf's husband is a 34 year old gym trainer and has completed primary school. They do not have a blood relationship. They got married when Afaf was 22 years old. The interview was conducted in Afaf's mother's house and was in Urdu.
Nafisa	31	Grade 10	1S3D	Condoms, injections	Nafisa lives in a middle income household with her HF, HM, HyB, HyBW and unmarried HyB. Her husband has completed Grade 10 and is her FyBS. He works in Saudi Arabia and visits them once in two years. They got married when Nafisa was 20 years old. The interview was conducted in Urdu and LHW was present during the initial questions.
Safia	28	Grade 10	2S1D	Breastfeeding, planning for copper T	Safia lives in a lower-middle income household with her HM, HyB, HyBW, one unmarried HyB and HyZ and children. She ran her own stitching centre from her natal home before her marriage. Her husband, 30-35 year old flour mill worker, has completed Grade 10 and is working in Islamabad and visits them twice in a month. They do not have a blood relationship. The interview was conducted in Urdu.

Table I.3 Details of young women from urban area, educated

Name	Age	Grade	No. of children	Use of family planning	Other information
Farida	31	Grade 12	1S1D, got pregnant and had another son during our fieldwork	Pregnant, Condoms	Farida lives with her husband, HF, HM, HFeB, HFeBW, and HyB in a middle income household. Her husband, FZS, has completed grade 14 and works as an army officer. They shifted places according to his postings and have returned back from Quetta. Farida's husband is 31 and they got married when Farida was 23 years old. Farida got pregnant after our interview and had another son. She also had one abortion after her second child. The interview was conducted in Urdu and her HM was present during the initial stages of the interview.
Hafza	27	Grade 12	2D	Condoms	Hafza lives in a higher-middle income household with her HF, HM, two HYZs and HyB. Hafza worked as a teacher for a year before getting married at the age of 24. Her husband is not a blood relative. He has completed MSc and MBA, and works in a government office in Islamabad. The interview was conducted in Urdu.
Kameela	26	Grade 16	1S	Breastfeeding	Kameela lives in a middle income household with her HF, HM, HyB, HyZ, and her son. She got married to her FeBS when she was 24 years old. Her husband, who is 26 years old, has completed grade 14 and works in a government office in Lahore. He visits them regularly every weekend. The interview was conducted in Urdu and LHW was present during the interview.
Meena	33	Grade 14	1D	Abstinance	Meena lives in a high income household with her husband, HM, HyB and her daughter. She got married at the age of 28 and shifted to city. Her husband, 35 year old medical doctor, is her MZS and they got engaged in childhood. The interview was conducted in Urdu.

Table I.4 Mothers, mothers-in-law and husbands of young women from urban area

Name	Age	Schooling	Number of children	Use of family planning
Adeela's H	37	Grade 8	3D	Islamic methods
Adeela's HM	60	None	5S	None
Adeela's M	65	None	5S1D	None, considers as sin
Afaf's HM	65	None	2S4D	Used condoms after completing family
Afaf's M	45	None	4S1D	Abstinance
Farida's H	31	Grade 14	2S1D	Reported injections and condom use
Farida's HM	Late 50s	None	3S4D	None
Farida's M	Late 50s	Grade 5	2S3D	Sterilised
Hafza's HM	58	None	2S3D	None
Hafza's M	45	Grade 8	2S6D	Copper-T and abortions
Kameela's HM	Late 50s	Grade 10	2S1D	Periodic abstinance and pills
Kameela's M	Late 50s	None	1S5D	None
Khalida's M	Early 70s	None	3S4D	None, considers as sin
Meena's HM	58	Grade 14	2S1D	Pills and abortions
Meena's M	Late 50s	Grade 12	2S2D	Copper-T and condoms
Nafisa's HM	Late 50s	None	3S1D	None
Nafisa's M	50	Grade 8	3S4D	None, considers as sin
Ruby's H	36	Grade 5	3S1D	Islamic methods
Ruby's HM	Late 50s	None	4S2D	Injections, pill, operation
Ruby's M	Late 40s	None	4S1D	Pills once
Safia's M	50	Grade 5	3S3D	None
Sameena's HM	Late 50s	None	6S2D	Used condoms rarely after having eight children
Sameena's M	Late 50s	None	5S1D	None, husband died none years after marriage
Tania's HM	55	None	5S1D	Abstinance
Tania's M	Late 40s	Grade 5	1S8D	None

Table I.5 Young women from rural area, uneducated

Name	Age	Grade	No of children	Use of family planning	Other information
Aafia	35	Grade 2	4S4D	Never used temporary methods until she had sterilisation after her 8th child	Aafia, a confident slim woman from a low-income household, lives with her husband and 8 children close to her HeBW. We conducted her interview in her HeB's house. Aafia and her husband, 45 year old village barber who has completed Grade 8, do not have a blood relationship. Aafia reported that she was 18 years old when she got married. Her interview was conducted in Punjabi in the presence of her HeBW and Ayesha, our help from the village
Batool	30	No schooling	2S3D	Never used any modern method, used breastfeeding for spacing	Batool lives with her mother and her FeB's family. Her husband, who is a daily labourer in Lahore, is her FZS and has not received any formal schooling. Batool, being even confused about her age, reported that she got married at the age of 18, and her husband is 4-6 years older than her. She lost two sons after birth and her eldest son was kidnapped in front of their house when they were living in Lahore. The interview was conducted in Punjabi and her mother and HeBD were present.
Ghazala	30	Grade 1	2S2D	Used breastfeeding and abstinance, sterilisation after the fourth child	Ghazala lives in a low-income household in the main village with her HM, HF, HyB and HeBW, who was also her sister. Her husband is working in North Punjab as self-employed food seller. Her husband, who has completed Grade 8, is Ghazala's MZS. The interview was conducted in Punjabi and her HeBW and HM were present.
Jamila	28	No schooling	2S, and pregnant in second trimester (had a son)	Pregnant, used injections and condoms for spacing before	Jamila lives with her husband, HM, HF and two sons in a two storey very small house in one of the colonies of the village.She is a short, healthy young women who lived in the same village throughout her life. Her husband is her FeBS, a 35 year old bus driver, who has completed primary school. Jamila got married at the age of 18, and lost her first child, a daughter, just after her birth. Her second son has a slight learning disability. The household is a low-income one. The interview was conducted in Punjabi and in her bedroom with the presence of LHW and HM.
Sonia	28	Grade 5	3S1D	Uses pills	Sonia lives in a middle income household in the central village area with her mother-in-law and four children, and shares the same walled area with her HyB and his family who lived next to them in a separate house. Sonia's husband has completed grade 10 and is working as private driver in Lahore, and visits them at least once in a month. They got married when Sonia was 18/19 years old, and they do not have a blood relationship. The interview was conducted in Urdu.

Table I.6 Young women from rural area, less educated

Name	Age	Grade	No of children	Use of family planning	Other information
Falak	35	Grade 9	2S3D	None.She wants to get sterilised	Falak lives in one of the three attached houses of her affinal family bordered by mud walls with her HM and HeZ. She was married at the age of 17 and shifted to this village from another village in the area. Her husband is one of her father's colleague's son, who owned land but is not working as he has slight physical and mental disability and is also a drug addict. The interview was conducted in Urdu, in the veranda with presence of her HZ from time to time.
Iffat	32	Grade 10	1S1D, pregnant first trimester	Pregnant, used condoms for spacing	Iffat lives in a middle-income household in the main village with her husband and children. Her husband's family has houses attached to her house in the same boundary wall. Iffat is working as a LHW since 2001. She got married to her distant relative from her fathers side at the age of 17. Her husband has completed Grade 8 and is working as a self-employed electrician in the village. Iffat had two miscarriages. The interview was conducted in Urdu and another LHW was present during the initial stages.
Malika	27	Grade 9	1S3D	Uses condoms, wants to get sterilisated after having another son	Malika lives in a two storey house in one of the colonies. She shares the house with her newly married HyBW (also sister) and HeB and his family but has a separate kitchen. Malika lived and studied in the city, and shifted to village after getting married to her husband at the age of 17. Her husband, 32 years old self-employed trader of utensils in the Sargodha city, is her FZS. Malika's one son and one daughter are hearing impaired.

Table I.7 Young women from rural area, educated

Name	Age	Grade	No of children	Use of family planning	Other information
Aleena	24	Grade 14	1D	Withdrawal	Aleena lives in a higher-middle income household (a landowner family) in the main village with her husband, children, HF, HM, HFZ, HyB, HyBW, 1 unmarried HyB and two HyZs. Aleena lived in a closeby village before marriage. She worked as a private school teacher in her village for a year before getting married at the age of 22. Her 31 year old husband, who has completed grade 11, has retired from Naval forces and is looking for a job. They do not have a blood relationship. The interview was conducted in Urdu in the presence of HM, HyBW, and relatives of HyBW.
Ameena	27	Grade 12	1D, pregnant first trimester	Pregnant, used pills before	Ameena lives in a lower-middle income household with her old HM and daughter. She was married to her distant relative when she was 22 years old. Her husband is working as a police officer in Karachi and visits them after every 3-4 months. The interview was conducted in Urdu, with some presence of her HM.
Gulsum	33	Grade 14	1S1D	Uses condoms	Gulsum lives in a high-income household in the main village with her landowner father and mother. She doesn't have a brother and her two sisters are also living with the parents temporarily. Gulsum got married when she was 29. Her husband, who is her father's colleague's son and a landowner from a village nearby, is an engineer working in an international company in Faisalabad. He visits his family twice in a month. The interview was conducted in Urdu in the presence of her HyZ.
Iqra	34	Grade 16	2S1D	Uses condoms	Iqra lives in a middle-income household in the main village with her husband, children, HF, HM and five unmarried HyBs and one HyZ. She gives private tuitions to children in the village and run a beauty parlour with her HyZ from home. Iqra got engaged to her MBS when she was a child and married at the age of 24. Iqra's husband has completed four years homeopathic medicine course after grade 10 and has his own shop in the village. The interview was conducted in Urdu and we were not allowed to use recorder. Her daughter has severe learning disability as a result of prolonged delivery.

Table I.8 Mothers, mothers-in-law and husbands of young women from rural area

Name	Age	Schooling	Number of children	Use of family planning
Aafia's HM	Late 70s	No schooling	5S3D	None, considers as sin
Aleena's H	31	Grade 11	1D	Islamic methods
Aleena's HM	50s	Grade 5	4S2D	None
Ameena's HM	Late 70s	No schooling	2S3D	None
Ameena's M	Late 40s	No schooling	3S2D	*Parhez*
Batool's HM	50	No schooling	2S3D	None
Batool's M	Late 40s	No schooling	1S9D	None
Falak's HM	88	No schooling	3S3D	None
Falak's M	50s	No schooling	3S3D	Sterilised
Ghazala's HM	74	No schooling	6S1D	None
Ghazala's M	Late 50s	No schooling	5S4D	Sterilised
Gulsum's HM	60	Grade 10	3S1D	None
Gulsum's M	60	No schooling	5D	None
Iffat's H	39	Grade 8	1S1D	Condoms
Iffat's HM	Late 70s	No schooling	5S1D	None
Iffat's M	Late 50s	No schooling	3S5D	None, considers as sin
Iqra's HM	60s	No schooling	6S1D	None
Iqra's M	50s	No schooling	3S3D	None
Jamila's H	40	Grade 5	3S	Condoms
Jamila's HM	53	Grade 8	3S3D	Sterilised
Jamila's M	50	No schooling	3S2D	Copper-T, abortions, sterilised
Malika's HM	50s	No schooling	5S1D	Sterilised
Malika's M	Late 40s	No schooling	3S4D	Sterilised
Sonia's HM	74	Grade 5	2S3D	Sterilised
Sonia's M	Late 50s	No schooling	2S4D	None

Appendix J Interview Schedule for young women

Thank you very much for participating in this study. I am going to ask you some questions about you and your family, your experiences and decisions related to your marriage, children, and your relationships with other family members.

The interview should last around an hour. I want to make sure that you are comfortable during the interview, so if there are any questions you do not wish to answer or any topics you do not want to discuss, tell me and I will move to another question. In case you would like to take a break, please do so. You are also free to stop the interview at any point if you do not want to continue the interview or want us to come some other day.

I would also like to ask your permission to record this interview since we do not want to miss details. The recording would be used only for this study and will not be shared with anyone else, and it will be deleted once the study is complete. Do you have any questions? Would like to give the interview?

A. <u>About you and your family</u>

1. Please tell me about yourself
   Prompts: Where were you born? Where did you grow up?
   Age, schooling, employment (or any unpaid work for family)
2. What about your family members?
   Prompts: Husband- age? work? education level?
   Children- How many kids do you have? age(s), what do they do?
   In-laws and others living in this household- what do they do?
3. Tell me about your parents and siblings
   Prompts: Your parents- where do they live? What do they do? Education levels?

Siblings- how many sisters/brothers you have? What do they do? Their education levels?

B. Earlier life

If she has not been to school

You mentioned that you have not received schooling,

1. What do you think is the reason for you for not going to school?
   Prompts: financial situation, permission, any other reason?
2. Have you received any religious education?
   If yes, When? Where? From whom? What did you learn- reading, cleanliness, how to behave?
3. What do you think, where one gains knowledge about …
   a. How to behave in public?
   b. How to treat elders?
   c. How to become a good wife? How would you define a good wife?
   d. How to become a good mother? How do you define a good mother?
   e. How would you define a good daughter?

   Have you ever discussed anyone of these with your mother? Mother-in-law?

4. What do you think how would you benefit from schooling if you had gone to school
   Prompts: reading/writing, finding friends, work, marriage prospects, self-confidence

If she has been to school,

You mentioned that you have received schooling

1. Where did you study- primary, middle, secondary, above? Type of institution?

2. Reasons for dropping out after grade N?

   Prompts: financial, marriage, distance, permission

3. What were the benefits of going to school?

   Prompts: reading/writing, finding friends, work, marriage prospects, self-confidence

4. Were there any disadvantages of going to school? Did schooling cause any problems in your life? How?
5. Have you received any religious education?

   If yes, When? Where? From whom? What did you learn? Reading, cleanliness, how to behave?

6. What do you think, where one gains knowledge about …
   a. How to behave in public?
   b. How to treat elders?
   c. How to become a good wife? How would you define a good wife?
   d. How to become a good mother? How do you define a good mother?
   e. How would you define a good daughter?

Have you ever discussed anyone of these with your mother? Mother-in-law?

C. <u>Marriage and marital life</u>

1. What do you think, what is the right age for marriage?

   Prompts: For girls? For boys?

2. How old were you when you got married?

   Prompts: Were you ready? Did you want to get married then? Would you have waited if you were given a choice?

   Do you think people are getting married at a later age now? How do you compare it with your mom's time? Did you get married earlier or later than your own mother?

3. How did you get married?

   Prompts: Type- Arranged/Love, cousin/relative/non-relative,

Decision- whose proposal? Did they seek for your consent? Who took the final decision?

Negotiations- Did you discuss with your mother about your opinions about this marriage? Any other person?

4. What were (people who took the decision) looking for in a groom?

   Prompts: Job, money, education, family, any other

5. What were you looking for in your husband to be?

   Prompts: Job, money, education, family, any other

   To what extent your expectations become real?

6. Do you know what your husband was looking for in a bride?

   Prompts: Do you think men are looking for different qualities now than they were before? How?

   What about your mother-in-law?

7. Some people think that dowry is a curse and some people think that it is necessity, what do you think?

   Prompts: Did you bring dowry? Did they ask for anything? Were they happy with it? Do you think it affected your importance in this home?

8. What is your relationship like with your husband?

   Prompts: Decisions about children, money in the house, other decisions made? Communication

9. Are there any factors that can make your relationship with your husband different than it is today?

   Prompts: More education/less education, living in a separate/joint household, having more money

10. What is your relationship like with your mother in law?

    Prompts: Household chores, suggestions, fights,

11. Are there any factors that can make your relationship with your mother-in-law different that it is today?

    Prompts: More education/less education, living in a separate household, having more money

12. Some people think educated women are difficult to get along with, and some people think that it is rather easy to get along with them, what do you think? Example?

    Prompts: What about uneducated people?

13. If educated, do you think your education helps to go along well with your family?

    Prompts: Husband? Mother-in-law? Others living in the same household? Any examples

14. Who is the main decision maker in your family?

    Prompts: Decisions taken by women only? Men only?
    Are you consulted? Which areas?

D. <u>Pregnancy and childbearing</u>

1. How many children did you want to have when you got married?

    Prompts: Boys/girls? Reasons?
    Did you discuss your preferences with anyone? With whom?
    Has your views changed after your marriage? Reasons? Influences?

2. Do you think there has been a change in number of children people want as compare to your parent's time?

    Prompts: How? Reasons?

3. Do you think that there has been a change in the number of children people have as compared to your parent's time?

    Prompts: How? Reasons?

4. What is the ideal age for women to bear children?

    Prompts: How long after marriage? The reasons?

5. When did you have your first child?

    Prompts: Feeling ready?
    Any pressures? Your mom? Your husband? Husband's family?

6. Did you receive antenatal check up? Reasons?

    Prompts: Visit to any doctor? Ultrasound check-up? Who decided?

7. Where did you have your first child? Who decided?

Prompts: Subsequent ones? Who decided?

8. Have you ever discussed the timing of your first pregnancy with your husband?

   Prompts: Same/different from your views?

   Have you talked with your mom/ mother-in-law/ anyone else? Their views?

   If she has more than one child--What about subsequent pregnancies?

9. Have you ever used family planning?

   Prompts: Information received from? Any pressures?

   If yes, what type? When? How long? Still using? Who advised?

   Is there anything you like about the method you use? Dislike?

10. Do you think the opinion about family planning is changing? How and why?

    Prompts: Could you compare what you think about family planning with what your mother thinks? Is it different? Any conflicts/support?

    Could you compare what you think about family planning with what your mother-in-law thinks? Is it different? Any conflicts/support?

11. Does LHW visit your home?

    Prompts: How many times in a month? For what reasons?

E. <u>Relationship with mother</u>

1. Do you visit your natal home? How often?
2. What is a usual visit to your natal home like

   Prompts: How long you stay? With whom you go? With whom you spend most of your time with?

3. What do you think, what are the differences between you and your mother's life?

   Prompts: Education, number of children, relationship with husband/in-laws

   Prompts: How is it different? Any example

   What are the reasons for the difference?

4. What are the similarities between you and your mother's life?
   Prompts: How is it similar? Any example
5. Have you ever needed support of your mother after the marriage?
   Prompts: Financial, for going somewhere together,
   Suggestions- for problems in marriage,
   Knowledge- about pregnancy? family planning? childcare?

F. Aspirations for children and future

1. What are your dreams for your children?
   Prompts: Son(s), daughter(s)
2. Thinking about five years from now, what differences would you like to see in your life?
   Prompts: Family size, economic situation

Thank you very much for your time. Do you have **anything to ask**? Is there anything we have not discussed but you **want to add**.

Appendix K Interview Schedule for mothers/mother-in-laws

Thank you very much for participating in this study. I am going to ask you some questions about you and your family, your experiences and decisions related to your marriage, children, and your relationships with other family members.

The interview should last around an hour. I want to make sure that you are comfortable during the interview, so if there are any questions you do not wish to answer or any topics you do not want to discuss, tell me and I will move to another question. In case you would like to take a break, please do so. You are also free to stop the interview at any point if you do not want to continue the interview or want us to come some other day.

I would also like to ask your permission to record this interview since we do not want to miss details. The recording would be used only for this study and will not be shared with anyone else, and it will be deleted once the study is complete. Do you have any questions? Would like to give the interview?

A. About you and your family

1. Please tell me about yourself

   Prompts: Age, schooling, employment (or any unpaid work for family),
   Where were you born? Where did you grow up?
   Your parents- education levels
   Your siblings- education levels

2. What about your family members?

   Prompts: Husband- age? work? education level?
   Children- How many kids do you have? age(s),
   Education levels? What do they do?
   Marital status? Living separate/jointly?

B. Schooling and learning

If she has not been to school

You mentioned that you have not received schooling,

1. What do you think is the reason for you for not going to school?
   Prompts: Financial, permission, availability of schools
2. Have you received any religious education?
   Prompts: If yes, When? Where? From whom? What did you learn- reading, cleanliness?
3. What do you think, where one gains knowledge about …
   i. How to behave in public?
   ii. How to treat elders?
   iii. How to become a good wife? How would you define a good wife? Have you ever discussed this with your daughter/daughter-in-law?
   iv. How to become a good mother? How do you define a good mother? Have you ever discussed this with your daughter/daughter-in-law?
   v. How would you define a good daughter/daughter-in-law? Have you ever discussed this with your daughter/daughter-in-law?

   Have you ever discussed anyone of these with your own mother? Mother-in-law?

4. What do you think how would you benefit from schooling if you had gone to school?
   Prompts: Reading/writing, finding friends, work, marriage prospects, self-confidence

If she has been to school,

You mentioned that you have received schooling up to Grade N

1. Where did you study- primary, middle, secondary, above? Type of institution?
2. Reasons for dropping out after grade N?

Prompts: Financial, marriage, distance, permission, availability of schools

3. What were the benefits of going to school?

   Prompts: Reading/writing, finding friends, work, marriage prospects, self-confidence

   Did schooling cause any problem in your life? How?

4. Have you received any religious education?

   Prompts: If yes, When? Where? From whom? What did you learn?

5. What do you think, where one gains knowledge about …

   i. How to behave in public?
   ii. How to treat elders?
   iii. How to become a good wife? How would you define a good wife? Have you ever discussed this with your daughter/daughter-in-law?
   iv. How to become a good mother? How do you define a good mother? Have you ever discussed this with your daughter/daughter-in-law?
   v. How would you define a good daughter/daughter-in-law? Have you ever discussed this with your daughter/daughter-in-law?

Have you ever discussed anyone of these with your own mother? Mother-in-law?

C. Marriage and marital life

1. What do you think, what is the right age for marriage?

   Prompts: Girls, boys

2. How old were you when you got married?

   Prompts: Were you ready? Did you want to get married then? Or did you want to wait? Would you have waited if you were given a choice?

   Are people getting married later now? How do you compare it with your daughter/daughter-in-law Xs time? The reasons?

3. How did you get married?

Prompts: Type- Arranged/Love, cousin/relative/non-relative,

Decision- whose proposal? Did they seek for your consent? Who took the final decision?

Negotiations- Did you discuss with your mother about your opinions about this marriage? Any other person?

For M- Did you talk with your daughter X about her proposal? Did anyone else talked with her? How was her reaction?

For M and HM: Do you think daughters now have a higher say in the selection of their spouses as compared to your time? How?

4. What were (people who took the decision) looking for in a groom?

Prompts: Job, money, education, family, care

5. What were you looking for in your husband to be?

Prompts: Job, money, education, family, care

To what extent your expectations become real?

6. Do you know what your husband was looking for in a bride?

Prompts: What about your mother-in-law?

For HM: What was the case for your son? Have you discussed what he was looking for? Did you consider his opinions/choices?

7. Some people think that dowry is a curse and some people think that it is necessity, what do you think?

Prompts: Did your daughter/daughter in law X take/bring dowry?

For HM: Did you ask for anything specific? Were you happy with the dowry?

8. What is/was your relationship like with your husband?

Prompts: Decisions about children, money in the house, any other decisions made? Communication

9. Are/were there any factors that can make your relationship with your husband different?

Prompts: More education/less education, living in a separate/joint household, having more money

10. What was/is your relationship like with your mother in law?

Prompts: Household chores, suggestions, fights,

11. Are there any factors that could/can make your relationship with your mother-in-law different?

Prompts: More education/less education, living in a separate household, having more money

12. Some people think educated women are difficult to get along with, and some people think that it is rather easy to get along with them, what do you think? Example?

Prompts: What if they are older people?
What about uneducated?

13. **If educated daughter/daughter in law,** do you think X's education helps to go along well with her husband?

Prompts: You? Others living in the same household? Any examples

14. Who is the main decision maker in your family?

Prompts: Decisions taken by women only? Men only?
Are you consulted? Which areas?
Did it change over time?

For HM: Is there any change since your son and daughter-in-law X got married?
Do you consult your daughter in law X? which areas?

D. <u>Pregnancy and childbearing</u>

1. How many children did you want to have when you got married?

Prompts: Boys/girls? Reasons?
Did you discuss your preferences with anyone?
Has your views changed after your marriage? Reasons? Influences?

2. Do you think there has been a change in number of children people want now as compared to your time?

Prompts: How? Reasons?
What about your daughter/ daughter-in-law X, how many children does she want? What do you want for her and your son?

3. Do you think that there has been a change in the number of children people have as compared to your time?

   Prompts: How? Reasons?

4. What is the ideal age for women to bear children?

   Prompts: How long after marriage? The reasons?

5. When did you have your **first child**?

   Prompts: Were you feeling ready?
   Any pressures? Your mom? Family? Your husband? Husband's family?

6. Did you receive antenatal check up? Reasons?

   Prompts: Visit to any doctor? Check-up by others? Who decided about the place?

7. Where did you have your first child?

   Prompts: Subsequent ones? Who decided about the place?

8. Have you ever discussed the timing of your first pregnancy with your husband?

   Prompts: Same/different from your views?
   Have you talked with your mom/ mother-in-law/ anyone else? Their views?

If she has more than one child--What about subsequent pregnancies?

9. Have you ever used family planning?

   Prompts: Information received from? **Any pressures**-encouraging/discouraging use?

If yes, what type? When? How long? Still using? Who advised?
Is there anything you like about the method you use? Dislike?

10. Do you think the opinion about family planning is changing? How? Why?

    Prompts: Could you compare what you think about family planning with what your daughter/daughter in law X thinks? Is it different? Any conflicts?

E. <u>Relationship with daughter/daughter-in law</u>

F.

1. **For M--** Does your daughter X visit you? How often? How long she stays? (Ask from HM as well, if living separately)

2. What are the differences between you and your daughter/daughter in law X's life?

Prompts: Education, number of children, relationship with husband/in laws

How is it different? Any example

What are the reasons for the difference?

3. What are the similarities between you and your daughter X's life?

Prompts: How is it similar? Any example

4. Have you ever needed support of your mother after the marriage?

Prompts: Financial, for going somewhere together,

Suggestions- problems in marriage,

Knowledge- about pregnancy? family planning? childcare?

5. Has your daughter/daughter-in-law X ever needed your support after her marriage?

Prompts: Financial, for going somewhere together,

Suggestions- problems in marriage,

Knowledge- about pregnancy? family planning? childcare?

6. Do you discuss with your daughter/daughter-in-law X about how a wife should behave?

Prompts: Do you tell her how she should be behaving? Does she agree with you? What do you do in case she does not listen to you?

7. Do you discuss with your daughter/daughter-in-law X about motherhood? Does she agree with you?

Prompts: Do you tell her how she should be behaving? Does she agree with you? What do you do in case she does not listen to you?

G. <u>Role of mother/mother-in-law on daughter/daughter-in-law X's fertility decisions and practices</u>

1. How long after marriage did your daughter/daughter-in- law X have her first child?

Prompts: Do you think it was the right time for them?

Did your son/son-in-law and daughter/daughter-in-law X want a child then?

If late, did you advise them anything?

2. Did daughter/daughter-in-law X take antenatal care during her pregnancy?

Prompts: Whose decision was taking/not taking antenatal care? Where? What kind?

Did you give her any advice during her pregnancy? Example?

Did she listen?

What about her subsequent births?

3. Where did your daughter/daughter-in-law have her baby?

Prompts: Who advised? Whose decision was it?

What about her subsequent births?

4. How many children would you like your daughter/daughter-in-law X and your son/son-in-law have?

Prompts: Boys/girls

Is it different from what they want?

For HM: Do you discuss it with your son? Do you discuss it with your daughter-in-law?

For M: Do you discuss it with your daughter?

5. Has your daughter/daughter-in-law X discussed birth spacing with you?

Prompts: Did you give her any suggestions? Did she listen to you?

From HM: Have you ever discussed it with your son?

6. Do you think there is a difference in family planning methods used in your time versus now? How?

Prompts: Access, health effects

7. Do you think ideas about family planning have changed as compared to now? How? Why?

H. <u>Aspirations for grandchildren and future</u>

1. What are your dreams for your grandchildren?

Prompts: Grandson(s), granddaughter(s)- education, marriage

2. Do you think that your daughter/daughter-in-law will take care of you in your old age?

Thank you very much for your time. Do you have **anything to ask**? Is there anything we have not discussed but you **want to add**.

Appendix L Interview Schedule for husbands

Thank you very much for participating in this study. I am going to ask you some questions about you and your family, your experiences and decisions related to your marriage, children, and your relationships with other family members.

The interview should last around an hour. I want to make sure that you are comfortable during the interview, so if there are any questions you do not wish to answer or any topics you do not want to discuss, tell me and I will move to another question. In case you would like to take a break, please do so. You are also free to stop the interview at any point if you do not want to continue the interview or want us to come some other day.

I would also like to ask your permission to record this interview since we do not want to miss details. The recording would be used only for this study and will not be shared with anyone else, and it will be deleted once the study is complete. Do you have any questions? Would like to give the interview?

A. <u>About you and your family</u>

1. Please tell me about yourself
   Prompts: Age, schooling, employment
   Where were you born? Where did you grow up?
2. What about your family members?
   Prompts: Wife- age? Education level? work?
   Children- How many kids do you have? age(s), what do they do?
3. Tell me about your parents and siblings
   Prompts: Mother/father- Education levels? Employment?
   Siblings- how many sisters/brothers you have? What do they do? Their education levels?

B. Earlier life

If he has not been to school

You mentioned that you have not received schooling,

1. What do you think is the reason for you for not going to school?

   Prompts: Financial situation, distance to school, any other reason

2. What do you think how would you benefit from schooling if you had gone to school

   Prompts: Reading/writing, finding friends, work, marriage prospects, self-confidence

3. Have you received any religious education?

   If yes, When? Where? From whom? What did you learn- reading, cleanliness, how to behave?

If he has been to school,

You mentioned that you have received schooling

1. Where did you study- primary, middle, secondary, above? Type of institution?
2. Reasons for dropping out after grade N?

   Prompts: Financial, marriage, distance, permission, parents needs, difficulties in subjects

3. What were the benefits of going to school?

   Prompts: Reading/writing, finding friends, work, marriage prospects, self-confidence

4. Were there any disadvantages of going to school? Did schooling cause any problems in your life? How?
5. Have you received any religious education?

   If yes, When? Where? From whom? What did you learn? Reading, cleanliness, how to behave?

C. Marriage and marital life

1. What do you think, what is the right age for marriage?

   Prompts: For girls? For boys?

2. How old were you when you got married?

   Prompts: Were you ready? Did you want to get married then? Or did you want to wait? Would you have waited if you were given a choice?

   Do you think people are getting married at a later age now? How do you compare it with your dad's time? Did you get married earlier or later than your own father?

3. How did you get married?

   Prompts: Type- Arranged/Love, cousin/relative/non-relative,

   Decision- whose proposal? Did they seek for your consent? Who took the final decision?

   Negotiations- Did you discuss with your parents about your opinions about this marriage? Any other person?

4. What were (people who took the decision) looking for in a bride?

   Prompts: Job, money, education, family, any other

5. What were you looking for in your wife to be?

   Prompts: Job, money, education, family, any other

   To what extent your expectations become real?

6. Do you think men are looking for different qualities now than they were before? How?

7. What are the responsibilities of a husband?

   Prompts: For wife? Children? Others?

   Are you fulfilling these? Any complaints from your wife?

8. What are the responsibilities of a wife?

   Prompts: Is your wife fulfilling these? Any problems with you? Any complaints from your family?

9. What are the responsibilities of a daughter-in-law?

   Prompts: Is your wife fulfilling these? Any complaints from your family? Any complaints from your wife?

10. Who is the main decision maker in your family?

    Prompts: Decisions taken by women only? Men only?

    Do you consult your wife? Which areas?

11. What is your relationship like with your wife?

Prompts: Decisions about children's school, money in the house, other decisions made? Communication

When to have children, how many children to have?

12. Are there any factors that can make your relationship with your wife different than it is today?

Prompts: More education/less education, living in a separate/joint household, having more money

13. What is your wife's relationship like with your mother?

Prompts: Household chores, suggestions, fights,

14. Are there any factors that can make the relationship between your wife and your mother different than it is today?

Prompts: More education/less education, living in a separate household, having more money

15. Some people think educated women are difficult to get along with, and some people think that it is rather easy to get along with them, what do you think? Example?

16. If educated, do you think your education helps to go along well with your family?

Prompts: With your wife? Others living in the same household? Any examples

D. <u>Pregnancy and childbearing</u>

1. How many children did you want to have when you got married?

Prompts: Boys/girls? Reasons?

Did you discuss your preferences with anyone? With whom?

Has your views changed after your marriage? Reasons? Influences?

2. Do you think there has been a change in number of children people want as compare to your parent's time?

Prompts: How? Reasons?

3. Do you think that there has been a change in the number of children people have as compared to your parent's time?

   Prompts: How? Reasons?

4. When one should have a child?

   Prompts: How long after marriage? The reasons?

5. When did you have your first child?

   Prompts: Feeling ready?

   Any pressures? From your mom? family?

6. Did your wife receive antenatal check up during her first pregnancy?

   Prompts: Visit to any doctor? Ultrasound check-up? Who decided?

7. Where did you have your first child? Who decided?

   Prompts: Subsequent ones? Who decided?

   How much was the costs of delivery? Who paid for it?

8. Have you ever discussed the timing of your first pregnancy with your wife?

   Prompts: Same/different from your views?

   Have you talked with your mom? Her views?

   Have you talked to anyone else? Their views?

   If he has more than one child--What about subsequent pregnancies?

9. Do you know about the family planning methods?

   Prompts: Which ones? Where did you receive information from?

   From where one can learn about family planning in this community? Male mobilisers, mosques? Any other?

   What do you think about family planning methods?

10. Have you ever used family planning?

    Prompts: Information received from? Any pressures?

    If yes, what type? When? How long? Still using? Who advised? Have you discussed it with your wife?

    Is there anything you like about the method you use? Dislike?

11. Do you think the opinion about family planning is changing? How and why?

    Prompts: Could you compare what you think about family planning with what your father thinks? Is it different? Any conflicts/support?

12. What do you think, how many children your parents want you to have?

Prompts: Sons/daughters

Have you received any advice regarding this from them? Have your wife received any advice from them? Do you consider their opinion?

13. Does your mother help your wife with the household chores? Child care?

E. Aspirations for children and future

1. What are your dreams for your children?

   Prompts: Son(s), daughter(s)- education, marriage, work

2. Thinking about five years from now, what differences would you like to see in your life?

   Prompts: Family size, economic situation,

Thank you very much for your time. Do you have **anything to ask**? Is there anything we have not discussed but you **want to add**.

Appendix M Ideal Family Size Reported by Young Women Detailed Tables

Table M.1 Ideal family size of young urban Punjabi women aged 25-34 (numeric responses only) by educational level, 1990/1 & 2006/7

	1990/1			2006/7		
Ideal number of children	***Grades 0-5***	***Grades 8-11***	***Grades 12 and above***	***Grades 0-5***	***Grades 8-11***	***Grades 12 and above***
0-1	1.3	1.0	0.0	0.7	0.5	1.2
2	13.6	20.8	14.6	16.2	27.2	32.1
3	15.6	17.7	33.3	20.0	23.2	26.7
4	55.2	49.0	43.8	60.7	46.3	34.5
5 and above	14.3	11.5	8.3	2.5	2.8	5.5
Total	100.0	100.0	100.0	100.0	100.0	100.0
N	153	97	49	292	213	164

Sources: DHS 1990/1 & 2006/7

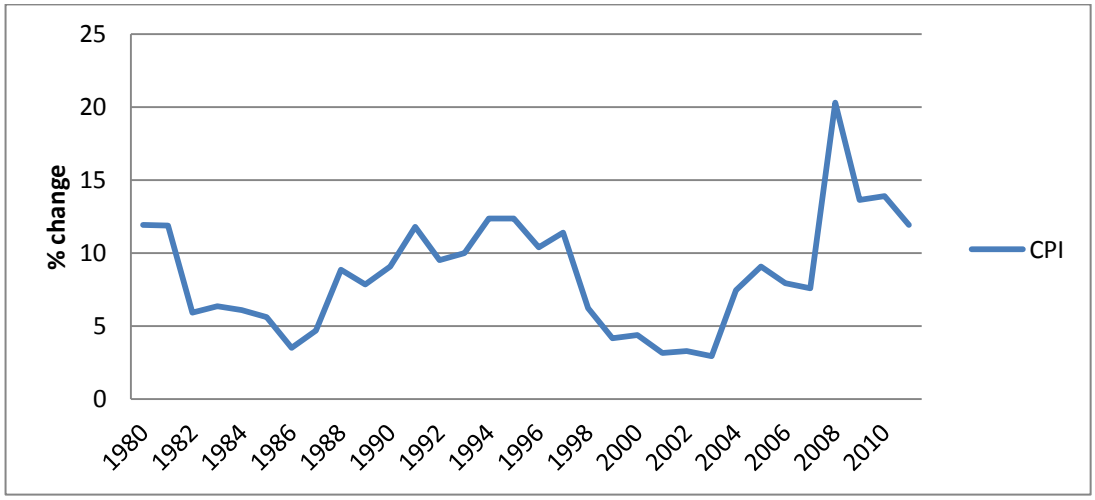
Table M.2 Ideal family size of young rural Punjabi women aged 25-34 (numeric responses only) by educational level, 1990/1 & 2006/7

	1990/1			2006/7		
Ideal number of children	***Grades 0-5***	***Grades 8-11***	***Grades 12 and above****	***Grades 0-5***	***Grades 8-11***	***Grades 12 and above***
0-1	1.1	0.0	0.0	1.4	1.8	0.0
2	6.3	13.7	0.0	13.2	21.6	33.3
3	14.0	17.6	40.0	19.8	25.1	24.1
4	54.7	60.8	60.0	46.7	44.4	37.0
5 and above	23.9	7.8	0.0	18.8	7.0	5.6
Total	100.0	100.0	100.0	100.0	100.0	100.0
N	365	52	5	1,105	170	54

Note: * Small number of respondents
Sources: DHS 1990/1 & 2006/7

Appendix N Trends in Consumer Price index (CPI)

Figure N.1 Trends in CPI 1980-2011 (% annual change)



Source: World Bank (2013)