Family Planning in Pakistan: Unraveling the Complexities

by

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Abstract

With a population of 207 million, Pakistan is the sixth most populous country in the world. Recognizing uncontrolled population growth as a threat to economic prosperity and development, the Pakistani Family Planning Program has sought to increase the awareness and use of contraceptives. However, increasing uptake of family planning methods has proved to be difficult. In 2013, after nearly 60 years of effort, only 35% of eligible users reported using a contraceptive, with a mere 26% using a modern method.

A large body of literature has sought to explain the low prevalence of contraceptive use in the country. Primarily focused on the failure of delivery of family planning services, and mostly using the survey methodology, these studies have operated under the assumption that increasing knowledge and access will address the reluctance to use contraceptives. This approach, I argue, oversimplifies the many and complex considerations that influence family planning use. Missing from the family planning discourse in Pakistan today is a nuanced analysis of the beliefs and values that underlie family size and notion of fertility control. Specifically missing is an understanding of the ideologies, values and practices underlying birth control in a context characterised by religious conservatism, strong patriarchal values, fragility, an unresponsive health care system, poor governance and prolonged low-level conflict.

My dissertation seeks to fill this gap in our knowledge. It does so by exploring:1) the influence of Islamic beliefs and practices on fertility control and choice; 2) whether fertility is considered within the locus of individual control and what values form the basis of this judgment; 3) what ideological, socioeconomic class, security, or logistical considerations determine how fertility choices are made; 4) how fertility behaviour is regulated through identity

and community belonging, and 5) who is included in fertility decision-making and how responsibility is allocated.

I conducted a critical ethnography in a village in Khyber Pakhtunkhwa, Pakistan. Over the course of 13 months I conducted 242 observations of daily life, 109 informal interviews and 197 in-depth interviews with 76 participants (41 women and 35 men). Each participant was interviewed a minimum of two times. Interviews were audio recorded and transcribed. Data were analysed using a latent content analysis approach guided by my research objectives.

The data demonstrate that fertility decisions in my field site are situated in complex historical, socioeconomic, and geopolitical landscapes. The first paper unpacks family size ideals. It illustrates that large family sizes are a response to precarity of life in a context characterised by economic deprivation, violence, and insecurity. My second paper explores how regional and global geopolitics contribute to anxiety about fertility control. The third paper focuses on the complex role of Islam on family planning decision-making. It describes how respondents engage with and negotiate their religious beliefs to reconcile their contraceptive use. The fourth and final paper challenges biomedical approaches to the body and calls for a culturally situated understanding of contraceptive side effects.

By centering the voices of the respondents, this work brings into focus “subaltern” voices which Pakistan’s family planning discourse has tended to neglect. I demonstrate that a large failing of the Pakistani Family Planning Program is its focus on increasing contraceptive prevalence while overlooking the upstream structural issues that create a preference for specific reproductive strategies. Overall, my dissertation is a call to Pakistani family-planning programmers and policy makers to centre the voices and concerns of their citizens.

Preface

This thesis is an original work by Anushka Ataullahjan. The research project, of which this thesis is a part, received research ethics approval from the University of Alberta Research Ethics Board, Project Name "Family Planning in Pakistan: Unraveling the complexities", Pro00040882, 7/23/13.

Dedication

for my parents

their parents

their parents’ parents

and the others

forgotten

and

erased

Acknowledgements

My degree is the culmination of years of work, none of which would've been possible without the support and love of my family. First and foremost, I would like to thank my parents for nurturing my dreams and encouraging me to follow them wherever they took me, be that the Canadian prairies or rural Pakistan. My sister, Shaanzéh, I am not sure where I would be without your support; thank you for believing in me even when I doubted myself. My cousin-sister, Sonya, for fiercely advocating for me and cheering me on. My long-lost cousin, Usman, for always being available to workshop an idea or paper and sharing his wealth of language and cultural expertise. I must also thank Ilona and Horazio, my Edmonton family, I cannot ever repay your generosity. Hima and Mahsa, thank you for always seeing me as I truly am. My aunts and uncles in Pakistan who made Islamabad and Peshawar feel like home. Syra, Sabrina, and Tun Tun Aunty, I am certain Kaka is watching with pride. Bilbo and Jasmine, thank you for always being by my side. Lastly, I must thank my grandfather who may not have understood why I was doing this work but supported me nonetheless.

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List of Terms

‘azl	withdrawal
badal	revenge
charas	form of cannabis
chelum	hookah
dushmani	blood-feud
fiqh	Islamic jurisprudence
geela	voicing of offence
ghairat	honour
gham khadi	sad and happy events
hamsaya	group of individuals, usually from socially-constructed disenfranchised castes, who provide labour to a local landowner
haq mehr	dower
janaat	heaven
khatam	religious ceremony
khudai pejandaly ye	God recognized you
krika	aversion and disgust
kufr	sacrilege
madhahib	paths
meerat	heirless
mergi	illness consisting of seizures and desire to throw oneself into water or fire
nikkah	marriage
paighor	culturally situated insult
piryaan	supernatural entities
purdah	segregation norms between men and women
qadr	predestination
qiyas	analogous reasoning
rizq	daily sustenance
saddar	large white cloth
sawab	blessing
shalwar kameez	traditional dress
sheen khaluna	black marks
shirk	sin of assigning partners with God
spik	insignificant
tarboor	paternal relatives
tawakkul	reliance on God
taweez	prayer
zyaarat	shrine

1 Chapter 1: Introduction and Literature Review

1.1 Introduction

The creation of Pakistan in 1947 was the culmination of a political movement in British India which drew upon fears that a Muslim population would be treated as second class citizens in a united independent India.[1,2] With a population of 207 million, Pakistan is today the sixth most populous country in the world.[1,3] The state has identified population growth as a threat to economic prosperity and human development.[4,5] Consequently, the Pakistani Family Planning Program has focused its efforts on increasing access to and knowledge of contraceptives.

Increasing family planning uptake in Pakistan has, however, proven to be difficult.[5] At present, Pakistan has a contraceptive prevalence rate (CPR) of 35.4%, which is comparatively low by regional standards.[1,6,7] Modern methods such as condoms and female sterilization, moreover, only account for 26.1% of current use, with traditional methods such as withdrawal accounting for the remainder.[1] A large body of literature has aimed to unpack the considerations that contribute to Pakistan's low CPR. The supply-oriented approach underpinning this literature argues that the low contraceptive rate reflects a service delivery failure.[8-11] At the root of this approach, I posit, is the assumption that the reluctance to use contraceptives can be addressed by increasing knowledge and access. By emphasizing supply-related factors, I contend that the literature simplifies the intricate negotiations that feed into fertility decisions. The limited literature unpacking the demand for contraceptives has, moreover, been dominated by demographic methodologies which rely upon survey data. I contend that these quantitative approaches are unable to capture the ideology and values that feed into decision making.

Missing from the family planning discourse in Pakistan, I argue, is nuanced analysis of the factors that underlie the demand for contraceptives. Specifically missing, is an understanding of

the ideology and values surrounding the notion of fertility control. In this regard, the role of Islam in influencing reproductive strategies, the subject of a number of recent studies, is one prominent exception.[12-14] However, even in this case, the approach has been reductive, relying heavily upon survey methodology to understand the role of Islam on contraceptive use. Fatalism, which describes the overarching belief that events, and actions are subordinated to the will of God and a predetermined fate, is often used a proxy for Islamic belief.[13,15,16] Missing from this discourse is a nuanced understanding of how individuals negotiate their beliefs in order to accommodate their behaviour.

Little is known, moreover, as to how religious beliefs interact with the other social forces such as structural poverty, insecurity, and social exclusion to influence reproductive strategies. Given the persistence of inequity in Pakistan and its role in exacerbating the poor health of certain segments of the population,[1,17,18] there is a pressing need to understand how social exclusion and marginalization determine family planning practices. Furthermore, in addition to large health inequities, Pakistan has a complex geopolitical context characterized by acute insecurity, natural disasters, and a tumultuous political history.[18]

Pakistan is currently embroiled in several ongoing conflicts. Some of these contestations are outwardly ethnicity-based and focused on sub-national self-determination, such as in Balochistan.[19] Pakistan's position in the simmering conflict with India is ostensibly one of support for Kashmiri self-determination but has essentially developed into one of territorial contestation over increasingly finite water resources.[20,21] Other conflicts in Pakistan are outwardly centred around religious ideology, particularly in the province of Khyber

Pakhtunkhwa,[*] where several, often transnational, militant groups commonly referred to as 'the Taliban[†]' have been engaged in conflict with both Pakistani as well as U.S. military, with significant consequences for civilian populations.[22] These consequences include the destruction of health facilities, mass displacements, and increased morbidity and mortality.[23] Conflict in Khyber Pakhtunkhwa has resulted in the loss of an estimated 80,000 lives between 2004 and 2013.[24] In order to examine fertility decision making in Pakistan, it is therefore critical to understand the geopolitical context within which family planning decisions are made.

As a site for testing and interrogating these questions, rural Khyber Pakhtunkhwa is particularly illuminating. This province has the second lowest contraceptive rate in Pakistan (28.1%).[1] Moreover, CPR is far lower in rural Khyber Pakhtunkhwa at 24.9%, with only 17.3% of currently married women reporting modern method use.[1] Large socioeconomic disparities, and marginalization of the Pakhtuns within Pakistan provide a unique opportunity to understand how social exclusion influences fertility.[1,25] Furthermore, the ongoing conflict in Pakistan has been concentrated in this province. By unpacking reproductive strategies in this setting we can, therefore, understand the role of the specific geopolitics at play on fertility.[24]

By situating fertility decisions within these larger socioeconomic and political forces, my dissertation aims to unpack the ideologies and values underlying family planning decision making in rural Khyber Pakhtunkhwa, Pakistan. My dissertation strives to better understand patterns of contraceptive use by examining the following issues: 1) unpacking the influence of "Practiced Islam[‡]" on fertility control and choice; 2) unraveling whether fertility is considered

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[*] The province of Khyber Pakhtunkhwa includes what was previously known as the Federally Administered Tribal Areas (FATA). In May 2018, the National Assembly of Pakistan voted to merge FATA into the province of Khyber Pakhtunkhwa.

[†] The Pakistani Taliban refers to an alliance of autonomous Islamist groups of which approximately half identifies as Tehrik-i-Taliban Pakistan (TTP). (see Khattak D. The Complicated Relationship Between the Afghan and Pakistani Taliban. In: Combatting Terrorism Centre, editor. Combatting Terrorism Centre Sentinel; 2012)

[‡] Practiced Islam in this context refers to how individuals practice Islam and not scriptural proscriptions.

within the locus of control and what values form the basis of this judgement; 3) determining what considerations (i.e. specific ideological, socioeconomic class, security, or logistical) determine how fertility choices are made; 4) investigating how fertility behaviour is regulated through identity and community belonging and 5) determining who is included in fertility decision making, and how responsibility for decision making is allocated.

The corpus of public health research greatly informed my disciplinary approach. However, this approach was nuanced by engaging with research from the medical anthropology discipline. The following literature review serves to situate my findings within the public health literature. First, I will introduce global family planning discourse and funding. Second, I will describe the key factors influencing family planning decision making in Pakistan as they relate to the focus of my dissertation. Lastly, I will briefly describe biopower and the anthropology of Islam which I used to inform my dissertation.

1.2 Literature review methods

Several approaches were used to identify the relevant literature on the ideologies and values that influence family planning use in Pakistan. First, a search was conducted using the PubMed and Web of Science database (Figure 1.1). The search strategy included (“family planning” OR condom* OR “birth control” OR contraceptive* OR “hormonal method*” OR “traditional method*” OR “intrauterine device” OR “IUD” OR sterilisation OR sterilization OR withdrawal) AND (Pakistan* OR Punjab OR Sindh OR Balochistan OR “NWFP” OR “North West Frontier Province” OR “Khyber Pakhtunkhwa”). I included any paper discussing family planning in Pakistan, while excluding any purely clinical studies, and guidelines. The search included papers written between 1995 to the present.

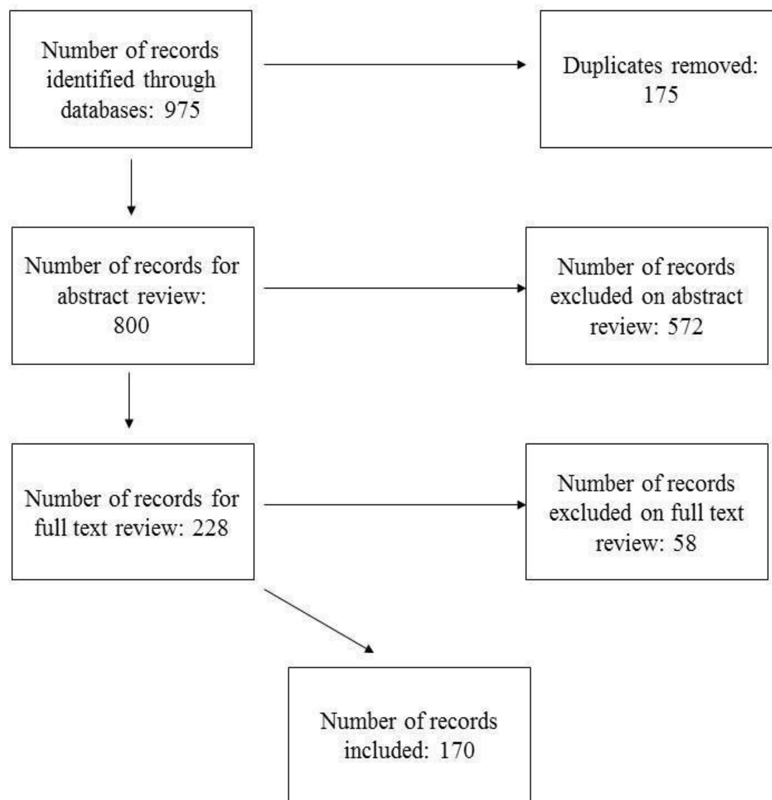

Figure 1.1 PRISMA chart describing Pakistan and family planning findings

Second, another search was conducted that aimed to identify articles focusing on Islam and family planning use in South Asia (Figure 1.2). The search terms included (Islam OR Ismailism OR Ismaili OR Muslim OR Islam OR Shiite* OR Shia OR Suni OR Sunni OR Shias OR Sunis OR Sunnis OR Moslem OR Moslim) AND (Contraception OR ("family planning" OR contraceptive* OR condom* OR "intrauterine device*" OR "withdrawal method" OR "birth control*" OR "birth regulation" OR coitus interruptus OR (fertility control*) OR abortion* OR misoprostol OR "D&C" OR "Dilation and Curettage") OR (ovulation inhibition or barrier method* or reproductive control) AND (Bangladesh OR India or Pakistan OR South Asia OR Indian subcontinent). The exclusion criterion was any article that did not include a qualitative component.

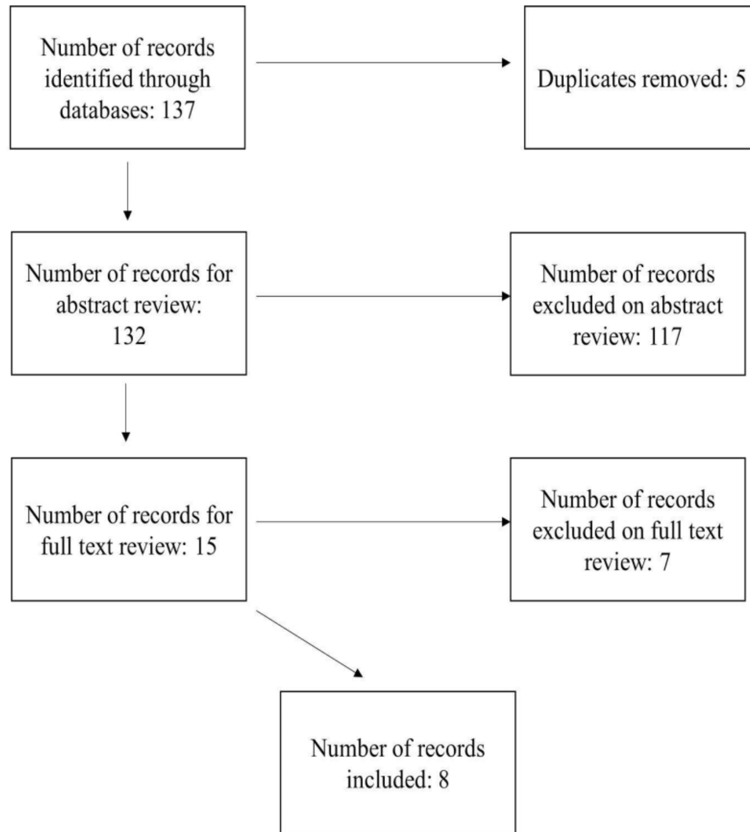

Figure 1.2 PRISMA chart describing Islam and family planning in South Asia

Third, I hand-searched key articles for additional references relevant to the topic of investigation. Fourth, I searched online for other articles that had cited these key references. Lastly, narrower literature reviews on other key areas were conducted as needed throughout the research process.

1.3 Family Planning Globally

1.3.1 The Importance of Family Planning

In order to better understand family planning decision making in Pakistan, one must first understand the beliefs and values that dominate the global family planning discourse. The

following section will describe the ideologies used to support and promote family planning in lower and middle-income countries.

The problem of unbridled population growth was first articulated by Thomas Malthus who believed that earth was unable to sustain a growing population.[26,27] Since then, Schoen argues that, as part of a colonial and imperialist mandate, population growth in lower and middle-income countries became a global priority.[28] As Kaler describes the emphasis on controlling reproduction was motivated by 'moral entrepreneurship' which was predicated on the belief that there is a correct way to reproduce. [29] Economic interests also played a key role in shaping reproductive policies.[29] This focus on controlling and exploiting women's fertility functioned as an extension of colonial mandates.[30]

Geopolitical motivations have also contributed to the continued emphasis on fertility control. This focus was predicated on the belief that lower and middle-income countries were susceptible to communist ideology resulting from the economic instability and resource shortages caused by excessive population growth.[28] Consequently, the imperative to control communism became closely linked to that of population growth.[28] At the same time, Stote argues, capitalist ideology maintained a focus on controlling fertility.[30] She proposes that the increase in poverty and ill health brought about by industrialization contributed to a discourse which assigned blame to the poor for these experiences of ill health. As a result, interventions such as sterilization and other contraceptive methods were promoted as means through which to maintain capitalist systems of exploitation.[30]

Coupled with geopolitical concerns, fertility control has a complicated history rooted in race-based discrimination and eugenic ideology.[30,31] Globally, family planning programs continue to focus on poor, indigenous, and racialized bodies in North America, Latin America,

Africa, and Asia.[27,28,30-35] In extreme circumstances, coercive and forced sterilization has been used to target these populations.[28,33-35] The inherent political dimensions of the global focus on family planning has coloured state and also population-level responses to family planning activities. Much of the resistance to family planning in many Muslim countries is rooted in the perceived intentions of these programs.[36] Many suspect that these programs are part of an imperialist project or Western plot.[36] The complex history of global family planning programs has significant implications for uptake in lower and middle-income countries, and Pakistan in particular (see Chapter 5).

The perceived economic implications of population growth have generated global support for the promotion of family planning. The economic perspective posits that fewer children allow parents to invest more money per child leading to improved health, nutrition, and education.[37] One study in Bangladesh demonstrated that reductions in fertility led to increased family assets and female body mass index.[37] These microeconomic changes led to large effects at a national scale. In Nigeria, it has been demonstrated that reducing the total fertility rate by one birth could lead to a 14% increase in gross development product.[37] This perspective argues that economic prosperity in lower and middle-income countries is contingent on controlling population growth.

Global movements asserting women's right to bodily autonomy, moreover, have also contributed to support for family planning. These movements have framed access to family planning as a social justice issue, arguing that the ability to control one's fertility and be safe from unwanted pregnancy is a basic human right.[38] Underlying this approach is the perspective that basic human rights include the right to information, non-discrimination, and the highest attainable standard of health which, with respect to sexual and reproductive health, includes access to contraceptives.[38] As an aspect of non-discrimination, this approach argues that access

must be upheld for the most vulnerable and disadvantaged populations, which also disproportionately experience unmet need.[38,39,40] This perspective contends that human rights standards dictate that individuals have the opportunity to choose from an array of contraceptive methods, including emergency contraceptives.[38]

At present, support for family planning has systematically linked contraceptive use to maternal health.[28] This approach argues that an estimated 215 million women in lower and middle-income countries have an unmet need for family planning which leads to unintended pregnancies (approximately 74 million); 40% of which result in unwanted births and 48% in abortions.[41,42] Many of the resulting abortions are unsafe and contribute to the burden of maternal mortality, with an estimated 13% of maternal deaths occurring as the direct result of unsafe abortions.[43] Addressing unintended pregnancies would prevent an estimated 90% of abortion deaths and 23.6% of obstetric deaths.[44] One study projected that an increase of contraceptive use by 1% could lead to a decrease of 4.8 maternal deaths per 100,000 live births.[44] Overall, this is a 32% reduction in maternal deaths.[44] Proponents of this approach argue that one of the most cost-effective ways to address maternal mortality is to improve family planning use, which, even without improved access to maternal health care, nevertheless reduces maternal mortality.[45,46] They argue that current modern contraceptive use has prevented an estimated 43.8 maternal deaths per 100,000 live births every year, which amounts to 260,000 maternal deaths yearly.[43,44] Consequently, family planning was incorporated into the Millennium Development Goal aimed to address maternal mortality.[47]

1.3.2 Funding for Family Planning

Increasing population, pressure on resources, and geopolitical concerns pushed family planning to become a global health priority in the 1960s.[27,40] Underpinned by the assumption that

fertility control was essential for economic growth, family planning programs became an international funding priority in the early 1970s with international funding increasing three-fold between the 1970s to 1980s.[40] The importance of these programmes increased substantially through the next few decades with the number of countries adopting family planning programs increasing from 2 in the 1960s to 115 by the 1990s.[40,48]

This funding, however, fluctuated greatly with changing trends, with severe implications for programming in lower and middle-income countries. For example, the 1994 International Conference on Population Development (ICPD) in Cairo, an influential conference for demographers and population scientists, reframed family planning as a women's empowerment and reproductive rights issue instead of as an economic priority.[40] The shift in framing signalled to many in the global community that population growth was no longer a pressing concern.[40] This shift, coupled with emerging disease priorities such as HIV generated a decrease in international funding for family planning. [40]

Conservative and religious critiques have had implications for the funding of specific reproductive health services such as access to abortion and emergency contraceptives.[49] For instance, the US 'global gag rule' restricted USAID funding for NGOs that provide reproductive health services such as abortion.[50] Similarly, funding for maternal health in Canada has, at times, excluded abortion, depending on the prevailing government's mandate.[51]

Funding for family planning has fluctuated in the last two decades in correlation to shifting political priorities.[40] The global decline in official development assistance for family planning services has corresponded to increases in funding for maternal, child, and newborn health services.[47] As Bhutta postulates, these changes may reflect the diversion of family planning funds to other services.[47] In 2000, family planning was incorporated into Millennium

Development Goal (MDG) 5 as an aspect of decreasing maternal mortality.[47] The MDGs, however, were unable to achieve their goal of higher rates of family planning use. Instead, contraceptive prevalence rates remained low while inequities increased in many lower and middle-income countries.[47,52] In recognition of the importance of reigniting interest in the field, the London Summit on Family Planning was held in 2012. This summit led to the creation of FP2020 wherein governments committed to demographic goals reflecting their specific context.[53] These goals are described as an essential aspect of achieving the new Sustainable Development Goals (SDGs) by 2030.[53] Similar to the MDGs, however, the SDGs fail to explicitly address family planning, instead, incorporating it as an aspect of addressing health (No. 3) and gender equity (No. 5).[54] Family planning remains a peripheral concern, a sub-objective of larger development goals.[47]

1.4 Family Planning in Pakistan

Overall, Pakistan has struggled to increase contraceptive use and control population growth. The current CPR of 35.4% has only slightly increased since the mid-1980s.[1] Moreover, rates of modern contraceptive use in Pakistan (26%) are far lower than other South Asian countries such as Bangladesh (54%) and neighbouring India (51%).[1,6,7] The slow increase of contraceptive rates in Pakistan in comparison to other countries in the region has been an active and contested point of inquiry among demographers and other scholars.[40]

In an attempt to mobilize resources, the federal government has drafted several documents which emphasize the importance of addressing population growth, including Pakistan 2025: One Nation, One Vision developed by Pakistan's Planning Commission and a National Vision document on Priority Actions on Reproductive, Maternal, Newborn, Child and Adolescent

Health and Nutrition (2016-2025).[5] Moreover, as part of the FP2020 goals, the government has committed to increasing national contraceptive rates to 55% by 2020.[55]

After the devolution of the health system in 2010,[§] provinces became responsible for their own population policies. In Khyber Pakhtunkhwa, the population policy has several specific objectives: 1) to achieve replacement level fertility, and promote family planning as a human right; 2) to decrease unmet need by increasing universal access and improving services; 3) to realize universal access to reproductive health services by 2020; 4) to increase the CPR to 42% by 2020; 5) to reduce unmet need to 15% by 2032; and 6) to decrease the total fertility rate to 2.1 by 2032.[5] A limitation of this population policy, I argue, is its narrow focus on fertility and reproductive health, while ignoring the upstream causes that contribute to specific reproductive strategies.[5] My dissertation will demonstrate the importance of addressing the array of social, economic, and political considerations that shape reproductive strategies. I will illustrate how reaching provincial objectives is contingent on creating policies that reflect these wide range of factors.

1.4.1 Family Planning in Pakistan: An Historical Perspective

The Pakistani Family Planning program was launched in 1965. Under President Ayub Khan (1958-1969), Pakistan was among the first lower and middle-income country to recognize the potential impact of population growth.[5,56] Ayub Khan was successful in raising public awareness of family planning through frequent speeches referencing the "problem," however, this did not translate to significant contraceptive uptake.[56] A national survey conducted in 1968-1969 demonstrated while 97% of married women knew of at least one contraceptive, only 12% were

[§] On April 8, 2010 Pakistan passed the 18th amendment which devolved the responsibilities of 15 federal ministries to the provinces, including the Ministry of Population Welfare.

using contraceptives.[8] After his tenure as President, subsequent leaders exhibited little interest in the family planning program, partly as an attempt to appease the religious base and address conservative opposition to the program.[56] When Prime Minister Zulfiqar Ali Bhutto (1972-77) assumed power, he largely ignored the family planning program.[56] Coupled with religious opposition, the family planning program's association with Ayub Khan caused it to fall out of political favour. Seeking to draw distinctions with Ayub Khan, Bhutto distanced himself from the population program.[57] During the subsequent tenure of President Zia ul-Haq (1977-88), the Family Planning Program was deprioritized on suspicions that family planning workers were covert Bhutto agents.[**,57] Zia was also heavily supported by conservative religious groups and was hesitant to support family planning because it could compromise his support base.[58]

When Prime Minister Benazir Bhutto (1988-1990, 1993-1996) assumed power, she once again pushed family planning to the forefront of the Pakistani agenda by officially elevating the Population Welfare division into the Ministry of Population Welfare. Support for these programs continued under Prime Minister Nawaz Sharif (1990-1993, 1997-1999, 2013-2017).[56] During her second tenure as Prime Minister, Prime Minister Benazir Bhutto took a stronger stance on population growth and attended the 1994 ICPD conference in Cairo despite strong opposition.[56] She also instituted the Lady Health Worker (LHW) programme, a network of community-based health workers that provide doorstep health services including family planning services.[59]

Since its launch, the Pakistani family planning program has promoted different contraceptive methods at different time periods, depending on the government in power.[60] Between 1965-1970 the government heavily promoted the use of IUCDs.[40] This shifted between

[**] Zia had come into power through a military coup. During his tenure Bhutto was charged and found guilty of murdering a political opponent. Zia upheld the death penalty, and Bhutto was executed.

1970-1975 with increased access to oral contraceptives.[60] The injection was later promoted in 1975, followed by a renewed focus on IUCDs in 1980.[60]

The politicization of family planning programming in Pakistan and shifting global priorities has meant that family planning has received inconsistent attention and resources. Pakistan's per capital donor assistance for family planning decreased by 50% between 1998-2008.[61] Currently, donor support for family planning between 2009-2019 amounts to 661 million USD.[5] The British aid agency, DFID is the largest donor, providing 277 million USD (from 2012-2017) through direct and indirect support.[5] The American aid agency, USAID is another large donor, having committed USD 196 million between 2009-2019 exclusively to family planning focusing on contraceptive provision, community outreach, capacity building, and social marketing.[5]

1.4.2 Contraceptive Use

A large body of literature has sought to explain the slow uptake of contraceptives in Pakistan by looking at supply and demand issues. Among the concerns related to the supply of contraceptives, access and knowledge have dominated this literature. This body of knowledge has focused on service delivery failures postulating that improving supply to contraceptives would in turn increase contraceptive use.[8-11]

While inconsistent support by the Pakistani government and uneven donor funding may have contributed to Pakistanis' low contraceptive prevalence rate, some evidence suggests a lack of demand for family planning services may also be a crucial factor. A small body of literature suggests that the slow uptake of contraceptives may reflect ideological barriers to fertility control.[1,62-64] A body of literature describing the incongruence between contraceptive prevalence rates and total fertility rates demonstrate that family planning and fertility control are

controversial subjects reflecting cultural taboos.[65-67] Some scholars postulate that the discrepancies between low reported rates of contraceptive use and decreasing fertility may be linked to the use of abortion to control fertility.[66] However, others argue that it may also reflect social taboos around discussing contraceptive use,[67] underreporting by traditional method users,[65] or the societal pressure individuals may feel to hide contraceptive use because of Islamic sanctions prohibiting use.[68] These findings allude to the political nature of family planning, and the importance of societal norms in shaping fertility decisions.[67,68] They also demonstrate that individuals may call upon locally situated beliefs about health that may extend beyond biomedical classifications.[65] Such findings advance the perspective that the reluctance to use contraceptives reflects ideology and values surrounding fertility decisions.

Family planning is a wicked[††] problem for the Pakistani state.[69] Contraceptive use in Pakistan is influenced by a multitude of factors that I will discuss below, an emphasis has been placed on the factors and considerations directly relevant to this dissertation.

1.4.2.1 Family Size Ideals and Son preference

Demand for family planning services and the motivation to use a contraceptive is, in part, a reflection of family size ideals. Family size ideals are embedded within the social, economic, political, and cultural context.[12,13,70] A couple's ideals may fluctuate throughout the life course in response to contingencies, often beyond the couple's control.[71,72] Among the many contingencies shaping family size preferences, child survival, particularly the gender of the surviving child, remains an important consideration.[73-75]

[††] In public health, a wicked problem refers to an issue that is multi-causal, socially complex, and has no clear solution.

In Pakistan, national surveys repeatedly demonstrate the persistence of four children as the ideal family size.[14] These ideals, however, range between three to six children depending on geography, socioeconomics, education, and residence.[1] In Khyber Pakhtunkhwa, large-scale demographic surveys demonstrate that women cite an ideal family size of 4.1, in contrast to men who cite ideals of 4.9.[1]

A large body of literature has demonstrated that family size ideals are contingent on a specific gender mix of children.[74,76] Son preference emerges strongly as a determinant of family size, in particular, the desire for a minimum of two sons.[74] Supported by patriarchal norms, son preference occurs against a specific backdrop of particular economic realities and societal pressure to reproduce a certain type of family.[76] The literature has described the economic difficulties, decreased earning potential, and lack of social security experienced by sonless families.[77] The structural importance of sons is also linked to protecting assets and inheritance, with preferred family size higher among individuals who live in an extended family setting as a result of competition between brothers.[14] In addition to their financial significance, sons also contribute to a family's social status.[77] Sonless couples experience social stigma with women experiencing a disproportionate burden of the sanctions.[76,77] The material and ideological significance of sons can be so powerful that some couples will continue having children until the 'required number' of sons are born.[12-14,78]

A key limitation of the family planning literature in Pakistan, which, is largely from the discipline of demography, is that it has underemphasized these social contextual issues. The only exception is the role of Islamic beliefs on family size ideals, and the permissibility of fertility control.[12-14] I will discuss this body of literature and the limitations of its approach below.

1.4.2.2 Family planning: An Overview of Islamic Scripture

The relationship between family planning and scriptural Islam is complex.[79] Islam is spread across diverse cultural contexts resulting in differing interpretations and understandings of it.[79] There is also no central governing Islamic authority whom all Muslims follow, which creates space for multiple interpretations of religious texts and, in turn, beliefs about the permissibility of family planning.[79]

Contraceptive methods are not mentioned in the Quran, the central Islamic text.[79,80] Some contend that the omission of contraceptives from the Quran was intentional.[81]There are, however, over nine hadith that permit the use of withdrawal (*‘azl*) as a means of birth control, many of which are verified by more than one traditional acount.[80,82] Hadith are stories about the Prophet Muhammed and his companions with varying levels of veracity, depending on their chain of narrators. Hadiths are considered to be secondary Islamic texts. In general, they are considered reliable if more than one tradition verifies it. Consequently, most Islamic scholars believe *‘azl* is permissible.[36,83] Different sects of Islam, nevertheless, follow different hadith traditions. These different schools of thought are governed by different understandings of Islamic *fiqh* (jurisprudence) referred to as *Madhahib* (paths).[84] In the Sunni sect, the larger schools of thought are Hanafi, Maliki, Shafei, and Hanbali.[84] While in the Shia sect, these larger schools of thought are Zaidi, Jafari, Ibadi, and Ismaili.[84] Despite sectarian differences, the majority of Islamic scholars across the religion believe *‘azl* is permissible.[36,84]

Islamic jurisprudence relies upon analogous reasoning (*qiyas*) as a means of making rulings. Using this reasoning, most Islamic scholars agree that modern contraceptive methods are permissible as long as the changes are reversible. There are, however, some method-specific exceptions among different schools of Islamic thought. For instance, the Maliki school does not

believe the rulings that apply to *‘azl* permit the use of oral contraceptive pills.[85] Similarly, Islamic scholars almost universally agree that sterilization is prohibited, since it causes a permanent change to the body.[79,80,86,87]

The concept of fatalism introduces an added layer of complexity in our understanding of family planning. In several hadith, the permissibility of the use of *‘azl* contradicts the emphasis on the supremacy of God’s will.[80,82] According to Bowen, the focus on fatalism does not negate the permissibility of *‘azl* but rather the tension between the permissibility of *‘azl* and God’s will reflects the longstanding debate in Islam between the concept of free will and fatalism.[79]

Demographic fears about a shrinking Muslim population also underlie challenges to family planning. Suspicions that family planning is a part of a Western agenda, promoted by international agencies wishing to limit Muslim birthrates and demographic power, have been heavily documented in the literature.[83] According to Bowen, these beliefs are often promoted by conservative religious leaders to discourage fertility control.[79] Islamic critiques of family planning are also rooted in the belief that family planning allows women to engage in illegal immoral acts.[79,88]

While Islam clearly plays a key role in structuring the social context within which fertility occurs, Muslim fertility rates are not uniform across different cultural contexts.[89] It is therefore essential to unpack the unique role of Islam on fertility practices within the Pakistani context.

1.4.2.3 Islam and Family Planning in Pakistan

Given the varied interpretations of Islam on family planning described above, it is essential to understand the patterns and trends of how religious beliefs influence fertility decisions in Pakistan. A large body of literature suggests Islam is an important influencer of family planning

use in Pakistan. [81,90-92] This literature has described the pervading belief that family planning use is a sin.[9,13,15,81,93,94] For instance, in one study 29% of nonusers cited religion as the reason for the lack of family planning use.[15] A key limitation of this literature is that the majority of studies fail to describe their respondents' sectarian affiliations which, in Pakistan, may include Sunni, Shia, Ismaili, and Ahmadiya. As I have described above (see section 1.4.4), these affiliations have implications for beliefs about contraceptive permissibility.[9,15,93,94]

As described previously, fatalism draws upon Islamic beliefs around *tawakkul* (reliance on God) and *qadr* (predestination). These beliefs are common in Pakistan and play a role in contraceptive decisions.[13] According to Ali, a key force underlying the resistance to family planning is the belief that one should not interfere with family sizes, or in turn, fertility.[95] Similarly, many believe that God should determine the number of children a person should have.[96] The public health literature has described how these fatalistic beliefs shape contraceptive decisions.[12,97] It is important, however, not to overstate the importance of fatalism as it relates to fertility. In particular, evidence suggests that fatalism may act as a mechanism through which individuals reconcile their current situations. Although there is limited research on this in Pakistan, a study among Muslims in Egypt demonstrated that fatalism has been mobilized as a way to accept their lack of access to specific medical technologies.[98]

The Pakistani Family Planning Program's failure is often explained as intertwined with misperceptions about Islam.[99] Studies in Pakistan have highlighted high rates of confusion about the Islamic permissibility of family planning use.[13,100] In a survey of perceptions, Nasir demonstrates that religious leaders in Pakistan vary greatly in their beliefs about the perceived permissibility of contraceptives depending on their Islamic schooling and sectarian beliefs.[100]

Moreover, according to Azmat, the misinterpretation of religious texts may be a key factor underlying the reluctance to use contraceptives in Pakistan.[99]

The Government of Pakistan has chosen to counteract these ideas by acknowledging Islam in their family planning programming. [81,88] Several programming decisions have been made to address these perceived barriers. First, an emphasis has been placed on spacing children instead of limiting.[88] Many religious leaders, despite opposing limiting births, encourage the spacing of children.[85] By harnessing language which emphasizes spacing, the family planning program hopes to encourage contraceptive uptake. A USAID project, PAIMAN (Pakistan Initiative for Mothers and Newborns), also used a similar approach.[101] This initiative has also focused on promoting birth spacing as an attempt to not challenge pronatalist ideology and Islamic objections to fertility control.[102] Other donor-funded projects have also drawn upon Islamic beliefs to support family planning use. For instance, the USAID-funded FALAH (Family Advancement for Life and Health) project brought together Muslim scholars to come to a consensus on the permissibility of family planning in Islam. The scholars drew on religious verses to support family planning and develop a module on the 'Islamic viewpoint' in family planning, which was then shared with health providers and other religious leaders.[103] Moreover, under the new population policy in Khyber Pakhtunkhwa, the provincial government aims to recruit 500 religious leaders to promote the benefits of spacing and family planning use.[5]

Islamic objections to fertility control, nevertheless, are not solely cemented in scripture. Instead, Islamic pushback to fertility control is also highly rooted in identity, geopolitics, and Muslim demographic fears as well as gender norms and values. As discussed earlier (see section 1.4.1), family planning has a complex political history with implications for contraceptive uptake. Next, I will describe the political nature of family planning as it relates to Muslim

demographic concerns and gender norms. Although this body of literature mainly focuses on Muslims in contexts other than Pakistan, I believe this literature lends useful insights into the Pakistani context.

1.4.2.4 Family Planning: a vehicle for the control and regulation of identity

Fertility is, by its nature, political, and deeply embedded within the politics of identity.[104] Family planning controls and limits the reproductive potential of a community, determining what a nation's or community's population looks like. Fears associated with contraceptive use, therefore, are often highly tied to identity and perceived demographic vulnerability.[88] As Roudi-Fahimi describes in an overview of Muslim perspectives on family planning, resistance to contraceptive use among Muslims reflects demographic concerns. She proposes that many Muslims believe that a large Muslim population with a high growth rate is a source of great power, and more importantly, divinely ordained.[36] Consequently, family planning can be viewed as an attempt to circumvent this fate. Further evidence suggest that much of the resistance to family planning seen in Muslim countries centres around political concerns and not theological issues.[79] For instance, Algeria strongly opposed family planning as a part of an imperialist project, as did Iran by framing family planning as part of a Western plot.[36] Western funding for family planning programs have fed into the rhetoric of a global conspiracy against Muslims.[36,83]

Concerns that family planning is part of a conspiracy to limit the size of the Muslim population have also been documented in Pakistan.[103,105] One study conducted in Swat, Pakistan demonstrated that Taliban opposition to family planning reflected the belief that the program was an attempt by the West to destroy Muslims and Muslim identity.[105] These fears are especially mobilized during periods of conflict. For instance, in Gilgit, Pakistan, in response to the losses incurred during periods of sectarian violence, religious leaders opposed family planning use and

promoted a pronatalist ideology.[88] International intervention in Khyber Pakhtunkhwa during the ongoing conflict with the Taliban has complicated sentiments toward the West,[106] an issue I will discuss in Chapter 5 in this thesis.

1.4.2.5 Gender Politics and Family Planning

Despite significant heterogeneity, Pakistan is broadly described as a patriarchal society with clearly demarcated gender norms. These norms refer to the socially constructed rules that govern male and female behaviour with crucial implications for fertility behaviour. Connell posits that three structures are responsible for gender dynamics within a society. These include the division of labour, power, and cathexis.[107] According to Connell, the sexual division of labour acts as a powerful means of social constraint. This structure determines how specific types of labour are gendered, and the associated skills and training reflect these gender norms.[107] Power, in contrast, proposes that interactions between individuals occur within a structure of power that upholds not only male dominance but a specific type of masculinity.[107] Lastly, Connell posits that cathexis, which describes the emotional and erotic aspect of social relations, is particularly important to understand as it is shadow structure to family interactions.[107] The interplay between these different structures help to create family and societal level gender roles and relations. These structures manifest in Pakistan in a manner similar to other countries in South Asia. However, it is important to note that there is considerable variability in gender norms within the same context.[107] The following discussion refers to broad patterns of behaviour, recognizing that these roles are subject to negotiation and often in flux.[108]

Socialization in gender norms begins during childhood, with individuals internalizing these beliefs and behaviours.[107] Among Pakhtuns, in general, socialization for young girls manifests as respect and deference to male family members, even younger brothers.[109] By accompanying their

mothers to social events, young girls learn how to recreate gendered cultural norms and practices.[110] These gender norms play an important role in influencing their daily lives.

The conventional sexual division of labour among Pakhtuns, as in much of Pakistani society, socially constructs men as providers and protectors, and women as housewives and mothers.[109,111,112] Nevertheless, descriptions of these roles reflect general societal dynamics with individual interactions and relationships differing substantially.[109] In practice, these gender roles and relations are constantly contested, and power reversals can, and do, occur within the domestic sphere.[107,108] As Connell describes, the different components that structure gendered interactions can also be in tension. The conventional sexual division of labour may result in specialized knowledge and restrict the patriarch's power.[107] The division of labour, furthermore, is not static and can change over time.[107]

A body of literature has described the importance of husbands as the key household decision maker.[113-116] In practice, however, decision making is a complex phenomenon which is often contested. I argue that the dominant literature overstates the role of husbands in decision making. Although this literature has portrayed husbands as obstacle to family planning use, this is too simplistic an approach for understanding husband-wife dynamics. In her pivotal piece, "Can the subaltern speak?" Gayatri Spivak points to the colonial mandate of "white men saving brown women from brown men."[117] Global health activities have been influenced by orientalist[118] perspectives on men in lower and middle-income countries. Women's reproductive health programs have historically excluded men because they were believed to be deter women from using contraceptives. Until the last decade men have been obscured from the family planning conversation in Pakistan as it was assumed that they would be unsupportive of their wives' desire to limit their family size and use contraceptives.[14,96,119] However, the research

precedent has overwhelmingly demonstrated that most men have similar reproductive goals as their wives.[120] In Pakistan, several studies have demonstrated that most men approve of family planning.[121]

Previous research has also described the importance of mothers-in-law for reproductive health decisions.[113] However, there is a high degree of variability in the extent to which a woman can advocate for her reproductive desires. A woman's relationship to her marital family (specifically if her marriage is endogamous or exogamous) can influence her access to reproductive health services.[114] Other proxies for women's empowerment and autonomy such as education and spousal selection have also been linked to reproductive health behaviour.[122,123] However, proxies such as female participation in the labour force do not play a role in fertility reduction.[124] This is likely the case since participation in the labour force is often an indicator of socioeconomic vulnerability.[125] 'Modern' ideas towards marital relationships can influence family size ideals and reproductive strategies.[12] For instance, one study found that women who had a say in who they married were able to more strongly influence family planning decision making, and had a shorter time to first contraceptive use.[123]

Despite the similar reproductive aspirations of couples in Pakistan, the research precedent does allude to gender norms influencing spousal dynamics and inter-spousal communication about family planning. For instance, one cross-sectional study surveying 180 men in 12 districts across Pakistan found that 57% of rural men had never had any communication with their wives about contraceptive use.[95] Although these results are intriguing, when interpreting them we must consider the gender landscape in Pakistan where disclosing one's interactions with one's wife to a stranger can be considered inappropriate. Such an interpretation is supported by the work of Fikree, whose survey found that 81% of wives reported spousal communication about family

planning, in contrast, only 34% of their husbands reported such communications.[126] These findings may also reflect the limitations of population-based surveys on gathering this sensitive data. The 2012-2013 and 2006-2007 national demographic and health surveys did not collected data on inter-spousal communication, so the most recent national figures come from the 1990-1991 survey, which state that 74% of couples have never spoken about family planning.[127] Although it is difficult to ascertain current rates of spousal communication about family planning, if inter-spousal communication about contraceptive use is not occurring, then this may have large implications for contraceptive uptake. As Mumtaz has demonstrated, spousal communication is positively associated with contraceptive use.[128] A husband's perceived opposition to contraceptive use plays a significant role in women's intention to use contraceptives even when they have access and knowledge of contraceptive methods.[9]

The literature has argued that, given the importance of men in fertility decisions, targeting men through family planning programming could increase contraceptive use[96,129] In Pakistan, programs such as FALAH (Family Advancement for Life and Health) are working to empower men to make contraceptive decisions through targeted communication campaigns and community systems.[102] My study aims to nuance assumptions about the contraceptives beliefs and practices of Muslim, Pakistani, and Pakhtun men by including their voices within my inquiry.

The importance of gender norms on contraceptive use extends beyond marital dynamics. Gender norms and relations in Pakhtun society reflect a culturally-situated code of honour, referred to as Pakhtunwali.[109,110] Scholars contend that Pakhtunwali and its role in structuring interactions, particularly gender relations, has occupied colonial imagination.[130,131] Studies on Pakhtuns have described how familial honour is related to the control and protection of women,

and patterns gender norms.[109] In particular, they have described the limitations to female mobility due to strict purdah[‡‡] norms. These culturally situated beliefs and values surrounding honour and purdah govern women's unaccompanied mobility[59 ,125] restricting women's ability to access services across Pakistan.[125,132] The Pakistani family planning program sought to address these concerns by developing a national domiciliary program, the lady health worker program, to circumvent purdah norms and provide doorstep services to women.[59]

1.4.2.6 Method Choice: Side Effects

A review of the family planning literature evidences that sentiment toward contraceptives varies greatly according to method chosen. Consequently, it is essential to understand method-specific concerns and how they influence contraceptive use. The method mix in Pakistan adheres to patterns that diverge from global trends. In Pakistan, female sterilization (8.2%), condoms (6.8%), and withdrawal (4.1%) are the most common contraceptive methods.[133] Similarly in Khyber Pakhtunkhwa, the most common methods are withdrawal (8.1%), condoms (7%), and injectables (5.2%).[133] In contrast, the global method mix is female sterilization (18.9%) IUD (14.3%) and oral contraceptive (8.8%).[134]

Pakistan's method mix, which stands in contrast to global patterns, and is dominated by male methods alludes to the potential role of ideological barriers and religious beliefs on method choice.[79] The relatively low rates of sterilization and high rates of withdrawal may reflect Islamic beliefs about the permissibility of these methods (see section 1.4.5). However, according to Carton, the method mix may be the product of experiences of side effects.[135] A large body of literature has demonstrated that side effects are important determinants of method

[‡‡] Purdah literally translates to curtain, but commonly refers to segregation norms between men and women. These norms restrict the interaction of women with non-familial men.

choice.[9,97,115,136-140] Experiences of adverse effects has been linked to method discontinuation and, in turn, unintended pregnancies.[141-144] The research precedent has described several purported health effects related to contraceptive use including infertility, obesity, cancer, weight gain, menstrual irregularities, and IUD displacement.[94,144] One study among IUD users found that 50% cited health issues as the reason for the method discontinuation.[145]

Experiences of side effects are method-specific.[115,138,146,147] Condoms are often described by study participants as having limited to no adverse health effects.[115,138,148] One study, however, conducted with youth in Karachi found evidence that some male and female youth believed that condoms could cause impotency.[149] In contrast, methods such as IUDs are avoided as a consequence of the perceived severity of their side effects.[146] A mix of cross-sectional surveys and qualitative studies reported beliefs among respondents that IUDs move around the body,[150] interfere with sex,[151] irregular bleeding,[145,151,152] and long-term infertility.[145,153] Aversion to IUDs may extend beyond fears related to side effects, as a qualitative study with contraceptive users in Karachi found that the vaginal insertion of an object sparked discomfort, given women's cultural and religious beliefs.[152]

Exacerbating the negative experiences of women are the limited treatment options and access barriers to resolve unwanted side effects.[5] The costs associated with travel and treatment can be insurmountable for poor families.[5] Insufficient equipment, drugs, supplies, and infrastructure in public health facilities also present an obstacle in accessing care.[154] Individuals also experience ill-treatment at health facilities when seeking care, especially if they are poor.[5] Consequently, the demand for specific contraceptive methods in Pakistan skewed towards client centered methods that do not require any medical advice.[155]

Despite the importance of side effects in determining method choice, they are often seen as myths and misperceptions that can be combated with education and counselling.[156] A study conducted among poor women in Sialkot, Pakistan found that women felt that government information regarding family planning did not address their concerns about contraceptives.[157] This study described a disconnect between their respondents' concerns and those of health providers.[157]

Understanding the reasons for Pakistan's mix of methods is essential to increasing contraceptive use. Given the varied effectiveness of different contraceptives, a country's method mix influences the potential rate at which changes in population growth will occur.[158] A method mix that is skewed towards contraceptives such as female sterilization, IUDs, and implants has a larger impact on decreasing the total fertility rate than a method mix dominated by short term methods like condoms and pills.[141] In Pakistan, female sterilization, albeit common, is usually adopted after 39 years of age, limiting its impact on the total fertility rate.[141] Scholars have estimated that if only 4% of oral contraceptive users in Pakistan started to use IUDS, an estimated total of 25,000 unintended pregnancies would be avoided.[141] Unpacking the ideologies that lead to the demand of specific contraceptive methods over others gives insight into the culturally situated beliefs and values underlying fertility decisions.

1.5 Theoretical background

In the preceding sections, I have described the literature that formed my knowledge of the subject area. However, another body of literature informed the theoretical underpinnings of my work. Although these theories generally influenced my understanding of how women were taught to think about their bodies and practice Islam, they feature more strongly in specific papers (see 1.5.1 and 1.5.2 for further details).

1.5.1 Biopower

Biopower describes the control of bodies, specifically, and life, generally.[159] As conceptualized by Michel Foucault, power generates a discourse that is held to be true by every level of society and cannot be traced to a single source.[160] Power, Foucault posits, is productive and produces knowledge.[27] Through biopower, reproduction is the site where the power is enacted through the use of norms.[159] Norms are applied to the bodies that the governing apparatus wants to discipline and the population that it aims to regulate, and this process gives rise to biopower.[159] Through the process of normalization, certain behaviours become entrenched and their alternatives are constructed as abnormal. Norms, by their nature, are not oppressive. However, the act of normalization is always oppressive. Through biopower, the body itself is transformed into the site of the manifestation of power and resistance.[161]

Foucault's conceptualization of power has been subject to critique. In particular, it has been heavily criticized for its passivity. Foucault argues that power is internalized through norms which shape behaviour, social relations, and practices.[160] The internalization of norms generate subjects that self-monitor.[160] Foucault believed that where there is power, there is also resistance. However, as Cooper demonstrates, Foucault does little to reconcile how resistance is possible when norms are internalized.[160] Fraser, moreover, posits that Foucault's beliefs regarding resistance are gratuitous, since he fails to differentiate between autonomy and internalized domination in his understanding of the subject.[162] [163]

Power, as described by Foucault, also unsettles feminist ideas of transformative action.[164] His work posits that power is not created or destroyed. Instead, since power operates within a system of social relation, it cannot be eliminated.[160] Some argue that a Foucauldian

understanding of power rejects subjects ability to break free from oppressive power.[162,165] Sawicki, although acknowledging critiques of Foucault's work, argues that Foucault never attempted to create a theory that provide liberation from power.[162] For Foucault the goal is not to destroy systems of power, but rather to resist oppressive normalizing practices.[162] In Foucault's conception of power, power is not the opposite of freedom. Instead freedom is a condition of power, as subjects must have the ability to choose for power to operate. Power structures the choices subjects make.[164] While systems of power do not need to be dismantled, oppressive norms must be deconstructed. Through his work, Foucault challenges subjects to be critical of technologies of the self.[162]

The framework of biopower offers utility in understanding how family planning programs seek to control and influence fertility strategies in Pakistan. A large body of literature has demonstrated value of Foucault's work for unpacking family planning practices, globally[166,167] and in Pakistan.[88] Additionally, biopower also lends insight into how the women's reproductive behaviour has become associated with the prosperity of the Pakistani state. Foucault's work informed my theoretical lens (see 2.5) and approach to understanding how family planning was transformed to the discursive site where resistance to Western intervention in the region manifested (see Chapter 5).

1.5.2 Anthropology of Islam

Any study of Islam brings into question the idea of whose Islam. Numerous scholars have sought to describe the theoretical approach to the anthropological study of Islam.[168-170] This body of literature posits that Islam, by definition, is the submission to God, but what differs between different groups of Muslims is their conception of what this submission entails.[168] It focuses on

the study of islams, and, in doing so, problematizes Western approaches to religion which attempt to essentialize Islam and unearth a true practice.[168,170] Dominant approaches to the study of Islam support orientalised[118] stereotypes of Muslims, which portray Muslim men as sexually insatiable and inherently pronatalist, while constructing Muslim women as oppressed, and passive in their oppression. Most investigations of Islam and its role in fertility are coloured by these approaches, and the literature investigating family planning and Islam has attempted to unearth the singular role of Islam in family planning without due consideration to the multiplicity of Islam. However, Islam exists in numerous countries and cultures, manifesting differently in each context. Wittgenstein's notion of family resemblance offers a helpful way to understand how Islam manifests in different cultural contexts, and although there are similarities between generations there is no one feature that can be identified as in common.[170] It is not possible to disentangle religion from the cultural context it exists within.

The great tradition and little tradition offer an interesting dichotomy through which to understand Islam. On the one hand, the great tradition (regarded as the textual tradition) is what is handed down by elites, is seen as very orthodox, and is usually taught in formal settings. The little tradition, on the other hand, is a mix of a culture and religion.[168] In reality these two cannot be separated as they are continuously modifying each other.[168] The little tradition is often looked at with disdain by the elites, and dismissed as superstition and folklore.[168] In Pakistan, this plays out in the discourse around the village which, some anthropologists posit, is constructed as a space where individuals need to be educated and, in turn, taught Islam, which manifests in the discourse of the Talibanization in Khyber Pakhtunkhwa.[171]

The approach, then, to the study of Islam in a specific context must not focus on not identifying what is Islamic practice; rather must understand how someone who identifies as

Muslim understands his or her Islamic practice.[168] Ethnographic work by Magnus Marsden in Chitral demonstrates that Islam is practiced in numerous ways in the region and provides examples that challenge the premise of a singular Islam.[171] Marsden describes how his study respondents actively engaged with Islamic norms in a reflective manner and, further, the variation in how Islamic norms were defined.[171] As described above (see section 4.4), sectarian differences can influence interpretation of Islamic scriptures and the associated practices. For instance, he describes how one of his Ismaili respondents described veiling as needed only if one does not believe in the Aga Khan and does not have purdah of the heart.[171] Similarly, Sadaf Ahmad's ethnographic work on Al-Huda in Pakistan demonstrates how the emphasis on Muslim identity as an aspect of Pakistani nationalism coupled with Al-Huda's premise that Indian culture reflected Hindu beliefs and values enforced a specific Quranic interpretation.[172] A global body of literature has described the importance of locating Islamic practices within their context, and the importance of local culture in determining and shaping local rituals.[173] Despite a few exceptions, such as those described above, this body of literature in Pakistan is sparse. As the review of the literature in section 4.4 demonstrated, studies on Islamic practice in Pakistan (particularly on health) are heavily under-theorized. The body of literature on the anthropology of Islam informed my understanding of how Islam is practiced. This perspective, moreover, emphasized the importance of describing locally-situated Islamic beliefs and practices in Nashpatai Kalay (see Chapter 6).

1.6 Research Questions and Objectives

Despite the large amount of scholarship on family planning in Pakistan, there are several gaps in our understanding of fertility practices. The family planning literature demonstrates that there is a clear reluctance to use contraceptives, which may be grounded in the contentious

nature of fertility control. Dominant approaches to the investigation of family planning practices have relied upon survey data and service factors. As described above, missing from the literature is a nuanced examination of the demand factors that influence decision making while situating these decisions within their larger social and political economic context. The existing body of literature, primarily from public health and medicine, has ignored the importance of beliefs and values on fertility decisions. At the same time, it has neglected to understand the importance of social forces such as structural poverty, insecurity, and social exclusion on reproductive strategies. Through the literature review, I have outlined the many forces that shape and inform the family planning landscape in Pakistan. My dissertation will investigate how these forces converged in a village in Khyber Pakhtunkhwa to inform reproductive health decisions. In order to unpack the role of these forces, my research will focus on achieving several objectives:

1.6.1 Research Objectives

1.6.1.1 ***Conceptual objective:*** *To unpack the ideologies specific to Islam in practice, and elaborate the values, beliefs, and expectations contributing to participants' reluctance to use contraception.*

1.6.1.2 Empirical objectives:

1.6.1.2.1 To unravel whether fertility is considered within the locus of control and what values form the basis of this judgement

- What values influence notions of fertility control?
- Is contraceptive use a conceivable choice?
- What is the role of fatalism on fertility control?

1.6.1.2.2 To unpack the influence of Islamic beliefs on fertility control and choice

- How do Pakistanis understand the position of Islam on active fertility control?
- How do individuals' understanding of Islam affect their contraceptive method choice?

- Are certain contraceptive methods more acceptable because they are considered inactive fertility control?
- How do women reconcile 'Islam in Practice' and their fertility practices?
- What is the process of religious renegotiation and fertility control?

1.6.1.2.3 To determine what considerations (i.e. specific ideological, socioeconomic class, security, or logistical) determine how individuals make fertility choices.

- How are ideals surrounding family size, spacing of pregnancies, and gender mix of children influenced by one's extended family network and community? How do these ideals influence contraceptive choices?
- What is the role of the perceived social acceptability of contraceptives on use and method choice?
- Is aversion to specific methods partly responsible for the high unmet need for contraceptives that exists amongst poorer women in Pakistan?

1.6.1.2.4 To investigate how identity influences contraceptive use and method selection.

- What role does identity as a Muslim, Pakistani, Pakhtun, or as a member of a specific tribe, play in decisions surrounding contraceptives?
- How does belonging play into contraceptive decisions, specifically the concealment of contraceptive use?

1.6.1.2.5 To determine who is included in fertility decision making and how responsibility is allocated.

- Are mainly male contraceptive methods chosen because women consider fertility decisions the husband's responsibility? If so, then what underlies this assumption?
- Amongst women who have an unmet need, is the unmet need because of their husbands' resistance to use of contraceptives or a lack of inter-spousal communication?
- What are the underlying reasons for the lack of communication about contraceptives between husbands and wives?
- What is the role of in-laws on contraceptive use and method choice?

1.6.2 Overview

By using empirical data collected in a village in Khyber Pakhtunkhwa, my dissertation demonstrates the need to situate contraceptive decision making in the wider socioeconomic, political, and ideological landscapes within which these decisions occur. More specifically, it establishes how understanding systems of power is integral to unpacking fertility decisions. The

body of my dissertation describes four key aspects of family planning decision making. First, it unpacks family size ideation and the considerations that feed into these ideals. I build upon the Pakistani and global research precedent describing son preference and emphasize the importance of precarity as related to poverty, social status, and insecurity. The second and third papers unpack two belief systems that influence family planning behaviour; Islam, and geopolitical considerations. My second paper nuances our understanding of Islamic restrictions on contraceptive use by describing how my respondents negotiated and reconciled their contraceptive use with their beliefs. My third paper describes the political dimension of family planning programming in Pakistan by relocating it within global and regional geopolitics. Lastly, I describe experiences of contraceptive side-effects and their role in method choice. My paper challenges biomedical approaches to the body and calls for a culturally situated understanding of contraceptive side effects. Overall, my dissertation illustrates the value of interdisciplinary approaches in nuancing our understanding of family planning use.

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2 Chapter 2: Methods

2.1 Overview

This chapter provides an overview of my research methods. I begin by giving an overview of the study procedures, and the general demographics of the respondents. Lastly, I provide a detailed description of the data collection and analysis.

2.2 Overview of Study Procedures

2.2.1 Choice of ethnography

I conducted a village ethnography using a critical ethnographic approach. Critical ethnography, which is both a theoretical position and a research method, is often described as "traditional ethnography with a political agenda."[1] Traditional ethnographies seek to document the lived experience of individuals.[1] They work to detail and understand the culture as insiders understand it, thus providing an *emic* perspective.[1] Ethnographies have key features that distinguish them from other forms of qualitative research. First, ethnographies use participant observation and interviews as their primary data collection sources.[2] Longitudinal engagement with the community allows ethnographers to observe and interact with participants in a number of several different 'real world' settings. Such prolonged engagement allows insights into how participants behave in different situations, their reflections on their behaviour, and their management of self, identity, and social interactions.[2] During this process, the ethnographers are both "children and students." Through their ethnographic work, they aim to not only learn from their participants, but also understand their participants' lived experiences as they themselves do.[3]

Critical ethnography shares many features of ethnography, including the methods and analysis, and, in particular, the core rules that govern ethnographies.[53] However, critical ethnographies have an added layer of analysis. As Thomas states, “conventional ethnography describes what is; critical ethnography asks what could be.”[53]

Critical ethnographies are rooted in critical theory.[1,4] At their core, critical ethnographies connect the experiences of participants to overt and, also, underlying power structures.[1,5] They work to disentangle “the meanings of the meanings” as they relate to institutions, power, and knowledge.[1,5,6] A critical ethnographic approach allows the exploration of how ideologies are maintained by power structures, and to whose benefit these structures operate.

A critical approach is person-centered, which has potential for emancipation and transformation.[7] This approach centres the voices of the oppressed in the inquiry.[8] The emancipatory potential of critical ethnographies lies in their ability to destabilize our certainty and other forms of cultural domination.[1] In the biomedical literature, it can force us to come to terms with the assumptions underlying our science.[1] Critical ethnographies also deconstruct the role of ideology in creating reality.[4] Unpacking and understanding systems of power as they permeate the lives of our respondents is essential.

Critical ethnography proved to be the best tool to understand family planning use within Pakistan.[9] Ethnographies allow for a *thick*[9] description of the cultural context, and critical ethnographies allow this kind of description while situating the context within greater power structures. Pakistan is a postcolonial context with a strong class system. Family planning is highly politicized and implicated in geopolitics and systemic and structural issues in Pakistan. In order to unpack family planning decision-making, one must disentangle it from the underlying power structures. In the context of our study, I focused on unpacking the dominance of

biomedicine and the complex geopolitical context within which health was embedded. By centering the experiences and lives of our respondents, I was able to understand how family planning discourse in Pakistan propagates certain ideas about groups such as our respondents (i.e. the rural poor). Public health research focuses on improving the health of population, which necessitates an understanding of the factors that contribute to ill health. A critical ethnographic approach allows insight into many of these factors, including the systems of social exclusion and power differentials that sustain ill health.[10]

I applied the principles of critical ethnography to my work throughout various stages of the project. I was motivated by a desire to center voices that often are obscured in Pakistan, and that contributed to the identification of my research topic and study population. As a critical ethnographer, I focused on understanding different systems of power during the data collection and analysis. When identifying respondents, I considered the inequities and hierarchies within the village. Additionally, a reflexive approach unpacked how power differentials were perpetuated and maintained through my work (see 2.5).

My research operated under a social constructivist epistemology. Social constructivists acknowledge multiple truths, positing that reality is constructed through shared meanings and knowledge that is socially situated.[11,12] I, therefore, focused on paying attention to the grand narratives that governed our respondents' lives. In particular, this included uncovering tacit power relations, and their role in reproducing social inequities.

Overall, I chose a critical ethnographic approach because of its emancipatory potential.[1] I believed strongly that centering the stories and lives of respondents in my research could work to push back against dominant narratives about the health decisions of individuals who are poor, rural-dwelling, Pakhtun, and Muslim.[8] The results from my dissertation have generated four

manuscripts that I intend to publish in scientific journals. I hope that my work will inform health policy and programming that addressed the self-identified needs of these groups and encourage those working in health in Pakistan to trouble their assumptions about the populations they work with.

2.2.2 Data sources

Data sources included document review, participant observation, field notes, and in-depth semi-structured interviews. These different data sources played distinct roles in the generation of my results (see 2.3). Document review was essential in developing a knowledge base on my topic of investigation, which included scientific and grey literature (i.e. program reports and news articles). These data sources also allowed me to understand the dominant discourse surrounding family planning in Pakistan, which was fundamental to unpacking how family planning discourse constructed individuals like the residents of Nashpatai Kalay. On the one hand, participant observation allowed my research team and me to unpack hierarchies and inequities within families and the village. This information formed the cornerstone of our social landscaping of Nashpatai Kalay. Participant observation lent insights into the norms of behaviour. Field notes, on the other hand, described not only our activities, but also we used them to document hunches, interpretations, and points of clarification. The field notes helped to inform our analysis and the results as they emerged. Lastly, in-depth interviews formed the core of the results. This step allowed our participants to recount, in their own words, their views and experiences of contraceptive use. As a critical ethnographer, it was essential for me to center the perspectives and voices of our respondents.

2.2.3 Timeline

Preparation for my fieldwork included an in-depth document review. The first month in Pakistan was focused on arranging the in-country logistics for my fieldwork, which included first speaking to members of the Department of Anthropology at the University of Peshawar to ask for their assistance in identifying potential research assistants. After conducting interviews, I identified and hired two research assistants (one male and one female). After I had trained the research assistants, we made our first team trip to our field site. We began our fieldwork in late September. The months of October and November were focused on developing rapport with our respondents and understanding the social forces at play in the village. In December, my male research assistant accepted a new job and notified me that he would be leaving our research project in January. I identified and hired a new male research assistant as soon as possible. The new research assistant joined the team in January. The two research assistants worked together for a short period of time. In December, we began to broach the topic of family size preferences and contraceptive use with our female respondents. At first, we found that we were receiving *expected* responses about family planning and contraceptive use. After speaking with my supervisor, we reached out to one of my committee members who provided advice on how to adjust our data collection techniques to increase comfort and disclosure. These approaches allowed us to further delve into the research topic and improved the quality of data we received. We completed our first round of data collection in May 2014. Between June to December of 2014, I focused on transcribing and analyzing my data. I returned to the field site for a second round of data collection in December 2014, and once I hired research assistants they joined me in the field. I was in the field until April 2015.

2.2.4 Respondents

My study included 76 respondents (41 women and 35 men) of which eight were married couples. We aimed to include more married couples but were unable to do so. Most commonly, this inability was because one member of the couple was unwilling to discuss family planning. In some cases, particularly if a woman referred to her husband as *ghusanaak* (angry)[13] which, within the cultural context, describes a violent man with a temper, then we did not approach the man for inclusion in the study. We undertook this precautionary measure to protect the woman's safety. Although contraceptive use was common, it was still politically-charged, and we had to be cautious about not being perceived as pushing an agenda. For instance, when my male research assistant asked questions about family planning to one of the men in the study whose wife was also a respondent, he replied with, "Oh so that's where my wife has gotten all these ideas; that's what they keep talking to her about." It was his nature to joke, so the comment was merely for comedic effect. However, it showed how he connected our questions with his wife's fertility practices despite her previous contraceptive use with his knowledge. Most men in the village, unless they had been personally interviewed, thought our research was generally about health. In contrast to women, most male respondents did not disclose the details of our interviews to other men, which speaks to the gendered norms that govern speaking about contraceptive use. We wanted to ensure that women felt safe speaking to us, and that we did not compromise that by inappropriately engaging their husbands. Considerations about safety and willingness to discuss the topic area factored into which married couples we included in the data collection. Couples were interviewed separately.

Women were an average of 38 years old; the youngest woman was 22 years old, and the eldest was 65 years old. Men were an average of 43 years old; the youngest man was 18 years

old, and the eldest was 78 years old. Although we were able to interview individuals who ranged from 18 to 78 years old, as demonstrated by the average age of respondents (women 38 years old, men 43 years old), many of our respondents were older. The age range of our participants reflected the willingness of older respondents to discuss fertility and contraceptive use and their knowledge of the subject matter. Despite the lack of any noticeable differences between younger and older respondents, since we did not conduct a comparative analysis between age groups, it is worth noting that our findings may not reflect the beliefs of younger men and women in Nashpatai Kalay. A unique advantage, however, of older respondents is that they are currently or soon-to-be in-laws, and in turn, their beliefs may have implications for the contraceptive use of their children and spouses (see section 1.4.2.5 Gender Politics and Family Planning for further information on the role of mothers-in-law on fertility decisions).

The mean number of children was 5, ranging from 0 children to 15. Condom use was the most common contraceptive method, with the second most common being withdrawal. Similar patterns in method mix were seen among men and women with the exception of rates of condom and withdrawal use. Men reported higher rates of condom use and lower use of withdrawal than women. Underlying these differences in rates may be the social stigma men experience as a result of withdrawal use (see 8.1.1 for further details), it is conceivable that as a reflection of this stigma men who use withdrawal as their primary method reported condom use instead. The study included one woman and man who had ever been a contraceptive user (see Table 2.1 for full respondent details).

Table 2.1 Description of respondents

	Age (mean)	**Number of living children (mean among married respondents)**	**Socioeconomic Status[§§]**	**Method Mix**
Men (35)	42.6 years	4.8 children	Low 20% Middle 40% Upper 22.9% Unknown 17.1%	Sterilization 8.6% Condom 22.9% Withdrawal 8.6% Injections 8.6% Non-user (unmet need[***]) 17.1% Unknown 2.9 % Pills 0% IUD 0% Warm methods 0% Non-user (no unmet need) 31.3%
Women (41)	38.0 years	5.7 children	Low 39% Middle 41.5% Upper 19.5%	Sterilization 7.3% Condom 9.8% Withdrawal 19.5% Injections 9.8% Non-user (unmet need) 9.8% Unknown 4.9 % Pills 4.9% IUD 2.4% Warm methods 2.4% Non-user (no unmet need) 29.3%

The method mix of our respondents was fairly similar to the method mix found nationally for ever married[†††] women.[14] The rate of withdrawal use (27.6%) among respondents, however, was significantly higher than the national figure of 8.5%.[14] Overall, rates of contraceptive use in Nashpatai Kalay were also higher than national averages, which report an unmet need of 26.2%

[§§] Socioeconomic status was roughly determined by the number of assets a family had, including items such as motorcycles, cars, metal gates, televisions, sewing machines, washing machines, livestock, bed sets, toilets, and water pumps.

[***] Unmet need refers to an individual who has a desire to limit or space their pregnancy but is currently not using any contraceptive method.

[†††] Ever married women refers to any woman sampled who was or is currently married.

among married women of reproductive age in rural Khyber Pakhtunkhwa.[14] In contrast, only 9.8% of our female respondents described an unmet need.

2.3 Methodology

This section first provides a brief overview of the methods used in this ethnography, followed by a detailed description of the phases of the study and how each of the methods were applied.

2.3.1 Document Review

Preceding my fieldwork, I immersed myself in texts describing qualitative research methods. As a novice qualitative researcher, I had limited exposure to qualitative methods; my only formal training was a one-semester introductory course on qualitative research. I reviewed several texts on ethnographic interviews and methods to ensure that I was adequately prepared to conduct my fieldwork in a rigorous manner. I also familiarized myself with the family planning literature in Pakistan. Initially, this was primarily focused on the scientific literature. I expanded this to include reports conducted by groups such as the Population Council and Jhpiego. Document review continued throughout my data collection and analysis. As I delved deeper into my analysis, I found myself expanding the literature base that I used. My disciplinary approach was primarily informed by public health. Initially, I found myself primarily relying upon this literature base and analytical techniques. However, I began to pull upon other disciplines, particularly medical anthropology, to inform the approaches that I employed to analyze my data.

2.3.2 Participant Observation

Participant observation is a method of data generation in which the researcher observes individuals as they participate in their daily lives, generating evidence about everyday life in that context. Additionally, this strategy fosters trust between the participant and researcher.[57] The period of participant observation is also essential for the enculturation of the researcher.[57] Although enmeshed within the community, we retained our scientific persona as we observed day-to-day life, questioning the assumptions underlying behaviour.[53]

As "participants as observers," we became part of the community and engaged in *gham khadi* (sad and happy events).[13,15] We were held to the same expectations to actively participate in the community as were other community members, and would receive *geela* (voicing of offence) if we did not. However, there were limitations to the level of our participation; the villagers were still acutely aware that we were outsiders to the community, and when attending events or visiting homes we would be treated as special guests. More importantly, the expectation that we would participate in *gham khadi* was, in fact, a reflection of our unique social status in Nashpatai Kalay. Traditionally, unmarried women are not expected to participate in *gham khadi.*[13] However, our unique position as researchers who asked questions outside the scope of the expectations of unmarried women meant we were held to other cultural expectations reserved for married women.

We observed interactions with the research question in mind, paying particular attention to the interactions across family hierarchies, socioeconomic groups, and between genders. In observing these interactions, we aimed to access information about family dynamics and village hierarchies. Interactions between different individuals within and across families, socioeconomic groups, and genders were of special importance as they helped to describe power structures

within the village. We noted observations, particularly any that provided grounds for probing when conducting in-depth interviews. For instance, through participant observation we were able to gain insights into rivalries between sisters-in-law, animosity between families, and the hardships of village life. In turn, we were able to contextualize reproductive strategies within the cultural context of the village. By observing the subtle nuances of community interaction, we were able to understand the unspoken knowledge and values that underlie culture in this context. A total of 242 participant observation notes were recorded. In addition, 109 informal interviews were conducted. These informal interviews included casual conversations about the village and cultural context.

2.3.3 Field Notes

My female research assistant and I met nightly to reflect on our interactions during the day. We discussed our feelings, hunches, confusion, and interpretations, which we documented in field notes, both in audio and text versions. My two (female and male) research assistants and I would speak daily in the afternoon about the male data and share our insights from the discussion of the female data. My female research assistant and I had a vastly different schedule than my male research assistant. We found that the best time to speak to our female respondents was during the day. Often in the evenings, we were an imposition. Women tended to their husbands and would not be able to sit and speak with us. In contrast, my male research assistant had trouble locating male respondents during the day, as many would be working in the village. However, later in the evenings, men would meet to socialize, and it was easier for him to coordinate with respondents. It was the most socially appropriate, moreover, for my research assistants and me to meet in the afternoon. I was concerned about giving the impression of impropriety if I met with my male research assistant in the village for hours in the evening. Any

evening meetings that were conducted were held in my grandfather's house in Mardan, because the villagers believed that my grandfather was monitoring our behaviour.

We audio recorded these discussions. On a biweekly basis my female research assistant, my male research assistant, and I would have a meeting lasting several hours where we would discuss the themes that were emerging, concepts to be further probed, and the general happenings in the village. These sessions were recorded in text and audio, and these discussions informed my later analysis.

2.3.4 Semi-Structured Interviews:

Interviews are a powerful tool through which one can access the tacit knowledge held by members of a specific culture.[3] Ethnographic interviews encourage the respondents to use their own language to explain their experiences and cultural knowledge to the researcher.[2,3] The ethnographic interview differs from other types of speech in that it has an explicit purpose, offers ethnographic explanations for the interactions, and uses specific devices such as ethnographic questions.[3] Ethnographic questions have a specific structure that allows an understanding of the cultural context as an insider.[3]

A semi-structured interview guide (see appendix 1) that focused on family planning informed the interviews. Semi-structured interviews are recommended when there is a large literature base on the topic of investigation from a which a researcher can draw on to inform the interviews.[5] Although a semi-structured interview guide is informed by the literature, this interview strategy is flexible and allows interviewers to probe different ideas and topics as they arise.[5] The semi-structured interview guide included questions about fertility control, method choice, family size preference, and religion. Several couples were included within the study, as a

practice we conducted interviews with female respondents first to assess her husband's potential willingness to discuss family planning. We assessed the receptiveness of the husband by listening for cues from the wife about her husband's nature. During the course of the interviews, we learnt about her relationship with her husband and his attitude towards family planning. If we thought that speaking to her husband about family planning would not endanger her or cause her any issues, then we asked our male research assistant to see if the husband was amenable to being interviewed. Initial interviews with both men and women focused on general attitudes towards family planning and method choice. During these first interviews, we told respondents a fictional story about a woman who was considering whether she should limit or space her children. They were asked to advise the woman on what she should do, how she should seek out contraceptives, and whether she should discuss it with her spouse or any other relatives. By using this scenario, we were not only able to collect perspectives on family planning, but also on the expected roles of men and women in the decision-making process, particularly as it related to family size. It also allowed a non-confrontational way to broach the topic of family planning. The story technique allowed respondents to describe, in their own words, what influenced their fertility decisions. Ideas that emerged from the story scenario were further probed and informed our subsequent interviews.

2.4 Data Collection

2.4.1 Arrival

I arrived in Pakistan in early September 2013 prepared to conduct research for my PhD thesis. The political context and resultant insecurity in Pakistan had meant that the University of Alberta was reluctant to allow students to conduct research in Pakistan. In previous years,

students who had planned to conduct research in Pakistan were forced to change their plans. After discussions between my supervisor and the administration, an MSc student and I were given permission to go to Pakistan for our data collection. I had chosen to conduct my research in Khyber Pakhtunkhwa, given my Pakhtun ancestry and Pakhto fluency. Nevertheless, this area of Pakistan was and continues to be particularly insecure. As a young female researcher coming from the West, family and colleagues were especially concerned for my safety. My inexperience conducting fieldwork in this area meant I relied upon the experience of others. After consulting with relatives who live and work in these areas, I decided to conduct my research in a village where my grandfather owns land and is an elder in the community. Although I was aware that my family ties to this field site would introduce added complexities, it was still the best option to manage security concerns.

To assist in my research, I hired research assistants. Over the course of 13 months of data collection, I had two female research assistants and three male research assistants, four of whom had MSc degrees in anthropology, and one who had a degree in engineering but a background in participatory community projects. Throughout the data collection, I only had one female research assistant and one male research assistant working directly on the project. The only exception was a short period of time when my male research assistant was offered a permanent government position, and I hired a new male research assistant. My research assistants were vital to my work, especially so in the first year when establishing relationships. My first female research assistant worked with me during my first round of data collection. Previously she had worked in the area near our field site, and consequently was familiar with many of the cultural norms in the village. This previous experience was particularly useful because, during our first introduction to the field site, the villagers were very focused on evaluating our behavior to determine if we were

trustworthy. My second female research assistant did not have much experience conducting primary data collection. However, by that stage I was already very familiar with the field site and village norms and was able to facilitate her transition. Being from the city also meant that the community perceived both female research assistants as wealthy.

My two male research assistants who worked with me during my first round of data collection had a lot of exposure to rural life and were well versed in Pakhtun culture. The first male research assistant lived in Peshawar but was from Malakand. His family was split between the city and the village, so he had spent a great deal of his youth in the village. Initially, his background caused several points of confusion. Although Malakand district is only one to two hours away from our field site, there are substantial differences in language and terminology. The second research assistant lived near Takht-i-Bahi, which is approximately 15 minutes away from my ancestral home. As a result, he was closer in cultural context to the field site. Similar to our respondents, he was also a member of the Mohmand tribe. Since he lived outside of the city, he had grown up in a context very similar to Nashpatai Kalay. My last male research assistant who worked with me during my second round of data collection was my first female research assistant's cousin. The familial connection between these two helped to facilitate his rapport in the village because my previous female research assistant was well liked. He was my only research assistant who did not have a background in anthropology but was an engineer who had worked in development projects that used a community-based participatory approach in Kaghan valley. Additionally, he was my only research assistant who was married and had children. His marital status was particularly helpful as he was able to share his own experiences with family planning when building rapport and interviewing respondents.

My research assistants were understood to reflect me and my work. If they had been disliked by the villagers or seen as untrustworthy, this would have been a large impediment to my work. Because they were well liked, their association added credibility. The friendship between myself and my first female research assistant helped to address my higher status because of my grandfather. Our casual way of interacting emphasized to respondents that they need not keep a formal distance.

2.4.2 Phase One: Rapport Building

2.4.2.1 Objective

This phase of the research focused on introducing myself and the research team to the village, establishing rapport, and conducting participant observation. The first three months of our work was focused solely on rapport building. However, our relationships with different families and family members developed at different speeds. Consequently, the rapport building phase extended into our interview phase by approximately three to four months. During this stage, we identified who was included in Phase Two of the data collection. Participants were purposively selected, focusing on individuals who best could contribute to the understanding of the research question, including individuals with different socioeconomic statuses, family planning use, and number of children.

2.4.2.2 Description

Our arrival in the village was met with excitement. My presence was considerably out of the ordinary. Despite my ancestors' association with the community, no female family member had ever walked the village streets. Children from throughout the village would follow us house

to house as we travelled, peeking into the doorways of houses to watch us. Our presence, our dress, and manner of speech were all a novelty. We carried purses, had cell phones, and travelled in our own car. This behavior was unusual for village women, especially for unmarried women. We could not circumvent these behaviors, as they were essential to our fieldwork and safety. However, they only served to increase the distance between us and our respondents. These behaviors were typical of upper class individuals, so our respondents saw our actions as a reflection of being typical elites. We took several efforts to decrease the distance between ourselves and our respondents. We dressed in loose long-sleeve shirts and wore only traditional pants. We left our nails short and unpainted, wore no makeup, tied our hair back, and covered our heads, including veiling our faces when walking in the village. These behaviors were atypical for the elite and caused the villagers to reflect on the other ways we may be different from other elites they may have met. The power differentials between myself and my respondents required a more reflexive approach wherein we paid attention to how social status influenced our interactions with our respondents. In particular, we needed to ensure that our respondents did not feel any pressure to speak with us or entertain us. We were sensitive to subtle cues that indicated we were unwelcome such as not engaging in conversation, or delays in serving tea.

Rumors abounded as to why we were in the village. Villagers suspected that we were working for an NGO, building a hospital, or distributing charity. Expectations of financial remuneration were something we were forced to continuously address. In our initial visits, we found several individuals lying about their financial status and assets. We later learned that individuals who had lied in their documentation for the Benazir Income Support Program had received additional money. Many told us that villagers had suspected we were from a similar program which is why they had initially withheld so much information. Understanding the

factors that contribute to an informant lying gave key insight into the underlying context.[16] Individuals tell lies as a means to ensure they are treated a particular way within a specific cultural game.[16] In Nashpatai Kalay, these lies reflected the economic disparity between our respondents and the elite (which included us). We, once again, would learn important insights from lies when we spoke to individuals about their family planning use and family size preferences and they repeated the ideal family size promoted by the family planning program.

Attempting to explain my work proved difficult. The majority of villagers had limited education, and most women were illiterate. As such, most respondents were unfamiliar with a PhD and dissertation. In an effort to explain, I would tell the villagers that just as their child was in Grade 1, I was in Grade 17. In order to complete my education, I had to write a book. I would explain that this book would focus on health, particularly women's health.

My drivers became key resources, as did the son of a village elder. The choice of these individuals was mainly because of their long-standing relationship with my grandfather and willingness to support our research. These individuals were also the only men with whom I, as a woman, did not observe purdah[‡‡‡]. I could directly speak to them, albeit not about family planning but about the cultural context. The drivers would sit outside the homes where we were conducting interviews, and as such would observe and learn about the events and happenings within the village. One elder played a vital role in our research; he managed my grandfather's lands, so I had met him numerous times since childhood. His home became our base, and we were able to go there at any time for however long we wanted. His wife took on a maternal role to us and would tell us if there had been some type of bereavement or celebration. During our

[‡‡‡] Purdah refers to the segregation of women from nonfamilial men. Women are expected to veil when in the presence of nonfamilial men. It is considered inappropriate for women to speak to unrelated men and reflects on their character if they do.

initial visits to the village, we would also direct people to speak to this elder about our work. Much of the community was initially wary and unsure if we were who we claimed to be. During our first month of data collection, the elder would sit with my driver near where we were performing our home visits. Their presence, particularly that of the elder, signaled to the whole village that we were not alone, and that we had support from within the village. Having powerful male supports added validity to our presence in the village and helped assuage any doubts about our intentions. The elder's support was particularly important because it aligned with cultural expectations. However, aligning ourselves with this elder had implications for how we were perceived in the village and served only to cement our social status. He also policed what occurred in the village and would complain to other men if their wives were violating societal norms. During one visit to a household, an elder woman wanted to come with us to visit other houses. When she peeked outside and saw the elder in the vicinity, she decided not to join us because she was unveiled, and she told us that the elder would yell at her. The elder was also implicated in village politics, and it was only after several months of immersion within the village that we learned about the elder's conflicts with our villagers.

Hospitality is a key part of Pakhtun society, so regardless of whether individuals wanted us to stay, we were almost always given tea and offered a meal. Throughout our data collection we became very adept at picking up on the subtleties of how individuals could express their displeasure of something without explicitly voicing it. For instance, if a woman did not really want us to be at her house, she would just sit in silence despite our attempts at making conversation. If individuals felt we did not visit them as often as they would like, then they would tell my driver who would relay the message. Because of my grandfather's position, villagers constantly asked us to visit because people saw it as a testimony to their status in the

village. These requests could be problematic; for example, often men would insist we visit their homes, yet the women in their household would not want to participate in the study. Several afternoons were spent in such situations since they were necessary to maintaining good rapport in the village. My relationships with individuals were never neutral, as they continued to be intertwined with my position as Khan's granddaughter (see below for further discussion on how social roles influenced interview responses and discussion on the social connotations of Khan). Regardless of how I attempted to be a villager, there was always status associated with choosing to or not to visit a home. It was uncomfortable to realize how my very presence recreated inequities.

There were, nevertheless, some benefits to being associated with my grandfather. Community acceptance is difficult to obtain as the villagers are cautious about outsiders, but being Khan's granddaughter helped facilitate trust. Because of my grandfather's positive reputation, the villagers offered us confidence that they did not to complete strangers. For example, when my supervisor and her research manager came to visit our site, the community widely spoke about their visit. The next day we noticed that people who usually ignored us were staring at us, particularly young boys. We were unsure as to why there was this sudden shift--whether it was related to concerns around our work, or because my supervisor and her research manager did not veil their faces. I spoke to a member of my grandfather's staff with strong ties to the village about the change in atmosphere. When I asked if people were upset with us, he replied, "Don't worry if you're doing good or bad; no one can hurt you." It was the first time that he had mentioned the possibility that we may be doing 'bad,' as he had been one of the biggest supporters of the 'good' work we were doing. It may have also been a way for him to assure us that we would be protected and need not worry. However, my research assistant and I were

particularly uncomfortable in the village. Although I was not especially worried about our physical safety, I was concerned about our reputation. I was at a loss about how to move forward since we had already exhausted our key source of village information. I decided to talk to my mother who had grown up in the cultural context. After explaining the situation, she believed that the visit may have shocked everyone, and giving them some time so it was not at the forefront of their memories would help. We decided to take a few days off from the village to let things calm down. This sharp reaction reflected the skepticism of the villagers to outside forces. This skepticism likely was rooted in the sentiment that many Pakhtuns hold that they are neglected and taken advantage of in Pakistan. This sentiment resurfaced later, so before I left the village I made it a point to reconfirm consent with our respondents to ensure they had not changed their minds or would like something omitted. All gave their consent again, but one asked me to be careful of the data since she was worried that Americans might get a hold of it and something might happen to her. When the community viewed me as a standalone entity they were not worried, but as soon as I was associated with groups in Punjab and abroad there were doubts (see Chapter 3 on the village context for more information on the relationship between Pakhtuns and Pakistani state.)

2.4.3 Phase Two: In-depth interviews

2.4.3.1 Objective

The primary objective during this phase was to delve into the topic of family planning and access the respondents' emic knowledge of the topic. Our initial approach to this area of investigation was primarily guided by our research objectives from a public health lens. As we began to further delve into ideas around family planning use, we were forced to address our

assumptions. This necessitated interrogating these beliefs rooted in public health and understanding how they shaped our approach to the topic. We identified respondents in Phase One and included individuals with a variety of socioeconomic statuses, religious views, family sizes, and contraceptive uses. Special attention was given to include husband-wife pairs. Respondents were interviewed multiple times, with each interview lasting a minimum of two hours. This immersion gave our data depth and insight into the topic. Observation continued to be an essential aspect of this phase. A total of 197 in-depth interviews were conducted.

2.4.3.2 Description

Broaching the topic of family planning was difficult. Being unmarried was a barrier to disclosure because some of the respondents felt that as an unmarried woman I should not have knowledge of this topic area, while others felt uncomfortable discussing these ideas with an unmarried woman. However, we were able to address their concerns by explaining that I was going to be a doctor by the time I was done this degree, just not the type of doctor that helps a patient--the kind that helps society. Culturally it was understood that doctors know about reproduction because of their work. As soon as we recognized any discomfort, we would offer this explanation. My social status also allowed me to challenge and push back against some of the expectations of what an unmarried woman should do, as it was also well known that elite women did not adhere to *purdah* as strictly as the rural poor. The barriers I experienced as an unmarried woman initiating conversations about family planning reflected a culture of silence among unmarried women around fertility. Unmarried women were often unaware of how to control their fertility. One female respondent shared that she lacked an understanding of how to control her fertility until several years into her marriage. Her mother-in-law had never used contraceptives and, therefore, was unable to teach her about contraceptive use. The silence

among unmarried women about topics of fertility was adhered to so strongly that young unmarried women were even reluctant to discuss their family size preferences. This reluctance was partly because marriage was believed to be something unwanted by young women, and to express a desire for marriage or children had implications for a young woman's reputation and character. As we learned, unmarried women's lack of knowledge about contraceptives and fertility could have serious implications for their ability to advocate for their reproductive health after marriage.

We faced an additional barrier ascertaining information about contraceptive use in certain households where a pair of sisters-in-law were both respondents, in some households, one would dominate the conversation and not allow the other to share her opinion. In such situations, my female research assistant and I would split up, and I would speak to the woman whose opinion was being overshadowed. These interactions allowed for keen insights into family dynamics and the role that they play in fertility. My male research assistant had an easier time speaking to men alone as their mobility and cell phone access allowed for coordination of the interview process.

As interviews progressed, it became easier to broach the topic of family planning. The community accepted our line of questioning; in fact, they were amused by our insistence on discussing family planning. During my second round of data collection, while sharing a cup of tea with an elderly woman in the community, she told me that several months ago her nine-year-old granddaughter asked her where babies came from. The elderly woman had laughed and said, "Oh you've become like Anushka too, asking all these questions?" This anecdote emphasized the degree to which my focus on family planning had been accepted.

After the initial story exercise, we would tell respondents that we may return with further questions and ask if that was okay. Overwhelmingly, they were happy to oblige. As we continued

our research, new ideas and concepts emerged. We would bring these new ideas to respondents to deepen our understanding of the data. This iterative process continued until we reached saturation.

Other issues that emerged through the research process will be discussed in the section on reflexivity and insights.

2.5 Reflexivity and Insights

As a critical ethnographer, my theoretical perspective was informed by critical theory. I did not align myself with a particular critical theorist; instead, I pulled upon a variety of theories as were necessary in my work.[17-20] Foucault's work on power and discourse informed much of my analysis, particularly his work on power relations and how they are reproduced in society.[19,20] He contends that power is productive-generating ideology that society universally holds true. Foucault believed that individuals are complicit in power systems, sustaining and reproducing them. His work on biopower describes how the body is controlled and shaped through social norms as a way to control population.[19,21] Biopower offered critical insights into how family planning programs seek to regulate fertility practices and behaviours. Foucault's work on biopower and governmentality informed the theoretical lens for one of my papers (see Chapter 5). I also used Iris Marion Young's work on the five faces of oppression as a useful framework to understand multilayered oppression.[17] Young's work describes the five ways oppression can manifest, including exploitation, marginalization, powerlessness, cultural imperialism, and violence.[17] Gayatri Spivak's work on the subaltern informed my understanding of the intersection between gender, class, and race.[18] Antonio Gramsci first coined the term subaltern using it to describe a group that has limited voice and are excluded from participation in institutions.[22] Spivak, in her work, furthered the concept of the subaltern, providing a distinction

between the oppressed and the subaltern.[18] She further critiqued Western academic studies of the subaltern, particularly certain types of feminism, arguing that they reinforce the relationship between the colonized and colonizer.[18] For Spivak, the importance of representation is key, in that she disagrees with Foucault that the "sub-proletariat" can speak for themselves. She uses the example of *sati* to describe how the subaltern can be voiceless.[18] Spivak argues that changing the structural systems that do not allow the subaltern to speak is the way to address voicelessness.[23] These works provided me with the conceptual apparatus through which to unpack oppression and power in Nashpatai Kalay and informed my understanding of the social landscape within which respondents made family planning decisions.

In my work, critical theory was meant to refer to the belief that all thought and language is ideological, and that individuals fail to recognize the role of ideology in their behaviour.[1,4,24] The critical ethnographer teases out this hidden agenda, and understands how imbalanced power relations are reproduced and maintained through ideology, which works to limit the full participation of certain parts of society.[1,4,24] Critical ethnographers believe that research unintentionally reproduces systems of class, gender, and race.[4] The ontological assumption of critical thinkers is that there is 'something' out there that can help us penetrate everyday life and reveal the oppressive agenda underlying it.[1]

2.5.1 Negotiating Insider/Outsider Space

A large body of literature has described the complex politics associated with researching a community to which one has previous ties.[25-28] [29,30] This literature has problematized the insider/outsider dichotomy, and instead described how as a researcher moves in and out of these roles during different interactions, and at times during the same conversation. My fieldwork was initiated with the underlying assumption that I was, at least partially, an insider to the

community. However, I was forced to revisit this assumption. I was entirely unaware of the ways that my class and status had generated my understanding of Pakhtun culture and life in Khyber Pakhtunkhwa. For instance, although fluent in Pakhto, I realized that my dialect and vocabulary were deeply reflective of my social status. I spoke Pakhto as upper-class individuals in urban centers do, occasionally interspersing English and Urdu words in my speech. My first few weeks were full of learning new vocabulary and turns of phrase. My initial missteps were a source of entertainment for some respondents. Several months after I had started my fieldwork, one of my respondents shared how she and her family had laughed about my mispronunciation of the name of a neighboring village.

In many ways, conducting research in my ancestral lands necessitated a deep interrogation of my personal identity, and the systems and forces of power that informed my understanding of my cultural background. As an insider to a community, the expectations around my behavior and engagement were different than that of an outsider.[26] When studying a culture or context where one has close ties, one needs an added layer of reflexivity.[25,31] The politics of representation also become especially important.[27] Conducting research in Nashpatai Kalay unsettled my conception of self, and as I reflected on how I was perceived in the village, it provided deeper insight into the cultural context. As I experienced, the self-examination that accompanies insider research can allow for a deeper investigation of the research topic.[26,31,32]

In Pakhtun society, lineage is very important. When one first meets a stranger, the stranger will ask questions to ascertain the other party's tribe. Tribal identity is patrilineal. The emphasis on lineage meant that I was consistently asked if my grandfather was my maternal or paternal grandfather. I was aware of son preference and the patrilineal nature of Pakistani society and an investigation of these factors were key aspects of my research project. However, they

were not part of how I understood my life. In contrast to norms, I identify more strongly with my mother's tribal identity. My mother is a Yousufzai from Mardan, and my father is a Daudzai from the Charsadda area. However, my father's family is very removed from his ancestral village. My paternal grandfather was in the government service, so my father moved around the country during his youth. My grandfather also had an untimely death when my father was young, before my father could learn about his ancestral roots. Pakhtun tradition would identify my tribal affiliation as a Daudzai. However, this identification does not resonate with me and if someone asked about my background, I would tell them that my family was from Mardan. Additionally, my expectations or relationships with relatives did not differ depending on whether they were maternally or paternally related. However, the questioning by villagers about my grandfather unsettled my understanding of my own familial relationships. I became strongly aware of the distance created between myself and my grandfather as his daughter's daughter instead of his son's daughter. On one occasion, my driver told me that a man's daughter's daughter is not even his blood. I found this phrasing very disconcerting. It was not how I viewed myself, and it was certainly not how my family viewed me, but it was how the society at large perceived me. This experience allowed me to reflect on the precarious nature of maternal relationships and its influence on female vulnerability.

It follows that my lack of brothers was a serious point of discussion in the village, evoking feelings of pity for my parents and myself. Several women suggested my parents try again for another child; others opined that my mother should find a second wife for my father, so he could have a son. Growing up in a feminist household meant that I was shielded from many of these criticisms. My mother jokes that her daughters are her sons, and my sister and I were raised with the strong belief that, as women, we were as capable as men. In addition, the division of

labour within our household was not strictly along gender lines. My sister and I learnt how to change tires, do household repairs, and yard work. My parents encouraged our educational and career pursuits and did not pressure us to marry or start families of our own. It was clear why I had never heard such rhetoric about sons in my own household. However, I questioned why I had never before had to grapple with these ideas despite numerous trips to Pakistan throughout my youth. Through this questioning I began to understand how my status shielded me from such criticism. Many respondents began to speak about how sons are more important if one is poor. I became aware that my status meant that I had access to resources regardless of my lack of a brother. Nevertheless, I still lacked the high social status of having brothers, and the pity and stigma were still present in people's minds. When introducing me to other villagers, often the third or fourth sentence would be, "She doesn't have any brothers." I was amused by this introduction but acutely aware of how the moniker of 'no brothers' was associated with me. I was able to imagine the amplified stigma of having no sons as a member of this community. As someone of Pakhtun ancestry, the community held me to expectations similar to other community members, and, as such, they signaled to me that not having a brother was something I should be ashamed of and mourning. The shame associated with sonless-ness was rooted in the valuation of the character of sonless couples. Individuals in the community say *khudai pejandaly ye* (God recognized you) to a sonless woman or man, meaning that God did not deem you worthy enough to have sons. The implication was that a sonless individual had a moral failing. For some respondents, my brother-less status was a demonstration of the mystery of God's ways, and they would say, "God gave your mother everything; couldn't He have also given her a son?" I learnt to perform sadness about my brother-less status from my initial interactions with the community, and when questioned I would reply that "a son wasn't written for my parents."

My family and their associated status also featured in my experiences in the field site. As the daughter of immigrants in Canada, I was raised in a middle-class home. My upbringing contrasted with the lifestyle my parents were used to. My parents both attended private boarding schools created for the elite. My paternal grandfather was a prominent government official, and my maternal grandfather was heavily involved in politics and held many senior positions. The power and privilege my parents were raised with in Pakistan was not a part of my upbringing. Yet once I started to operate in Pakistani society, especially within the village, I was seen as a member of a certain strata of society with the associated privilege. This privilege greatly clashed with my understanding of self. I was always aware of my parents' position in Pakistani society, but I saw it as located outside of myself. I felt no connection to that position, since my daily life in Canada was detached from this privilege. I was forced to grapple with how I had benefited and continued to benefit from my parents' status. I began to understand how I was an example of how lineage determines class and status in Pakistani society. Despite not relating to or seeing myself as a member of this group, as a result of my ancestry I could not escape membership in this group. In the same way, individuals who were not born into this group had difficulty entering it and could not escape their ancestry. In many ways, my connection to systems of power facilitated my ability to do my work by acting as a means of protection.

During my data collection, I found that I was living two very different lives at the same time. The 'trickster' identity describes the ways ethnographers take on multiple identities to reconcile the demands of their work.[33] In the role of the trickster, I practiced the behaviors that would allow my acceptance into a cultural context to which I previously was unexposed.[33] The entailments of such work can introduce ethical dilemmas, and to manage those ethical concerns I attempted to participate in the village context in ways that felt authentic (see 2.5.2). I spent

weekdays in the village eating, drinking, and living with rural women. On the weekends I was invited to dinner parties and weddings in Peshawar or Islamabad, where I would socialize with women who had spent at the salon what men in the village earn in a month. I was often mocked by relatives in the city for mannerisms I had picked up in the village. I had to manage different aspects of my personality to assimilate into either world. Friends and family expressed pity or awe for the work I was doing, and both reactions were equally unnerving. Living in such distinct worlds was extremely disorienting.

On one occasion I had to visit the salon, for it was Eid the next day, and we had travelled to Peshawar. I usually would change after visiting my field site, but as a result of the Eid rush on the roads, I did not have time. When I arrived at the salon it was busy, and I went to the counter to tell them what services I needed. I then went to the main area; all the seats had been taken so I was forced to stand. Another woman who worked at the salon came out of the back and proceeded to walk down the line of women confirming what services they needed. When she got to me, she skipped over me and asked the woman after me. I was dressed in loose *shalwar kameez*[§§§] wearing flat closed shoes which were fairly soiled from walking the village streets, and a traditional white and a s*addar*[****] (chador). I was not wearing makeup, my nails were short and unpainted, and my hair was tied in a messy bun. Given my presentation--the fact I was standing and not sitting--she had assumed I was a maid accompanying a woman to the salon. It was the first time I personally experienced the invisibility and dehumanization of those who are poor, even if it was momentarily. I proceeded to the main desk and asked in English how much longer it would be. It caught the woman off guard. My English and Canadian accent signaled that despite my dress and mannerisms, I was not merely a poor woman. I had not reflected on how

[§§§]Shalwar kimis is a traditional dress which has a long shirt and loose pant.
[****]Saddar is a large white cloth.

class seeped into every interaction--even that of visiting a salon. Through a quick assessment of my physical appearance, the salon staff placed me on the social ladder in Pakistan with implications for how I was treated.

My experience at the salon paralleled what I had seen and learned about the experiences of the rural poor seeking medical services. The literature has well documented the mistreatment of the rural poor during medical exchanges in Pakistan.[34] We witnessed such interactions at the local rural health center during our fieldwork. Our research team had visited the health centre to familiarize ourselves with the types of medical services available. There was an older woman who was speaking to patients as they arrived, placing their names in the queue. Upon our arrival, she recognized that we did not resemble the typical patients, and assuming we were conducting an evaluation on behalf of the health agency, she disappeared for a few moments and quickly returned in her uniform. We asked to speak to the female doctor whenever she was free. The waiting room was almost empty, and after a short wait we were escorted into the room where the doctor was seated. We spoke to the doctor for a few moments when there was a knock on the door. The older woman informed the doctor that a patient had arrived. When we stood up to leave, the doctor insisted we remain seated, and that this would only take a moment. The patient was escorted in and the doctor asked her what the issue was, which seemed to be some type of a chest infection. As the doctor listened to the patient's chest and checked her blood pressure, she began to speak at length about the problems with 'these people.' She proceeded to describe how the rural poor were uncooperative and would not follow medical advice. The patient was unmoved by the doctor's tirade, which reflected how typical and accepted the doctor's sentiments were. At one point the patient attempted to say something to the doctor; she was quickly shushed like a disobedient child. The invisibility I experienced at the salon paralleled the

daily invisibility and mistreatment individuals like my respondents experienced, offering insight into the subtleties of the ways power manifests in interactions with the wealthy and educated.

Privilege even manifested in how it we drank our tea. I nursed mine, taking time to enjoy, while individuals in the village drank it quickly. I had the privilege of time. Perhaps the ultimate testimony to my privilege was that I was able to maintain ignorance of the role of class. In many ways, I had benefited from the inequity that I was seeking to illuminate. In fact, my ability to even critique the system of inequity primarily was the result of my benefiting from such a system. As Delmos Jones notes, “Depending on the native researcher's class, status and goals she may even directly or indirectly benefit from the inequality in her society.”[35] My status allowed me to walk freely in the village without fear of social repercussions. Young unmarried women usually do not walk around villages without a chaperon without damage to their reputations and being seen as a ‘loose girl.’ However, we were shown great respect from the men in the village, and they often would turn their backs and faces to the wall or look at our feet when we would walk by. This is a courtesy that is provided to a friend’s sister, and a demonstration of respect. This behavior contrasts what I have heard of other young women conducting fieldwork who have had to grapple with unwanted male advances in their field site. Even women in the village signaled our privilege by how they addressed me. Initially, they would not call me by my first name despite this being something I insisted on since I knew it would break down barriers. Eventually most women became comfortable enough to call me by my first name while some settled on calling me *Baaji*, which means older sister and is a term of respect.

As I continued my research, I discovered that my very topic of investigation was a symptom of a greater system of inequities. I had entered the village assuming that family planning was an issue for women in rural settings, but my experience during data collection did

not confirm those feelings. Family planning was far down on the list of concerns cited by women in Nashpatai Kalay. In fact, concerns around family planning were embedded in systems of class and social exclusion, wherein the reproduction of the poorest segments of society was the most pressing issue. Additionally, the global focus on family planning was embedded within a specific geopolitical context. In my work, I was reiterating these power dynamics by focusing on an issue that was not of concern to the community with which I was working.

2.5.2 Impression Management

As both an insider and outsider, impression management was difficult. When one is from a cultural context, one decides which cultural norms to abide by and which to dismiss. However, when conducting ethnographic work one has to adhere to norms, including those with which one does not agree.[29] Goffman's seminal work on the presentation of self uses the analogy of a theatre to unpack how all social life is performance.[36] In his work, he posits that the self is not fixed, but rather that the self an individual presents is a social process. He argues that individuals engage in performance behavior within 'front regions' that aim to have the 'audience' believe they adhere to some standard or norm.[36] As an 'insider,' I found myself having to engage in negative idealization,[36] where I underemphasized aspects of my personality and life that contradicted cultural norms. When asked if I pray five times a day, instead of explaining how I believed that prayer was about remembrance of God and did not need to follow a specific ritual, I answered, "Not always but I should." My respondents engaged in similar performative behaviors which included giving the impression that everyone in the joint household got along or repeating family size ideals that aligned with ideals promoted by family planning programming. After extended interactions, some of these behaviors decreased.

As an insider, the villagers held me to a higher level of expectations than an outsider. These expectations were often difficult because I did not always have the same background. For instance, early in the data collection while visiting a home, we explained to the woman there what we were doing in the village as was our routine. She unable to understand what we were doing and asked her son who was nearby to come, listen, and explain it to her. When her son entered, he offered his hand to my research assistant, who promptly refused it. “No” she said. “We don’t shake hands with men.” I was taken aback, and after leaving I spoke to my research assistant about it. She explained that if we had shaken his hand, it would have implications for our character. The rumours would abound in the village that we were ‘fast city’ girls, and it would ruin our reputation. Having grown up in a Western context, I was entirely ignorant of the implications of a simple handshake. In many ways having my research assistant helped facilitate this transition because I was able to follow her lead in tricky unfamiliar situations. We were continuously watched and monitored for any violation of norms.

For me and my research assistant, the consequences of violating cultural norms were not dire. Although our reputation in the village was essential to our completing the field work, the villagers believing I was ‘fast’ would not have serious implications. However, this interaction evidenced the vulnerability of women’s reputations and the efforts women must take to safeguard them. Adhering to these norms had implications for women’s activities and their access to public spaces. For some respondents, they were unable to go to the market and buy their own cloth even if accompanied by a female elder because of the impropriety of speaking to a male shopkeeper.

Takeyuki Tsuda speaks of the self-induced symbolic violence of silencing an inner self to conform to the expected social role.[29] In my work, this symbolic violence greatly manifested in

dress; the women in my family wear *shalwar kameez* and a s*addar* on their heads when visiting rural areas. During our first week of data collection we only covered our heads. However, it became evident that we were the only women not also covering our faces. We decided we needed to veil when in the community. My maternal grandmother veiled her face when young; otherwise veiling is an act that my mother and aunts have pushed back against. My grandmother even eventually abandoned this practice and would not cover her head. However, I had no choice but to veil my face while in Nashpatai Kalay. In the village, the veil played an important role in delineating public and private space, and the presence of others influenced how a space was perceived.[37,38] When sitting in a woman's home, we unveiled our face; however, if during the course of our visit her husband entered we would re-veil quickly. The same space transformed from private to public for us with the entrance of a non-familial man.

The majority of villagers had knowledge of my grandfather, or their husbands had at one point in time worked for him. Many villagers had met my grandmother, and a few had even met my mother. This family connection helped dispel any suspicions around our character or intentions. However, it did introduce an added complication around my status. Villagers had preconceived ideas of the way rich people looked and behaved, especially in their interactions with poorer segments of society. I had to work hard to overcome the stereotype of a 'Khan.' Many suspected we would refuse to drink tea in their homes because we would perceive it as dirty and do *krika*. *Krika* is a cultural concept that describes when an individual expresses an aversion and disgust to a certain item or action. Wealthy individuals often do *krika* with poorer individuals. There is an implication that the person doing *krika* deems themselves superior, and the other party unclean. On our initial visits to several homes they would ask me if I would drink their tea, saying that people like me do not drink tea in the homes of people like them. The act of

drinking and eating with respondents was essential to bridging the distance between us and dispelling their assumptions. Subsequently, I was consuming many different food and drink items that normally I would have avoided. I was quite unwell during my time in the village. In nine months in the village I consumed eight courses of antibiotics for stomach infections, and contracted tapeworms.

2.5.3 Role Conflict: Negotiating power and status

As previously described, there are specific behavioural expectations placed on community insiders; however, taking on the role of a researcher creates an added layer of expectations around behaviour. These two, often very different, sets of expectations can clash, and such conflicts are common in insider researcher.[39] During my research, I was consistently pulled between my role as my grandfather's granddaughter and my role as a researcher. These roles sometimes worked harmoniouslbut y, at times, their objectives were conflicting. My grandfather, Khan as he is referred to in the village, is well loved and respected in the community, although as a result of his power and status people are careful about what they say to him. They want him to think the best of them. My research, however, required individuals to feel open with me to the degree that they could express viewpoints that could carry stigma. I also needed to break down the distance because of my status. I was consistently having to address a variety of requests. It was routine for respondents to ask me to find their sons or husbands jobs, and I often was brought copies of resumes and degrees. My grandfather has assisted individuals with finding jobs, and many believed I could do the same. Villagers often would complain that, without a bribe, it was impossible for someone in their social class to obtain a well-paying government job. Sometimes we were asked to tell my grandfather to pave a road or lower the rental price of lands. At other times, individuals needed help navigating government institutions

with such tasks as obtaining a national identity card or accessing the money from the Benazir Income Support Program. Even though I had a desire to assist, it was not possible for me to offer tangible help. Growing up abroad meant I had a smaller network. Beyond my limited network, in utilizing my power and status I would increase the gap between respondents. I needed to be considered a peer. In these instances, being a young, unmarried woman helped because individuals knew that my identity meant that my means and power were limited. We directed villagers to the government bodies responsible for processes or to where they may find information about job openings and explained that we personally did not have the means or contacts to assist in any manner. Requests decreased after the first few months as word spread through the village that I did not have the same access and power as my grandfather. However, these requests never stopped completely. My inability to assist in these matters gave me considerable discomfort. The nature of the requests deepened my understanding of the structural issues that created barriers to their access to resources and employment. The requests reflected this group's disconnection from systems of power.

2.6 Data Analysis

Data analysis began during the data generation process. The iterative process of qualitative research meant that as we would conduct interviews, we would also revise and refine my research questions and areas of inquiry. As a critical ethnographer, recognizing the benefits and rewards incurred by my status was essential in unpacking systems of inequities and power in Nashpatai Kalay.[24] Revisiting the assumptions underlying my research questions and line of questioning was also key. My initial research questions were identified through a critique and synthesis of the scientific literature. Upon starting my fieldwork, I began to recognize how I was reaffirming biomedical constructs that may not align with my respondents' understanding of their

lives or health. Field notes allowed us the opportunity to not only review what had occurred during the day, but also to theorize about the data as it was emerging. The process of theorizing allowed the identification of new ideas and concepts. These ideas were then probed in interviews with respondents.

During the initial transcription process, I felt that meaning was being lost in translation. After reading some literature on the act of translation, I made the decision to transcribe and analyze the data in Pakhto. Excerpts were translated into English as were needed. A database of the transcribed interviews was created in Atlas-ti, a qualitative data analysis software program. I manually coded the data, but I used the software to manage the data.

I used latent content analysis to analyze my data, which allows the researcher to code passages considering their intent and their role in the context of data.[5] Initial coding was guided by the stated research objectives and later by additional concepts as they emerged. For instance, my initial research questions did not include an investigation of the role of geopolitical forces on family planning. Once I started to analyze my data, I recognized the importance of these forces on family planning use. Although my analysis was guided by my research objectives. I did not create a coding frame for my data. This analytical decision was made to ensure that I was allowing the data to speak for itself, and not imposing “preconceived categories or theories.”[40] In order to address the potential limitations of this data analysis technique, I focused on being reflexive of the true intent of a text before adding the code and considering how my bias may inform this belief. An additional level of analysis considered differences as a result of gender. I did not conduct further analysis by age group.

My first step during my analysis was to read the transcripts of interviews. During my first reading of the transcript, I focused on reading the transcript in its totality, at times I would

highlight texts or jot down words that were salient. Throughout my data analysis process, I had a word document where I would create memos and document ideas and questions that emerged. After my first reading of the transcripts, I conducted open coding. Open coding focused on identifying distinct ideas and concepts, in particular, it necessitated considering the true intent of what a respondent intended and what it represented. I, then, conducted axial coding from which categories emerged. During this stage of analysis, codes that were similar or shared features were brought together as patterns in the data began to emerge. Lastly, after analytical reflection the categories were merged together, and several themes were generated. These themes formed the basis of the papers in the thesis.[5] The analytical process was largely iterative.

During the analysis stage, I paid special attention to striking a fine balance in my analysis between losing a voice and giving one too much power.[24] A reflexive approach and peer debriefing throughout the analysis process ensured that I did not over- or underemphasize specific voices or perspectives. As a critical ethnographer and an individual who was both an insider and outsider to the community, the politics of representation were especially important because I was responsible to multiple audiences.[24,27]

2.6.1 Rigor

Rigor in qualitative research focuses on the trustworthiness of the research.[5] Unlike the focus on validity and reliability in quantitative research, qualitative inquiry assumes the results the researcher draws within the study are context specific,[41] and if another individual were to be given the same data, then the individual may analyze it in a different way.[5,42] Rigor focuses allowing the data to speak, and the respondents' voices to come through. It focuses on conducting clear and thorough analysis. Lincoln and Guba addressed the issue of rigor by introducing the concept of trustworthiness, which included credibility, fittingness, and

auditability.[5] In 1985, Lincoln and Guba amended their definition of trustworthiness to include credibility, transferability, dependability, and conformability.[5] Credibility focuses on accuracy of the representation of the respondents and data; credibility is fostered through member checks, prolonged engagement, and data triangulation.[5] Transferability describes whether the knowledge generated from the study is transferable to other settings, which includes a "thick description" of the context and respondents.[5] Dependability evaluates how researchers make decisions through the research process; an extensive audit trail can address this criteria.[5] Lastly, confirmability is focused on the study findings, and reflexivity is a key aspect of this criteria.[5]

Several strategies were implemented to ensure rigor within this study; I ensured interpretive accuracy using peer debriefing and respondent validation. Peer debriefing with my research team, supervisor, and committee ensured that I did not over- or underemphasize certain points. My data collection was conducted in two rounds; after the first round of data collection, we conducted preliminary data analysis. These results were then shared and probed with respondents to validate my interpretation. I maintained detailed field notes that documented decisions that were made and concepts that emerged throughout the data generation process. I also spent a total of 13 months in the village; this extended emersion increased the credibility of the findings.

2.7 Ethics approval

Several ethical considerations were made. Verbal consent for interviews and recordings were obtained before interviews commenced. Consent was also reconfirmed before the research team left the village. All personal identifiers from the data were removed and the name of the village was changed.

The ethical principles of avoiding harm and wrong guided my research. Throughout the research process, we prioritized the safety of respondents over the project itself. At times, ethical practice meant not interviewing a respondent's husband, or feigning ignorance about a respondent's contraceptive practices in front of her sister-in-law or mother-in-law. Confidentiality was essential, and we would sidestep questions about with whom we had spent the morning, and what we were fed at tea.

The TCPS2 (Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans) describes three principles as core to ethics: these include respect for persons, concern for welfare, and justice. Considering these principles during my work necessitated reflecting on the inequities inherent in my study context. Power dynamics and differential status had implications for my interactions with respondents. I worked to avoid contributing to the systems of power and oppression maintained by the elite at the expense of the poor. Sometimes, this meant challenging what would be traditional accepted practices. For instance, when my grandfather visits his lands in the village, the elder provide him with tea or lunch as appropriate. As Khan's granddaughter, he took it upon himself to provide us with food while we were in the village. I knew the meal preparation would be added labour and expense for his family, but I was not in a position to refuse. I also could not outright provide him with money since I was a guest and he would refuse. Instead, I spoke to someone who worked for my grandfather and was his confidant and asked him to look into the issue. He was in a position to broach the topic which eventually resulted in my grandfather telling the elder he would be compensated for the additional groceries while we were there. A culture built around hospitality and the power dynamics at play meant that individuals would not outright ask us to leave their homes if we

were unwelcome. As previously discussed, this necessitated a level of sensitivity to the subtle cues that signaled we should leave.

Ethics approval was obtained from the University of Alberta Health Research Ethics Board, and the National Bioethics Committee in Pakistan.

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3 Chapter 3: Description of Nashpatai Kalay[*]

3.1 Setting the Stage

To journey to Nashpatai Kalay, one must travel on a small dirt lane off of the main road between Charsadda and Mardan. The lane is only wide enough for one car, so if one is faced by another car, one of the vehicles must reverse approximately 500 meters. Most villagers, however, cannot afford a car, so this is a rare occurrence. Instead, the majority of villagers use motorcycles or bicycles for transport. As soon as one turns off the main road, one passes a handful of stores selling items including CDs, school supplies, balls, and a variety of foods. After the first winding curve, the road straightens; fields lie to the left and homes to the right. One has arrived in Nashpatai Kalay.

A small stream demarcates the start of the village. The village is the shape of a pinched parallelogram with the side streets becoming progressively longer as one travels up the main road (Figure 3.1). It contains five main streets. Several of the households have opened up shops that sell a variety of soft drinks, small baked goods, and other food items. A local pharmacy/dispensary exists in the village where one can purchase biomedical medications and receive medical advice from the man who works there, although he has no formal medical education. Past the village are fields where many of the village men work. At the end of the fields is another small village.

[*] I have changed the name of the village to protect the identities of my respondents.

Figure 3.1: A picture of the village

Nashpatai Kalay is geographically close to the city of Mardan and cars for hire can take one to the city. Men and women occasionally travel there to purchase bigger items such as clothing and sweets for special occasions. Mardan is also the bus hub where villagers find transport to other cities in Pakistan.

My family has a long history with the area surrounding Nashpatai Kalay. The village lies on land that the British gifted to one of my maternal ancestors when they ruled colonial India. The British bestowed titles on many wealthy landowners throughout the subcontinent. Pieces of lands accompanied these titles and were a way to ensure the landed gentry would acquiesce to the British presence.[†] Until recently, all the wealthy families in the region had inherited their wealth through landholdings. In the last 50 years, the unravelling of formerly rigid social stratifications and new business and employment opportunities have allowed for some class mobility. However, as a whole, poverty and wealth continue to be intergenerational, and the class systems remain static.

At the time that my maternal grandfather inherited the land from his ancestors, it was waterlogged and therefore not arable. The water was drained using a natural desiccating powder unearthing fertile farming land.

[†] For more contextualization of this process, see: Nichols, R. (1997). Settling the frontier: Land, law and society in the Peshawar Valley, 1500--1900.

My grandfather recruited members of several, often landless, low status individuals, who acted as his *hamsaya*[‡,1] and tended to the farmland. The *hamsaya* were provided with homes, paid a small daily wage, and given crops and grains. Approximately 60 years ago my grandfather decided to sell the land that now forms Nashpatai Kalay. My grandfather was motivated to sell these lands because he needed to liquidate his assets. Villagers claim that he wished to sell the land at a reduced rate to the poor who worked for him as an act of generosity. Within the caste system of South Asia, the relationship between landowners (the Khan) and *hamsaya* is structured on mutual but asymmetric dependency in which the Khan looks after the needs of the *hamsaya* in return for their service and loyalty. My grandfather may have been enacting what he deemed his duty within this culturally salient relationship. It is also likely that he needed liquid assets and selling the land in smaller plots decreased the risk that the area would be bought by another landowner who would create competition in power and status.

The land was demarcated into small plots and sold to the Khan's *hamsaya*. Several of the original families in the village were distantly related to each other, as individuals informed their relatives about the opportunity to purchase affordable land. Land values have greatly increased with pieces of land that were purchased for the equivalent of $50 now selling for $1000.

Nashpatai Kalay had electricity although service was intermittent. Yet, the village lacked a gas connection. Instead of a gas stove, the villagers burnt kindling and dung patties to cook food. Gas lines ran on the other side of the main road, yet the government has made no efforts to extend the gas lines into Nashpatai Kalay. It is very costly to lay gas pipes, and convincing

[‡] Hamsaya references individuals who are members of socially constructed service castes within the South Asian caste system. The common usage of the term *hamsaya* in Pakhto is derived from the Persian and Urdu word for neighbour but also encompasses specific class/caste dynamics. *Hamsaya* in the Pakhtun context of Peshawar and surrounding areas is used for individuals who would come from neighbouring, less fertile, mountainous regions such as Mohmand and Bajaur, to engage in seasonal agricultural labour. Alternatively, some individuals in this social category are labelled *kota maar,* someone living in your quarters. Many of these labourers began to stay permanently in districts such as Mardan by the late 20th Century.

government officials to provide them would require the use of a political favour. None of the village residents had the political clout to ask for that type of political favour. My grandfather was their main connection to a person of influence. Several of the villagers had brought up the issue of gas supply with him. Since my grandfather only occasionally visited the village, using a political favour to build a gas connection had little payoff for him and was not his priority. In his role as a Khan, he chose what to do for a community. These decisions balanced the needs of the community, a desire to help, the added difficulty of helping, and the payoff of fulfilling the villagers' wishes.

3.2 The Residents

Ethnically, all the villagers identified as Pakhtun. The Pakhtuns have always considered themselves ethnically distinct from other Pakistanis, and from other groups in South Asia. A large number of origin stories for the Pakhtun exist that purportedly explain their distinctiveness from others in the region. For instance, one such origin story is that the Pakhtun are one of the lost tribes of Israel. Many elites, academics, and historians purport this theory and it has been the focus of several research studies.[2-4] Another origin story posits that the armies of Alexander the Great are the progenitors of Pakhtuns.[2] The reliability of these origin stories is contentious, but, the resonance of these stories lends insight into how the Pakhtun people view themselves in the fabric of Pakistan. Pakhtuns use these stories to accentuate the distance between them and the rest of Pakistan, in particular Punjab. They believe their cultural practices, emphasis on honour, and unique lineage sets them apart from the neighbouring Punjabis.

Today's Pakhtun population is spread across the modern nation states of Pakistan and Afghanistan, separated by an arbitrary geographic boundary known as the Durand Line.[5,6] First demarcated in 1893, this boundary was created to protect British interests, effectively rendering

Afghanistan a buffer state between India and an expanding Tsarist Russian Empire.[5,7] In 1901, after enduring three wars with Afghanistan and several uprisings against local tribes, the British, seeking to finally pacify the North West Frontier Province created what, until May 2018, was known as FATA (Federally Administered Tribal Areas),[§] where they enacted the Frontier Crimes Regulation (FCR).[8] The FCR has been critiqued for its human rights abuses such as collective punishment and denied rights to trial.[9,10] In 2017, amidst public pressure, the federal government historically voted to merge FATA with Khyber Pakhtunkhwa.[11] On May 31, 2018 the 31st amendment, which outlined the merger, was officially passed by the national assembly, senate, and provincial assembly.[12] The merger process will take another five years for completion.[12]

Pakhtuns have a complicated relationship with the Pakistani state which is felt by some to have marginalized and neglected them.[13,14] More recently, these sentiments have erupted in national protests such as the Pashtun[**] Long March which question the disappearance and mistreatment of the Pakhtun people by the Pakistani state.[15] The Pakistani state has been accused of racial profiling and targeting Pakhtuns, the recent release of police memos describing these prejudicial practices confirmed suspicions.[16] Additionally, Pakhtuns have accused the state of cultural imperialism by relegating the Pakhto language to a marginal position.[17] For instance, only after decades of protests by the Awami National Party, a Pakhtun nationalist party, did the federal government acquiesce to changing the name of North West Frontier Province to Khyber Pakhtunwa.[††18] The refusal to change the name was seen by many as an attempt to erase Pakhtun

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[§] FATA was a further buffer space between British India and Russian territories beyond, in which populations were largely left to their own devices but were presided over by a Political Agent appointed by the colonial administration. After independence, FATA went on to be a largely underdeveloped area of Pakistan, subjected to unfair distribution of funds and resources. FATA has also been governed by inequitable laws and regulations, such as collective punishment, which originated during and from British colonial rule.

[**] The terms Pakhtun and Pashtun are used to refer to the same ethnic group, these distinct terms reflect regional dialects of Pakhto (northern and eastern) and Pashto (southern and western).

[††] The name change occurred in 2010. It is important to note that the new name is contentious because many other ethnic minorities that live in Khyber Pakhtunkhwa feel the name change serves to further marginalize them.

identity.[18] Moreover, the Pakhtun people are orientalised[‡‡][19] in mainstream Pakistani media, portrayed as backward and unintelligent.[17]

Several Pakhtun tribes were represented in Nashpatai Kalay, including the Mian, the Malik, and the Mohmand. Many of the villagers identified as Mohmand. The Mohmand describe themselves as *sukht,* which translates to "tough." *Sukht* had multiple meanings in this context. It was used to refer to the Mohmand version of Pakhto: their physical constitution, their gender rules, and their adherence to Pakhtun tribal laws. The Mohmand in the village had moved from Mohmand agency in former FATA.

3.2.1 Social Class and Caste

Nashpatai Kalay differed greatly from other villages in Pakistan, particularly its caste and class-based hierarchies. These differences were rooted in the formation of the village. The families that moved to Nashpatai Kalay were economic migrants. Most of the men were seeking economic opportunities that were unavailable in their home villages. Often, they were landless, which increased their vulnerability.

In the context of the Pakhtuns, the *hamsaya* are marginalized and socially disenfranchised castes, which include *nai* (barbers), *gilkar* (masons), *qasab* (butchers), *daighmars* (those who cook rice), and *shah khel* (described below).[§§] Traditionally, *hamsaya* are landless, and work for a local Khan who provides a small income and housing. Low status castes face multiple oppressions in their daily lives. These oppressions are structural and reproduced by economic

[‡‡] Orientalism refers to the process through which the West generates a particular discourse about the 'oriental other' who is described as exotic, backwards, and barbaric.

[§§] As described by many scholars, traditional Pakhtun society is only egalitarian in theory and there is a great deal of social stratification. See: Ahmed, A. (2013). Pukhtun Economy and Society (Routledge Revivals): Traditional Structure and Economic Development in a Tribal Society. Routledge. Barth, F. (1959). Political Leadership among Swat Pathans. London: Athlone. Lindholm, C., & Meeker, M. E. (1981). History and the heroic Pakhtun. Mohmand, J. S. (1966). Social Organization of Musa Khel Mohmand (unpublished MA Thesis, Punjab University, Pakistan).

and political institutions. They are forced into exploitative labour practices because of limited options and have limited mobility. Their marginalization is furthered through a lack of access to high quality educational institutions and participation in political institutions. Life as a *hamsaya* is precarious, as if one falls out of favour with a local Khan, then one can be evicted overnight. One family in Nashpatai had experienced sudden eviction in their previous village. The daughter had fallen in love with and secretly married the son of a Khan whom her father served as a *hamsaya*. When the Khan found out, he was outraged. He forced his son to remarry and refused to allow his son to divorce the *hamsaya*'s daughter (his first wife) as punishment so that she would be unable to ever remarry. He banished them from the village. The family then came to Nashpatai Kalay to work as *hamsaya* for my grandfather.

Status within the village could be acquired by close association with my grandfather. The importance of this association was most clearly demonstrated by three *shah khel* brothers. *Shah khel* are a spurned low-status caste. Historically *shah khel* men dance at events and women work as domestics in houses of the Khans, both stigmatized occupations. Often, they are darker in complexion, and it is common for villagers to tease darker-skinned children by calling them *shah khel*. Even other disenfranchised classes look down upon them, with some even claiming that *shah khel* are not legitimately Pakhtun. However, the three brothers had improved their social standing through their work with my grandfather. Although the other villagers still were aware of their caste, their clout and improved financial status meant they were held in esteem within the village. One of the elder brothers, deemed to be my grandfather's confidant, was often approached by other villagers during illness and hardship because they believed he could incur favours from my grandfather.

Close association with my grandfather could lead to reliable employment, in turn elevating the financial standing of a family. My grandfather found permanent salaried jobs for several villagers throughout the years. In hushed voices, I was informed that one well-respected family that owned a large home with cattle and a garden belonged to the *nai* caste. Villagers explained that the family's financial situation changed when my grandfather hired the father at his towel factory. The father's new employment allowed the family to change its social standing, and the family married their daughter to the son of the *Nazir* (manager of the lands) who worked as a police officer.

Since most of the families in Nashpatai Kalay were from low-status castes, caste was not central to interactions within the village. Differences in caste did surface during marriage proposals, but status associated with different types of employments was an important differentiator in the village. On the far eastern side of the village were several homes in an area that the villagers called *kabarian chum* (garbage area). The area received its name from the young men who gathered and sold waste products. This activity was looked down upon by the villagers, and the men who participated in it were stigmatized.

The social status of community members influenced their access to health services and care. A government-run health facility was only a 20- to 25-minute walk away from the village, but most villagers did not receive services from there. Many informants opted to seek care from local health providers from the same community. The availability of commodities and equipment was a pressing issue at government health centres. In the study district, Basic Health Units (BHUs) have been documented to have insufficient equipment, drugs, supplies, and infrastructure.[20] These BHUs suffer from stock-outs of family planning commodities, with 40% having less than

25% of the needed commodities available.[20] Rural health centres fared marginally better with only 32% having less than 25% of family planning commodities available.[20]

3.2.2 Homes and Households

In Nashpatai Kalay, each house was surrounded by a large wall that was approximately seven to eight feet tall. Each wall had a small door large enough for people to pass through single file. Some of the wealthier houses had metal gates large enough for a car to enter. Each metal gate also had a small metal door. The doors were usually unlocked, sometimes ajar, with small curtains covering the entrances. When one entered the house, one passed through a dirt courtyard. In the rainy season, crossing this courtyard could be treacherous, and falls and lost slippers were quite common. Only a few houses had any trees or other flora. Most of the houses were *kutcha* (mud walls) and almost all had mud floors, in contrast to national surveys that find 59% of rural homes have mud floors (see Figure 3.2 for an example).[21]

Figure 3.2 An example of a house in the village

At the far side of the courtyard were several rooms. Each room had a bedroom door that usually opened into a shared veranda. The cooking area was a small brick room set to the side, with a small opening for the smoke to escape (see Figure 3.3). The bathroom was a separate room with a pit latrine. Many respondents had an improved sanitation facility (i.e. a pit latrine with a slab), while a few had a pit latrine without a slab. In this respect the study site was similar to national surveys demonstrating that 44.6 % of rural households use an improved sanitation facility.[21] Water had to be carried into the bathroom area after extracting it manually from the household pump. For showers, a family would fill a bucket with boiled water. Only one household, which was among the lowest socioeconomic status in my sample, did not have its own water pump.

Figure 3.3 An example of cooking area

A traditional household had several generations living in one house. In a joint household setting, condom disposal was complicated, as men would have to discretely dig a hole to bury the condom before the family awoke. Each couple would have their own room, which they would share with their children. In preparation for a son's marriage, a family often would have to save up money to build another room if there was not one available. A typical family consisted of elders/the parents, their unmarried children, their married sons and their wives and children. More recently, it was becoming increasingly common for married sons and their wives to leave their parents' homes and live on their own, especially if a couple still had sons at home. The shift in living arrangements represented a shift in market forces and a change in patriarchal values.[22] The mother-son dynamic is an important aspect of the patriarchal life cycle, although within this system women are subordinate to men, older women have power over younger women.[22,23] The negative treatment that a woman experiences during her youth is offset by the control she will have over her daughters-in-law.[22] As men begin to move out of the homes with their wives, the patriarchal life cycle is disrupted.[22] Older women feel the transition between these cycles most severely, since they suffered as daughters-in-law yet do not benefit from having daughters-in-law.[22] For these women the change can represent a personal loss.[22] Many of the older female respondents expressed this loss by complaining about the shift in living arrangements, describing it as a reflection of the deterioration of familial values.

3.3 Women in the Village

Strict gender rules and regulations determined women's behaviour. The public sphere was considered largely the male domain, and women were expected to limit their presence in this arena. When women entered the public sphere, gender norms set expectations about their presentation. They were expected to veil, covering not only their hair, but also their faces.

Women used a white *saddar* (cloth) tucked behind the ears and brought across the face to cover the nose and mouth, or a *burka*, a piece of cloth with a mesh area through which to see. There were limited circumstances under which a woman could leave the house, which included weddings, funerals, or visits to their maternal homes. In these circumstances, women needed express permission from their mothers-in-law, fathers, husbands, or whoever was the perceived elder in the homes. Several ethnographies have described the importance of *gham-khadi* (sad and happy events) for Pakhtun women.[23,24] Benedicte Grima's work illustrates the importance of these events as a space where women are permitted to express their fears and pains. These performances of sorrow form a structured pattern that dictates how women participate as the inquirer and the affected.[23] The affected individuals tells their stories of pain to generate an emotional response in the listeners.[23] These life stories are narrations through which the community judges the experiences of its members.[23] Participation in *gham-khadi* had deep cultural significance for women.

Households differed in how strongly they limited the mobility of the women in their families. For instance, within some families, women were occasionally permitted to travel to the market to purchase fabric, while in others the men in the family would go to the market to purchase fabrics for the women of their households. Daily errands such as gathering kindling, or purchasing groceries were delegated to children or the elderly when men were unavailable. Concerns about *izzat,* honour, and the control of female sexuality shaped the ways in which women's behaviour was regulated. These restrictions varied during various stages of a woman's reproductive life. When women passed reproductive age, they were able to overcome many of the restrictions to their mobility and did not have to abide by the same rules as a younger woman.

In some circumstances, elderly women could travel with their faces exposed while just covering her hair.

Despite veiling, women in village streets remained recognizable to men, who considered it their responsibility to police women's behaviour and ensure that women were acting appropriately. Men would report on the activities of women to their male relatives. If a woman spent too much time in the public sphere, then the community made assumptions about her character, including suggestions that she may be 'promiscuous.' Unmarried women were especially susceptible to such rumours. Consequently, in order to protect their reputations, unmarried women experienced a stricter set of restrictions on their mobility. Most unmarried women were not allowed to attend the weddings of non-familial villagers. They were to avoid going to the roof to dry dung patties, kindling, or clothes because non-familial men might see them. Rumours abounded about the character of young women from one household who the villagers believed used chores as an excuse to climb their roof and look at the village boys. Female mobility restrictions had implications for access to health services. To leave their homes, young women had to receive permission from their husbands, or mothers-in-law if their husbands were not present. They were rarely able to travel unaccompanied, and an elder woman often would accompany them to health facilities. The lack of privacy could restrict the type of services they could access, particularly if the mothers-in-law did not support contraceptive use.

Irrespective of the restrictions on young women, young men and women found ways to overcome these obstacles and communicate with one another. Cell phones were especially useful in increasing the ease of communication between men and women. As a result, many elders believed cell phones were responsible for the downfall of Pakistani society. Within some households, even married women were not allowed to answer cell phones; instead they were to

pick it up and place it near the ear of a child who could converse with whomever had called. Young girls with cell phones often hid them from their families and society at large. If the family discovered their young daughter had a cell phone, then the family assumed they had an ongoing relationship with a man. Prohibition of cell phone use in Nashpatai Kalay was a social norm through which power was exercised and bodies were regulated.[25] Social norms shape practices by describing what are appropriate behaviours. Acting outside of the prescribed behaviours had severe social implications for women, ranging from social stigma to violence.

Women were excluded from most formal economic activities. Several women engaged in informal economic activities that did not require leaving the house, such as selling baked goods, milk, dung patties, or kilns. There was only one household where the woman worked outside the home. This woman was a Muslim who converted from Christianity, and her unique identity allowed her to circumvent some of the expectations of the community.

3.4 Economic Activity

Farming was the primary source of income for villagers. However, for many families it was insufficient to meet their economic needs. Over the last few years, farming yields and profits had decreased substantially. Most families were reluctantly optimistic about future yields, which encouraged them to continue farming. Some attempted to diversify with new crops they believed would garner higher market value, such as strawberries. Despite the decreased profitability of farming, many were reluctant to entirely abandon this practice. Individuals inherited the lease on the lands from their fathers and grandfathers, and the close-knit nature of the village meant that everyone was aware of which lands belonged to whom. Relinquishing a lease on the lands could bring into question one’s ability to provide and, in turn, also one’s masculinity. Instead, many supplemented their farming with other formal employment. Employment mainly constituted

unskilled, casual labour that paid daily wages ranging from PKR 200 to 500 ($2.50 to $6.00 CAD). While daily wages for skilled labour such as masonry ranged from PKR 700-800 ($8.40-9.60 CAD) a day. Respondents sought government jobs since these were salaried and reliable. However, it was nearly impossible to obtain a government job without a bribe. The most financially remunerative jobs were abroad in the Middle East, commonly in the UAE and Saudi Arabia. Although these jobs were profitable, they were not viable for men who did not live in a joint family setting or have an older son since they could not leave their wives alone in the country.

The villagers did not own the lands that they farmed; instead they rented the lands under a system called *ijara*. Farmers paid a yearly rent to the Khan for the use of the land. This rental fee was agreed upon at the start the year, and the farmer exercised their discretion and planted whatever crop they desired. The *ijara* system was similar to a capitalist model, where the villagers did the equivalent of renting a storefront for a business, in which the costs associated with the business are the responsibility of the business owner and any revenue they generate is also theirs.

Many neighbouring landowners used an alternative system called *neema.* In this system, the costs and revenue from farming are split between the landowner and farmer. The farmer acts as a pseudo employee. The *neema* system increases the vulnerability of the farmers by limiting their autonomy. Their farming method and crops are decided upon by the Khan, which means the Khan can interfere at every stage of the cultivation process. Many landowners opt for the *neema* system because they fear farmers may attempt to steal the land they farm. If the landowner is not powerful enough, then he is unable to protect his assets and loses his property.

As farmers, the villagers did not own their means of production and were vulnerable to exploitation.[26] The prospect of owning their own farming lands was unlikely, and they were caught in an intergenerational cycle of reliance on a Khan. Their agreements with Khan were often verbal, and because of their material deprivation and the inaccessibility of the legal system, they were unprotected by the state. Experiences as farmers were highly variable and subject to the mercy of the Khan; the Khan's nature and demeanour coloured their experiences. The *ijara* system was less exploitive than the *neema* system, but both systems occurred against the backdrop of large inequities.

Sugarcane and wheat were the major crops cultivated in the village. Historically, maize was grown, but this practice had now drastically reduced. On multiple occasions, wild boars had ravaged maize crops in Nashpatai Kalay, and villagers were unable to protect their yield. The government had failed to address this issue. Instead, hunters from local villagers had resorted to tracking and hunting herds for sport. Consequently, many villagers avoided planting maize.

The pervasiveness of poverty had also introduced new challenges for the village. Drug abuse had become a significant problem among male villagers. Several villagers estimated that 70% of adult men in Nashpatai Kalay smoked *charas*. *Charas* is a form of cannabis that historically is easily available in the region. Some postulate that the *charas* now available is laced with additives such as opium water to make it addictive. Smoking *charas* was part of a cultural practice for men. Traditionally, men from within the village gathered in the *hujra/baitak* (a male-only space external to house) in the evenings to drink tea and discuss current events. It was common for the group to also smoke the *chelum* (hookah), which would have tobacco or *charas* in it. Many of the men in the village who smoked *charas* did so only in these social gatherings. For most users in Nashpatai Kalay, smoking *charas* did not interfere with their lives.

However, for some men it had devastated their finances and ruined their families. These individuals smoked *charas* daily, despite the financial burden of the habit. For these men, *charas* allowed a reprieve from their everyday lives. The intoxication from *charas* caused physical and emotional relaxation and was a way to cope with life's difficulties. When they were unable to access *charas*, they would be irritable and unable to think clearly. One of the individuals who worked for my grandfather refused to get out of bed when he did not have money for *charas*, while another engaged in fights and arguments with others.

3.5 Education

A good education in Nashpatai Kalay consisted of the completion of tenth grade for young boys, and fifth grade for young girls. Sending young children (under the age of ten) to school was almost universal, and families that did not send their young children to school were stigmatized. In many ways patterns in Nashpatai Kalay support national statistics which demonstrate that primary school enrolment in Pakistan is 90.8%.[21,27] Levels of primary school attendance, from our observations, contrasts national figures which find that attendance is far lower than enrolment at 59.9%.[21] Attendance differs between provinces with rates of 57.1% in Khyber Pakhtunkhwa.[21] Nationally, approximately 16% of school-aged children are out of school.[28] Several factors influence primary school attendance, including out-of-pocket costs, access, parents' education, and gender norms.[29] Despite access to free education, parents had to pay for books, supplies, and uniforms. For some informants, out-of-pocket costs related to uniforms were a concern when sending their children to school. Many respondents shared stories of embarrassment when their children were sent home because their white uniforms were stained or ripped. This practice served to further stigmatize poorer families. Some families felt significant financial pressure to ensure that their children's uniforms were clean and intact.

Partly explaining the increased rates of school attendance in Nashpatai Kalay may be the existence of a school in the village, which increased access. The community exerted also considerable social pressure to send young children to school. One large family whose children did not attend school were constantly spoken about in hushed tones. As an indictment on their nature, we were informed several times that this family did not even make their children attend school. Some older women would even yell at the children to go to school when they came to visit. Of course, since we did not obtain attendance rates from the local school, we can not be certain that when children left the house for school they were not instead hiding and playing in the fields.

Despite the perceived high rates of school attendance in Nashpatai Kalay, issues persist related to the quality of education (particularly in government schools in Khyber Pakhtunkhwa), with a recent report finding that 57% of students in fifth grade were unable to read a second grade level Urdu or Pashto story.[28]

The villagers strongly encouraged education for young boys. However, for many families, financial constraints meant that only some of their sons could obtain an education. Often the eldest or the least studious son was taken out of school, so he could get a job. Access to education for young women was complicated by ideas surrounding sexual chastity and the societal role of women. The villagers encouraged schooling until a girl hit puberty, which usually coincided with fifth grade. Once a girl was in fifth grade she was approximately twelve years old, which meant that, although she may not have started menstruating, she was starting to be perceived as a woman and had to veil. Fears were rampant that young women who attended school were exposed to non-familial men and might engage in illicit relationships.[29] My respondents reported several incidents of young women who had been romantically involved

with young men whom they met through school. The daughter of one respondent had been caught in a compromising position with a young man she had met during her schooling. She was forced to marry the young man, and then exiled from the village. This and similar stories were used to justify not educating daughters. Despite several other stories of uneducated women becoming involved with young men, the stories of education ruining young women were commonly called upon. These stories supported a pre-existing discomfort with female education, which is likely why they were shared with such frequency.

Many families believed that by fifth grade women had obtained necessary skills such as basic literacy. An education past this was not perceived to be beneficial for young women, as a woman's primary role was to raise children. Instead, the community highly encouraged Islamic education including IHLAM (Islamic educational course). After leaving school, young women would continue their religious education. Although young boys were also encouraged to learn to read the Quran, the emphasis on religious education was primarily centered on women. For the young women who had completed their IHLAM, this learning informed their actions and behaviours. The literature has described the role of the Islamic education system for women in creating an 'ethical subject' by regulating and restricting behaviour and generating 'pious' selves.[30,31] These Islamic institutions have played a key role in promoting Islamic domesticity in women.[32] In Nashpatai Kalay, ILHAM-educated women helped propagate their beliefs by sharing their knowledge base with their families and community. For instance, one respondent who had two daughters who had completed their IHLAM had learnt most of her religious knowledge from her daughters. She was one of the respondents who most vehemently opposed contraceptive use and advised me and my research assistant to not work in family planning because she was worried about our souls. Once a young woman had completed her IHLAM, she

was able to instruct young children in the village. Many of the young women in the village considered completing an IHLAM education to be too ambitious. Instead, these young women had children who attended Quran classes in the village. A few adult women would also attend religious classes

3.6 Religion and Islam

In Nashpatai Kalay, all the villagers were Muslim and in sectarian terms, they were of Sunni Hanafi tradition. Islam had a powerful resonance in the village, and God was evoked daily by villagers. Many villagers operated from a deep-seated faith in God and his ability to protect and provide. God was often called upon during hardship. The villagers displayed strong fatalism in their understanding of the world. When feeling hopeless, the villagers would place their trust in God's ability to remedy the situation. God was the ultimate provider and sustainer of life. The villagers strongly believed that *rizq* (daily sustenance) had been written for them decades before they were born. This unshakeable faith that God would provide would quell their fears. It also served as a way to reconcile their conditions in life, since whatever they had or did not have was destined for them. The level of fatalism differed between individuals, as some believed that they had more control over the events of their lives. Life experience and idiosyncratic personality traits influenced the level to which individuals subscribed to fatalistic beliefs. For instance, one respondent stopped working to determine if *rizq* was in fact written. After several days of not working and exhausting his finances, he came to the realization that *rizq* may be written but one also had to work for it. Several other respondents voiced similar beliefs about *rizq* and their daily lives. Overall, fatalistic beliefs provided a support system during difficulties. It is important to recognize fatalism can act as a strategy for socioeconomically disenfranchised individuals to accept their fate.[33] The prevalence of fatalistic ideology in Nashpatai Kalay must not be mistaken

as solely a proxy for deep faith, but also contextualized within local sociocultural and economic practices and contexts, including everyday religious ones.

Islam was invoked at all major life events. At birth, mothers would pin a *taweez* (prayer) on the baby's chest and draw *sheen khaluna* (black marks) on the baby's face to ward off evil eye. When getting married, an *Imam* conducted an official *nikkah* and a *haq mehr* (dower) for the woman was agreed upon by her father. After a good harvest, villagers would do a *khatam* (religious ceremony) and have a village feast. Male villagers would attend funerals regardless of their relationship to the deceased to gain *sawab* (blessing). Islam was an ever-present force, colouring even the language used during daily interactions.

In any discussion of Islam, it is important to recognize the plurality of Islamic expression. Islamic practice cannot be easily disentangled from its cultural context and is heavily influenced by the historical and cultural context within which it is situated.[34] Nashpatai Kalay was no exception, and culture and religion were involved in a deep interplay that shaped religious practice. Informants shared a strong belief in a supernatural world with black magic and *piryaan* (supernatural entities) that taunt and torment individuals. Women who suffered from an illness called *mergi,* which consisted of seizures and a desire to throw themselves in water or fire, were believed to be the victims of *piryaan*. In some cases, *piryaan* had attached themselves to a woman as a result of black magic, and in other cases, a *piryai* had just become fond of the woman. *Piryaan* were also believed to be responsible for the mental illnesses of young children. These individuals were taken to religious leaders for assistance, who would offer prayers in the form of incantations and *taweez*. Seeking assistance for mental health issues from spiritual teachers in Pakistan is a common practice, as possession is commonly believed to be the cause of mental health conditions.[35-37] These spiritual teachers often rely upon invocation, holy water,

incense, and *taweez* as treatment regimes.[36] In a few cases, respondents did take individuals with mental health issues to medical doctors. Biomedical advice was often sought in addition to advice from religious healers, and not viewed as a replacement for spiritual treatments. Anecdotal advice of individuals who had similar conditions and had success after biomedical treatment provided an important means for others to seek particular treatments and healers.

When my respondents experienced hardship, assistance was often sought from religious healers or saints. There were three villagers (two women and one man) who were healers and had inherited this ability from their ancestors. The healers received an *ijaza* (permission) from a relative who passed on their abilities to one individual in each generation. They also would learn healing techniques from this relative. The villagers had different opinions on the abilities of different healers. We witnessed two of these women conduct healing ceremonies for young babies, in which they repeated several prayers and punctuated the end of the ceremony by blowing/symbolically spitting at the child. Several villagers also described stories of relatives who had visited the *zyaarat* (shrine) of a holy person to make requests, at times to provide healing or address a health concern. Often, this was done in cases of infertility. Some families had particular *zyaarat* that they would visit, or they would hear that a certain *zyaarat* could address specific concerns. For instance, one respondent spoke about a *zyaarat* she had visited which had a *dohl* (drum) that one would hit if one wanted to get married, and a cradle one would push if one wanted a child. She joked that she had gone to pray for a child with her husband and she had warned him that he would be in trouble if he went near the *dohl.*

Stories were often evoked to describe a religious ideal. Rather than simply stating that it was a sin for a woman to walk around with her head uncovered, we were told of a woman whose body contorted in the grave with her toes tangled in her hair because she did not cover her head.

To emphasize the importance of humility, we were told of a woman who looked down on dirty village children who God punished by making her giving birth to frogs. Such religious stories were widely shared by villagers and became a way to regulate behaviour and religious practice. These stories act as a mode of social control over individual bodies and populations as a whole.[25] Religious institutions share and propagate specific stories in order to create 'docile bodies' through disciplinary practices.[32,38]

Religion was also evoked to maintain the gender order. Subservience to one's husband was believed to be an Islamic value. Villagers explained that, "God said if you were to bow to anyone except Me it would be to your husband." One participant told me and my research assistant that "if your husband was covered with pimples and you broke every pimple with your teeth, you still would not have repaid your debt to him." To engage in any activity without one's husband's permission was to not only sin in God's eyes, but also to sin against one's husband, a sin only he could forgive. Women violating gendered norms of dress were sinful. One elderly woman told us proudly how she had yelled at a woman in the market for wearing a watch because watches were for men.

Religion was also used to justify a resistance to technology. The use of 'science' to predict the weather, or the sex of a child was considered a sin. Television was often heavily critiqued because to view images of non-familial men was sinful. Participants shared the story of a young girl in another village who would spend most of her days watching television. One day her mother asked her to come help with some housework and she refused because she was watching television. When her mother later went into the room to see her daughter she was found dead. The villagers came to take her body and despite their best efforts they could not lift her, then someone suggested they lift the television. When they lifted the television, they were also

able to lift her body. The villagers had no choice but to bury the young girl with the television. Stories such as this act as a regulatory mechanism through which to control individual bodies.[25,39] Power works by shaping and transforming practices, with particular social norms acting as nodes through which the flow of power is permitted or blocked.[25,39]

Villagers were not passive recipients of religious doctrines; rather, they engaged with their beliefs, finding ways to accommodate them in their lives. Through the process of negotiation, villagers found ways to reconcile their religious beliefs and behaviours. The negotiation process took on several forms such as devaluing the importance of certain religious edicts, re-interpreting religious ideas, or rejecting a religious belief. In many ways religion in Nashpatai Kalay was in flux, struggling between the Islam that had been historically practiced and a new more orthodox version of Islam. We heard from many villagers how practices such as having a *hijra* (a transgender woman) dance at events was against Islam. Many no longer allowed any music or dancing at any wedding event. Music and dance in celebration were practices that were a traditional part of Pakhtun culture existing for hundreds of years. Such practices were now being abandoned in the name of religion, a shift in practices rooted in a new orthodox Islam.

Nashpatai Kalay had several mosques associated with different families. The families that ran these mosques were very well respected as people with strong character. The respect for these families was so strong that the daughter of one of the local *Imams* disappeared for 48 hours, allegedly with a young man, and yet the community barely spoke about the incident. Despite their social status, these families were not among the wealthiest families in the village. Instead, they held mid-upper socioeconomic status. One of the groups running a mosque was extremely orthodox. Three families in the village had sent their sons to this group's *madrassah* to

receive a formal religious education. They believed that these children would ensure their parents' salvation in the afterlife. The children would live at the *madrassah*, coming home every few months for several days. All three families were related. The one family whose son was the first to attend the madrassah had convinced the other relatives to also send their sons. This man, who was now married with children, had been on *tabligh* (proselytizing) within Pakistan and to several countries in Africa. These trips were financed by the *madrassah* who also arranged visas and the necessary documentation. The madrassah's headquarters was in Lahore and the young man's parents hoped to one day join their son on *tabligh*. This family was the most religious within the village. Their household had tissue boxes they had covered with duct tape to disguise the images of animals, because many orthodox Muslims see displays of any images of animals or people as a form of worship. At times, women and men from the *madrassah* visited Nashpatai Kalay. They met with villagers and correct their pronunciation of prayers. They also held lectures where they spoke about sin and the afterlife. Many women described being overwhelmed with emotion after hearing the detailed descriptions of the hereafter.

3.7 Summary

This chapter has described the cultural context of Nashpatai Kalay. Social landscaping locates the residents of Nashpatai Kalay in the fabric of Pakistan. The ethnic, class, gender, and caste positionality of participants influenced their access to care and decision-making. Individuals lived at the intersections of these collective histories, and their reproductive health decisions were the consequence of a negotiation of these multiple considerations.[40] When respondents chose to limit their fertility or continue their childbearing, they did so while acknowledging a multiplicity of forces. My dissertation aims to understand the larger social forces that shape reproductive strategies in Nashpatai Kalay. This chapter has provided

background on respondents' daily lives and the larger social forces that form the backdrop of fertility decisions.

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4 Chapter 4 (Manuscript 1): Family Size Ideals in Pakistan: Preparing for an Uncertain Future

4.1 Abstract

Increasing contraceptive use and awareness of the benefits of a small family has been amongst the primary activities of the Pakistan's family planning program. Despite their efforts, an ideal family size of four children has persisted in Pakistan for the last two decades. Preference for a large family has proved to be a barrier to increasing contraceptive uptake and decreasing population growth. A significant body of literature has sought to disentangle and make sense of the dynamics informing these ideals in Pakistan. This work has highlighted financial insecurity, its effects on parents' aspirations for large families, and son preference. Missing, however, is an in-depth investigation of the social, economic, political, and cultural contexts in which family size ideals are embedded. I drew upon 13 months' worth of ethnographic data from a village in Khyber Pakhtunkhwa to situate family size ideals within their wider sociocultural, political, and economic context. My findings demonstrate that respondents' preference for larger families with several sons was an attempt to manage the precarity of daily life as structured by the larger geopolitical context and class positionality. These results allude to the importance of addressing the structural factors that contribute to family size ideals such as insecurity, intergenerational poverty, and class-based exclusion from systems of power.

4.2 Introduction

Established in 1965, Pakistan's family planning program has sought to modify the fertility behaviour of Pakistani citizens by increasing their contraceptive use and awareness of the benefits of a small family.[1] Despite their efforts, an ideal family size of four children has

persisted in Pakistan for the last two decades.[2,3] The preference for a large family has contributed to Pakistan's slow contraceptive uptake and growing population, currently estimated at 207 million.[4,5] If Pakistan's family planning programming hopes to reduce family size ideals, it is essential to understand the considerations contributing to a desire for four children.[2,3]

A significant body of literature has described the complex negotiations that feature in and contribute to, reproductive aspirations. Family size ideals are a reflection of the social, economic, political, and cultural contexts in which they occur, and as such, are informed by regional, national, and global histories.[6] Notwithstanding significant heterogeneity, Pakistan is characterized as a patriarchal society with distinct gender roles that structure behaviour, including reproductive behaviour and decision making.[7,8] Among Pakhtuns, as with most Pakistanis, the conventional sexual division of labour meant that men acted as providers and protectors, while women acted as housewives and mothers.[8-10] These roles reflect general societal level dynamics with individual interactions and relationships differing substantially, and it is worth noting that these norms are often subject to contestation and negotiation.[10,11]

In general, the patriarchal context plays a key role in supporting son preference, which is the most well documented factor contributing to family size ideation.[2,7,12-14] Son preference, however, is a function of ideological and logistical considerations embedded in systemic poverty, patriarchy and the geopolitical context. The higher value of sons is linked, in a structural sense, to their role in ensuring their family's economic security.[2,7,15,16] In the context of a non-existent government social welfare system, families act as safety net against economic hardship. Couples seek to address the economic uncertainties of their lives, and associated social anxieties about an unpredictable future through their fertility.[16]

The economic benefits of sons reflects the wider patriarchal context which, in general, further excludes women.[6-9,17-19] Strong segregation norms restrict Pakhtun women's access to public spaces, linking female mobility to the *ghairat* (honour) of male relatives.[10,20] These restrictions limit the opportunities available to women. Pakhtun women's access to material resources often relies upon men within the household, such as her husband, or adult sons.[10] The limitations to women's education and employment further necessitates their reliance on sons as for economic security.[7,14]

Material deprivation, however, only partly explains differences in family size preferences including the emphasis on sons. Evidence from South Asia has demonstrated how systems of social exclusion and lack of opportunities for upwards mobility can contribute to a preference for a larger family.[21] A small but growing body of literature from Pakistan has described how caste systemically marginalizes portions of society and their access to maternal health services.[22] These structural inequities continue to persist despite the efforts of poverty-reduction schemes.[22]

The importance of sons for couples extends to their role as a form of social capital and marker of social status.[7] Women, in particular, experience differential treatment within the community based on their childbearing pattern.[7] Among Pakhtuns, as in other areas in Pakistan, joint households can be the site of conflict and tensions between familial women.[10] The birth of a son secures a young Pakhtun woman's position in her marital family, while garnering her respect from other women in the household.[10] A daughter-in-law who bears many sons may experience preferential treatment from her in-laws.[7] In contrast, women without sons experience verbal, and sometimes physical abuse, with the ever-present threat of divorce or her husband's remarriage.[7] As a reflection of the social capital associated with sons, the birth of a daughter is often met with

sadness; in contrast, the birth of a son is celebrated with the distribution of sweets.[7,10,23] Many maintain that the preference for sons reflects the extra care and responsibility associated with raising daughters.[7]

An additional element of uncertainty for which couples, in certain geographic regions in Pakistan, must prepare is exposure to violence posed by an ongoing conflict and Taliban insurgency.[24] Global evidence from South Asia, the Middle East, and sub-Saharan Africa suggests that the possibility of violence shapes childbearing patterns which may be informed by the loss, or the possibility of losing, sons.[25-33] Emerging from acute and protracted conflicts, this body of literature describes the reproductive strategies undertaken to manage the perceived risk of child death which often includes increasing child bearing.[25,31] Despite the global literature base, there is limited work investigating the role of violence and conflict in Pakistan. To my knowledge, only one study has demonstrated how conflict can structure and shape the fertility discourse in Pakistan.[26] This study demonstrated the role of sectarian violence on fertility behaviour and family size preferences.[26] Little is known about the role of the ongoing conflict with the Taliban and subsequent untimely violent deaths on family size ideals in Pakistan. Nevertheless, acute insecurity and conflict increases the precariousness of life, in turn shaping fertility behaviour.

Missing from the Pakistani literature is a description of the complex local and global forces that shape family size ideals. While the importance of son preference in structuring family size preferences is well documented, there is a need to nuance our understanding of the value of sons. I argue that my respondents' son preference, and the associated family size ideals, were an attempt to manage the precarity of daily life given their larger geopolitical context and class positionality. Using 13 months of ethnographic data, I aim to unpack family size preferences in a

village in Khyber Pakhtunkhwa by situating these preferences within their wider sociocultural, political, and economic complex. Although I discuss the array of factors that influence family size preferences, I acknowledge that these dilemmas invite multiplicity of actions and recourses, and that the social locations individuals and families inhabit will affect their family size decisions. This article focuses on providing a snapshot of the many complex issues that feed into the ideation of family size, and not the associated medical recourses people may use to achieve their ideals. By providing a rich description of the normative values, interactions, and everyday life in a village in Khyber Pakhtunkhwa, this article demonstrates the pragmatism of the family size decisions of my informants. The results from this article will provide essential information that can inform Pakistani family planning policy.

4.3 Methods

This study draws on a critical ethnography conducted in Nashpatai Kalay, Khyber Pakhtunkhwa (name of village changed to ensure confidentiality). Data were collected over the course of 13 months from September 2013 to April 2015. I hired one male and one female research assistant with a background in qualitative research or community based participatory work. Before starting data collection, I trained the research assistants on the study objectives and provided a brief introduction to qualitative methods. The research assistants and I collected the data in two phases.

Phase one of the data collection focused on participant observation. The primary goal of this phase was to generate an in-depth understanding of daily village life, in particular, information about the social structure of the village including gender, class, caste, and any other hierarchies. The research team took on the role of 'participant as observer,' whereby they participated in village life while asking questions and observing activities.[34] As 'participants as

observers,' we became part of the community and engaged in *gham khadi* (sad and happy events).[20,35] We were held to the same expectations to actively participate in the community as were other community members, and would receive *geela* (voicing of offence) if we did not. However, there were limitations to the level of my participation, for the villagers were acutely aware that we were outsiders to the community, and when attending events or visiting homes we would be treated as special guests. By observing the subtle nuances of community interaction, the research team was able to access the unspoken knowledge and values that underlie culture in this context. The research team recorded a total of 242 participant observation notes. During this phase, the research team also identified respondents for phase two of the research.

Phase two of the data collection focused on understanding how villagers made family planning decisions. The primary data collection strategy of this phase was in–depth interviews. Ethnographic research is focused on generating a rich, in-depth understanding of the subject matter.[36] As such, the research team prioritized understanding their participants' own views and experiences, and contextualizing family planning decisions within their lives. The research team gathered information about the respondents' family dynamics, social status, ongoing conflicts with other villagers or individuals, and also perceived stressors in their lives.

A total of 76 participants (41 female, and 35 male) were purposively selected based on relative socioeconomic status, family size, and contraceptive use, and included during phase two. Given the history of the creation of Nashpatai Kalay, all my respondents would be classified as poor in relation to national standards. However, we aimed to sample the heterogeneity in socioeconomic status within the village, albeit, differentials were small. Participants underwent a minimum of two interviews with each lasting approximately two hours, and we conducted a total of 197 in-depth interviews. The extended data collection period allowed the research team to

witness changes in the participant's lives, including miscarriages, pregnancies, births, illness, marriage, and deaths.

Interviews were conducted in Pakhto. I interviewed female respondents and the male research assistant interviewed male respondents. Gender norms precluded me from talking to men about family planning, a sensitive issue in this context. Where permission was granted, the research team audio recorded the interview. I phonetically transcribed the interviews in Pakhto written into Roman script, and key excerpts were later translated into English during the data analysis as needed.

Latent content analysis[37] was conducted guided by the research objectives operating under a social constructivist epistemology.[38,39] Social constructivism posits that reality is constructed through shared meanings and knowledge. My study, as a critical ethnography guided by a social constructivist epistemology, was attentive to the grand narratives that governed my respondents' lives. I focused on uncovering tacit power relations, and their role in reproducing social inequalities. This included interrogating the dominant discourse surrounding ideal family size by centering the lived experiences of my respondents. My analysis investigated systems of power and social exclusion such as class, caste, and gender and their role in maintaining a preference for certain family size. I also aimed to locate my respondents; family size preferences in their larger context. In my analysis, I did not aim to investigate the role of the insurgency and conflict on fertility behaviour, however, these findings strongly emerged through my investigation of family size preferences. Open coding was first conducted through which distinct ideas and concepts were identified. Axial coding generated categories by exploring how codes related to one another. Lastly, the categories were grouped together to generate themes.[37] Coding was conducted manually, but the data was managed with Atlas TI.

Numerous efforts were made to ensure analytical rigor. Firstly, data were collected in two rounds. The first visit to the village was for a total of nine months, after which preliminary analysis was conducted. The second round of data collection took a total of four months, during which the emerging results were verified with the respondents and further probed. Secondly, extended immersion in the village allowed for a rich and deep understanding of the participants and daily life in Nashpatai Kalay. During the analysis stage, I paid special attention to issues of representation, and was careful to strike a fine balance between losing a voice and giving one too much power.[40] Peer debriefing throughout the analysis process with my research team ensured that points of views were not over- or underemphasized. Lastly, detailed field notes were maintained that documented decisions that were made and concepts that emerged throughout the data collection process.

I received ethics approval from the University of Alberta Health Research Ethics Board and the National Bioethics Committee in Pakistan. Verbal consent for interviews and recordings were obtained before interviews commenced. Consent was also reconfirmed before the research team left the village. All personal identifiers from the data were removed and the name of the village was changed.

4.4 Results

4.4.1 Class, Marginalization, and Insecurity: Nashpatai Kalay

Nashpatai Kalay is a relatively new village created about 60 years ago. It was, however, shaped by a set of unique regional and class-based histories. The settlement was built upon plots previously owned by a local landowner, locally known as the 'Khan.' This land was gifted to Khan's ancestors by the British for their services to the colonial power. Standing water had rendered the lands uninhabitable and unsuitable for farming. Khan used a desiccator to absorb

the water and unearth fertile farming lands. He then recruited *hamsaya* to assist with tending the land, this group was provided a small income and housing. Traditionally, *hamsaya* are from low-status socially disenfranchised castes such as *nai* (barbers), *gilkar* (masons), *qasab* (butchers), *daighmars* (those who cook rice), and *shah khel*.

The class and caste positionality of this group materializes in their marginalization and limited access to systems of power and influence. Like all low status castes in South Asia, they face multiple oppressions that are institutionalised in local social, economic and political structures. These include exploitative labour practices with limited options. Their marginalization is furthered through a lack of access to high quality educational institutions and participation in political institutions. Life as a *hamsaya* is precarious. If they fall out of favour with a local Khan, they can be evicted overnight. Within Nashpatai Kalay, one family had experienced such abuse in their previous village. One of the daughters had secretly married the son of the Khan her father worked for. The Khan was outraged and forced his son to remarry without allowing him to divorce my respondent's daughter as a form of punishment. The family was also exiled from the village.

A few years ago, the Khan sold small lots of land to the *hamsaya* working his fields. These lots and the houses built on them now constitute the village of Nashpatai Kalay. The land they farmed was rented from the Khan under a system locally known as *ijara*. Farming was the primary source of income for villagers although it was insufficient for many families. After paying rent, little was left over and so many supplemented their income with unskilled, casual labour and skilled labour. Jobs in the formal sector, particularly government jobs, were highly sought after as they were salaried and reliable. Few obtained such jobs, since scarcely any had the required education and training, and those who did lacked the required social connections or

money for bribes. These jobs were highly uncommon in the village, and if a man was fortunate enough to obtain such an opportunity it usually required travel to Peshawar. Of the 35 male respondents only two had government jobs, both of which were low-grade jobs with little to no possibility for upward mobility.

The class positionality of the villagers was reflected in their lack of access to resources and development. They lacked the political capital to lobby for development in the village. For example, the neighbouring village had cooking gas connections, but the government had not provided any in Nashpatai Kalay. Instead of gas stoves, residents burned kindling and dung patties to cook their food. Electricity was available, but power was intermittent. In the summer residents often went up to eight hours with no electricity.

Nashpatai Kalay was also influenced by particular geopolitical context characterized by insecurity and conflict. The village was located in the province of Khyber Pakhtunkhwa, a region in Pakistan rife with instability. Most recent estimates suggest that 80,000 Pakistanis have been killed as a result of terrorism between 2004 and 2013 with the most of these deaths occurring in Khyber Pakhtunkhwa.[41] A long history of conflict and foreign insurgency structured how my respondents thought about life and death, particularly violent death. Their memories of conflict extended beyond their lifetimes and were exemplified by collective folk songs and stories describing epic historic battles across the region.[42,43 44] More recently, though, many respondents had personally witnessed the influx of Afghan refugees into Pakistan, first as the result of the USSR and US proxy war, and again after the recent US insurgency in Afghanistan.[45-47]

The ongoing conflict in Pakistan is intricately connected to activities in Afghanistan. The 2001 invasion of Afghanistan by NATO and its allies, in response to 9/11, marked the initiation of 'War of Terror.'[48] Pakistan became actively involved in US operations in the region, which

included combating extremist groups within Pakistan.[48,49] Unlike the Afghan Taliban, the Pakistani Taliban are an alliance of autonomous Islamist groups.[24,48] Approximately, half of this alliance identifies as Tehrik-i-Taliban Pakistan (TTP), although even these allegiances are fragmented with frequent disagreements regarding territory.[24,50,51] Taliban activities in Pakistan are focused in geographies where Pakhtuns reside.[24,48] The well-known Taliban siege of Swat between 2006-2009 occurred approximately a four-hour drive from Nashpatai Kalay.[52,53]

The insecurity in Pakistan, and Khyber Pakhtunkhwa in particular, was an ever-present concern that permeated the lives of the villagers. During my 13 months in the village, there were several Taliban attacks, including an attack on polio workers and police escorts a 15-to-20-minute drive from the village. The possibility of terrorism was a palpable reality for villagers. When the girls' school in the village was closed and the students were sent home, the villagers automatically assumed there was a threat from a suicide bomber. Many women shared their fears that their child may die in a random act of violence, some even invoked the 2014 Army Public School (APS) tragedy as proof that their fears were justified. The APS tragedy refers to the TTP attack of an elementary school in Peshawar operated by the Pakistani military as retaliation for military operations in Wazirstan.[54] This event resulted in the deaths of 141 people including 132 children.[54] The appalling nature of such a large scale attack, targeting children nonetheless, emphasized the fragility of life for my respondents.

The precariousness of everyday life was reflected in the *akhna bakhna*, a traditional goodbye custom. Preceding an extended period of separation, it was traditional for individuals to ask each other for forgiveness for their mistakes. This behavior was rooted in the belief that God does not forgive trespasses against other individuals, unless the individual wronged has themselves forgiven them. After asking forgiveness, one party would often say that death was

unpredictable, but if we are still living then we will once again meet. For respondents, every goodbye was an acknowledgement of the instability of their lives.

The data illustrates the precariousness of life in Nashpatai Kalay. For my informants, this uncertainty was marked by structural poverty, patriarchy, insecurity, and violence. The following sections will describe how respondents undertook reproductive strategies to manage these multiple insecurities. Moreover, I will describe how their family size ideals of four to six and son preference acted as a means by which they coped with their gendered and class-based limitations.

4.4.2 Son Preference in Nashpatai Kalay

Son preference was common in Nashpatai Kalay. Despite a stated desire for an equal number of daughters and sons, my respondent's fertility behaviour exhibited their powerful desire for sons. The preferences they demonstrated reflected the social forces that shaped their daily experiences which included a patriarchal context that limited the potential activities and utility of daughters. The material deprivation that characterized my respondents' lives resulted in a preference for sons given their ability to increase economic capital. The social stigma sonless couples experienced further accentuated son preference. Moreover, the threat of interpersonal conflict, and acute insecurity in the region contributed to a desire for sons. Coupled together these considerations led to a preference for a large family as a means to manage possibility of an untimely death. The following sections will unpack the specific economic, social, and political considerations that influenced respondents' son preference, and, in turn, family size ideals.

4.4.2.1 Economic Advantages of Sons

Economic precariousness, marked by poverty, and unstable and insufficient employment, was a condition common to life in Nashpatai Kalay. Like much of the region, agriculture was the

primary economic activity in the village. Limited economic returns were a longstanding feature of agriculture with which the landless and disenfranchised grappled. Its persistence, however, only served to maintain son preference. Lately, agriculture had become increasingly insufficient to support a family. Many respondents were compelled to supplement their farming with other forms of employment; however, their class positionality limited their opportunities. As a result, they sought jobs within informal economies without protection from the state. Most men relied upon temporary employment and/or daily wages (ranging from PKR 200 to 500 [$2.50-6 CAD] and PKR 700-800 [$8.40-9.60 CAD] for skilled labour). These daily wage opportunities were characteristically inconsistent and brief. Given the nature of this work, these positions were mostly seasonal.

Elderly woman (EW): What is Abdul doing?

Middle-aged woman: Nothing. He is sitting at home.

EW: There are no jobs, there are no jobs, and now it is winter; everyone is sitting around, just like that.

The informal economies my informants participated in were characterized by a surplus of men seeking labour positions. This contributed to a climate of scarcity which furthered the uncertainty of their lives. Their complaints about unemployment reflected their dissatisfaction with the inaction of the elite, the state, and lack of development in the region. Nashpatai Kalay is located in the South Western part of Khyber Pakhtunkhwa, and the close proximity of Punjab meant that respondents were acutely aware of comparisons between the two provinces in terms of resources and development.

In the car, the men were saying, that from Mardan onwards everyone is poor. There is no work, nothing. Khan didn't make a factory.

-*Elderly woman*

As the "labouring poor," respondents experienced material scarcity that forced them to rely upon kinship and community networks. The data suggests they built their families strategically to maximise economic returns in a context of chronic poverty and limited economic opportunities where children acted as "generational insurance."[55] They believed sons, in particular, were the key to poverty alleviation. The economic value of sons in my respondents' lives reflected their ability to help their fathers. By tending the lands and contributing additional income, which often began at as young as 12 years old, sons decreased the financial pressures their father experienced. Financial contributions and assistance continued through adulthood, as many informants lived in joint family households where sons, once married, brought their wives into their parents' home. In a context where families had little to no savings or reserve funds, sons acted as a financial safety net for their parents. This net was particularly important as parents aged, and men were no longer able to work. Several sons contributing a percentage of a lower income was as lucrative as a few sons with high paying jobs.

Mindful of these conditions, respondents cast themselves as poor, a notion that extended beyond economic scarcity and was characterized by lack of access to power. To be poor was to be in an *incomplete* state -- a deficit which they adjusted for with sons. Without access to networks of power or financial resources, respondents relied upon the primary resource at their disposal, sons. Given their class-based limitations, sons acted as a means through which a family could change their fate. Participants waited in *anticipation* for when their sons would grow up and improve their family's standing.

Rich people don't have that much of a need [for sons]. They're complete, they're complete in every way. God gave birth to them complete…. Poor people are just in anticipation, in anticipation.

-Middle-aged woman

The economic precariousness of daily life necessitated a reproductive strategy that managed this financial insecurity within their class-based limitations. In Nashpatai Kalay, this managemetn included a preference for several sons.

4.4.2.2 Gendered Impact of Sonless-ness

The sociocultural significance of sons can best be understood by unpacking the social implications of sonless-ness. In Nashpatai Kalay, to be sonless was to suffer severe social sanctions, pity, and ridicule. Maltreatment often took the form of *paighor* which in the local cultural context were powerful insults with a resonance so strong that they invoked the desire to die or kill the offender. Sonless couples were given *paighor* in the form of the moniker "*meerat"* (heirless). In Pakhtun culture, the term *meerat* dually functions as a curse and form of profanity. It carries the symbolism of *ruin*, referencing the destruction of familial lineage, and economic downfall. It also carries a moral undertone; for, although participants overwhelmingly believed that the gender of one's children was the will of God, this belief was complicated by the conviction that sonless-ness reflected 'bad character.' Couples without sons were seen as morally deficient. They were repeatedly told '*khudai pejandaly ye"* (God recognized you) implying that God recognized their lack of character and deemed them unworthy of siring sons.

While both men and women suffered from such social sanctions, the form that these took tended to be highly gendered. Women, for their part, disproportionately experienced *paighor*, which was often delivered by their extended family. Those who lived in a joint family home

experienced *paighor* from sisters-in-law almost daily. These *paighor* and the associated social stigma were emotionally painful for women. Every failed attempt to have a son, moreover, destabilized a woman's position within the household and shaped her interactions with her extended family. Her fear of her husband's remarriage grew with every daughter she bore. This was exacerbated by the social stigma, which was often contradictory in nature: while community signaled to a sonless woman that the birth of a daughter should upset her, for example, they simultaneously reprimanded her for displays of grief that they perceived as disproportionate. Wailing at the birth of a daughter was viewed as a demonstration of ingratitude which God punished with more daughters. As a result of these sanctions, some women actively strategized ways to avoid the negative social impact of sonless-ness. This included constructing themselves as a victim of forces beyond their control, drawing upon occult explanations, and blaming black magic and evil eye for their sonless state. Others restructured the significance of a daughter employing counter-readings that framed daughters as a harbinger of good fortune for the family. For example, several respondents believed that a first-born daughter would guarantee her parents' entrance to heaven.

Men experienced the social sanctions of sonless-ness in different, but also highly gendered, ways. Sonless-ness was considered emasculating, and the *paighor* men experienced insinuated they were impotent and unable to fulfil their socially constructed gender roles. In contrast to women, the impact of sonless-ness did not severely influence men's social status within their household, but rather, it lowered their standing within the community. Many in the community expressed sentiments of pity for men with many daughters. These sentiments starkly contrasted with the respect and admiration men with many sons.

For example, if someone has 2 or 3 children, then people say who? People have to tell them it's so-so's child. If you have 6 sons, then people say its so-so's father. They live like a king; my father was sitting on a throne. God gave him so many [sons] that they are spread over the country.

-Elderly man

These social sanctions carried real and often dire consequences. Although all my respondents experienced a common precariousness,[56] the father of few or no sons experienced heightened precarity. Beyond the economic implications of sonless-ness previously discussed, sonless-ness had implications for interpersonal relationships Sonless men had relatively lower access to power, and consequently, to respect—as was the case for one participant who had 13 daughters and was rarely invited to social gatherings. Moreover, in contrast to daughters, sons increased their father's community networks through their connection with other men in the village.

Whoever has daughters they don't really engage in gham khadi (happy and sad events). [They say] I have daughters, tomorrow they will get married and go to a stranger's house.

-Elderly woman

For men who relied upon daily wages, smaller community networks had implications for their employment. Many of the social sanctions associated with sonless-ness related to sons' roles in poverty alleviation and physical protection. Given that men's experiences of sonless-ness were connected to class positionality, wealthy men did not experience sonless-ness as severely

Middle-aged woman (MW): … They're very spik (insignificant), the father of daughters is very spik.

AA: So then if a man has wealth, and has a lot of daughters do people still look at him spik?

MW: No, no, they're okay.

4.4.2.3 Interpersonal Conflict: Family Feuds and the Concept of Honour

Respondents undertook reproductive strategies aimed to manage the acute insecurity of daily life, and heightened potential of violence discussed above (see 4.4.1). One form of violence was interpersonal conflicts with extended family or other community members. Interpersonal conflicts were caused by a variety of issues, including disagreements about money, dishonouring female relatives, or acting in a disrespectful manner. While these disputes rarely escalated to actual violence, concerns related to the *potential* of interpersonal conflict fed into underlying discourse about the uncertainty of life and importance of having several sons as a form of protection.

Given that altercations, even between two individuals, involved their families and kinship networks, an affront to one family member's honour threatened to destabilize the honour of the whole family -- in particular, an individual's paternal relatives (*tarboor*). For respondents, honour was a complex concept that influenced many different spheres of life. Cemented in the *Pakhtunwali*, a code of honour that guides the lives of Pakhtuns, honour was closely tied to male self-image and masculinity.[10,20,57] Although the articulation of the *Pakhtunwali* is subject to negotiation and contestation,[58] for my participants, honour was deeply tied to their ability to take *badal* (revenge). They believed that securing the family's honour was men's responsibility.[10] This was not, however, a purely individual obligation; maintaining honour was thus a collective and familial responsibility, and it was expected that a man's *tarboor* would support him during a conflict. When one respondent's son, for example, was involved in an altercation with a young

man from another village, she shared their fear that the conflict may escalate. Her nephew (husband's brother's son) was the most upset by the fight, his anger likely a reflection of his social obligation to defend his cousin.

It follows, therefore, that many respondents viewed having many brothers, nephews, and paternal uncles as a kind of protective force. Individuals were charged with safeguarding their *tarboor*'s honour even in death. If a family member was murdered, then their family would take *badal.* In many cases, this revenge could result in a *dushmani* (blood feud) that could span generations and cost many lives. If a family did not have many male heirs, their lineage could be obliterated.

> *Like if you have a car, you're driving a taxi, and someone comes to steal it. And you say no this is mine, I use this to earn money for my kids. And he shoots you, kills you. Then someone in your family will definitely take badal from them, that is unavoidable.*
>
> *-Young man*

Engaging in conflict was thus a calculated decision based on who had more *zalmai/zwaan* (young men), and, who might in turn have a competitive advantage. Men with many sons and brothers interacted with others in a way that reflected their strength based on their family size. Families that had many *zalmai/zwaan* were given liberties not afforded to families with fewer *zalmai/zwaan.* In turn, the *zalmai/zwaan* in a family reflected a man's ability to safeguard his family's honour.

Given that the number of *zalmai/zwaan* within a family was crucial as a means of protection, since they acted as a physical support system during conflict, a man's strength was described specifically in relationship to his sons. The phrase *mazboot* was used to describe men with sons, and this word called upon the imagery of something strong, heavy and unshakeable.

Several sons made a man's *mla mazboot* (back strong) and *maat mazboot* (fist strong). The multiple precarities of life necessitated men to be firm, as their survival was predicated on a need to be able to prevail through conflict, insecurity, and poverty.

Well, sons make a man's maat mazboot, right? Tomorrow, when he looks at them, his heart is at ease, right? That, it's enough, I have sons. If there's anything, I have sons, right?

-Middle-aged man

It is important to note the nuances distinguishing these phrases, which relate to distinct types of strength attained from sons. *Mla mazboot* referenced how sons supported their father through financial hardships, physical conflicts, and any other issues that may arise, while *maat mazboot* referenced the physical strength of sons. In contrast, men without sons were *spik*, which is the antonym of *mazboot* meaning light. *Spik*, has a dual cultural meaning, and was used to describe someone who has flawed character and insignificant.

Even as it was a primary means of protection, the *tarboor* relationship was also a potential source of conflict. A long history of land disputes had contributed to enmity and friction within *tarboor* (paternal relatives). In Nashpatai Kalay, security was closely tethered to land. The competitiveness between brothers was linked to Islamic inheritance laws which that meant that, upon his death, the property and wealth of a sonless man was inherited by his brother.

Elderly man (EM): Like, there was this guy who didn't have sons. He had his own house, everything nice. And when he had a son, other people came to congratulate him. But he said his own elder brother didn't congratulate him. He [elder brother] was thinking his brother will continue to be meerat, and all this will be left to me, so there's that issue.

RA: Okay, meaning his own brother was happy he was meerat?

EM: Yes.

Respondents did not view the court system as an option to pursue land thefts. In fact, seeking justice through the legal systems was socially stigmatizing. Most people, nonetheless, did not have the resources or land titles needed to access the legal system.

The complex and often antagonistic relationship among *tarboor*, driven by resources, thus often structured fertility decisions. Having many sons was used a reproductive strategy to protect against land theft from their brothers, although the next generation would have to deal with the resultant smaller inheritance which in turn further fueled competition between brothers. Nevertheless, a couple would consider the number of children the husband's brothers had when considering their desired family size.

Yeah, mostly it's our Pakhtun tarboor system, right? In it there's the thing, if your tarboor have a lot of sons, then your wife says I want a lot too. So that tomorrow if there's a fight, or if they do anything, we will be enough.

-Middle-aged man

4.4.3 Insurgency and Conflict

The precariousness of life in Nashpatai Kalay was characterized by increased risk of an untimely death. Violence, whether caused by interpersonal conflict, state-led violence, and the insurgency, was the most often cited cause of an untimely death. Informants employed reproductive strategies that managed the potential premature death of a child. They believed two sons, at minimum, were vital insurance against life's unpredictability. This protected them from being sonless, even if one of their sons died prematurely.

What is two children? Death comes, yes God will take care of you, but what is one son, right?

-Middle-aged woman

These fears surrounding an untimely death were validated by the history of conflict in Nashpatai Kalay, which had been recently exacerbated by an ongoing insurgency. These geopolitical realities were an ever-present. The geopolitics of the region coupled with the growing insurgency was an ever-present feature in Nashpatai Kalay (see 4.4.1). The instability constituted an "everyday emergency,"[59,60] a term which describes how precarity and the disruption of life come to constitute a new normal. The ensuing conflict and insurgency were transformed into a begrudgingly accepted aspect of respondents' lives.

Given how conflict permeated the lives of my informants, innocuous daily activities such as the visit to the market necessitated a negotiation of the risk of an explosion. Visits to family members in other cities were forced to consider travel restrictions and road closures. Although mass violent events were not very frequent, the violence in the region had affected many families and communities. Most of my participants could share a tragic story of a distant relative, friend, or acquaintance whose lives had been affected by the violence. For some, their male relatives were involved in regional clashes with insurgent groups. One woman shared how her relatives had taken up arms against the Taliban. She described the ensuing violence, the barrage of bullets, and the many who died. Despite being able to keep their village 'clean,' several men who had supported the Taliban during their insurgency were able to flee. Other women in the village had husbands, sons, or nephews who were members of the police force or army.

Nowadays, they shoot people, kill people. Even the police are killed. And they are my children. They are killing my children. Who are members of the police? Aren't they my

children? If my son isn't in it, her son isn't in it, someone else's son isn't in it, then where will the police come from?

-Elderly woman

In light of the geographic focus of the conflict, several of my respondents believed that they specifically, as the Pakhtun people, were being targeted. The sentiments held by participants reflected largely held beliefs by many Pakhtuns that the Pakistani state is indifferent to Pakhtun suffering.[61] Most recently, these sentiments have erupted in the Pashtun Long March to protest the disappearance and mistreatment of Pakhtuns.[61] Respondents perceptions that they were being targeted were one of the only ways they could explain decades of foreign insurgency and violence in the region.[24,48] They believed that their physical prowess and strength was a threat to any insurgent or opposing group, which is why external actors aimed to limit their population growth.

America and Russia are after them. It's because if there are no Pakhtuns then there is nothing. Look, only one group, Pakhtuns, have stood up to America, no Punjabis, no Sindhis, no one.

- Elderly man

Participants' reproductive strategies also reflected demographic concerns of a shrinking Muslim population. Many saw Western promotion of family planning in Pakistan as an extension of their military intervention in the area, and an effort to weaken their population. Respondents framed their fertility as an untapped potential, which could produce great leaders to fight back against any enemies who sought to destroy them. They also believed that in contributing to the growth of the population, they were preparing for a possible attack that might decimate the population.

Yes, people will say there are lots of them. People will say it's a big nation. If there are a lot and there is a bomb, or something, the country will stay free. That's why we say, "why should we shut down my 'machine?'" We'll just continue to have [children].

-Middle-aged man

By having a large family, my respondents sought to help protect their people and the larger nation, ensuring that both would continue to thrive despite violent attacks or conflict that might occur in the future.

4.5 Discussion

Family size ideals in Nashpatai Kalay were the result of a negotiation of ideological and logistical considerations embedded in structural poverty, patriarchy and intra-family and regional conflict and violence. The combination of these forces manifested in a strong preference for sons.

Son preference in Pakistan and its role in alleviating material poverty has been well documented within the literature.[2,7,12-14] My findings support the existing research describing the economic benefits of sons. Nevertheless, I extend these results by demonstrating that many of the structural and systemic issues that contribute to son preference continue to persist in Pakistan. The social ontology of precariousness, which describes the uncertainty of life and interdependency of people on each other, lends insight into the importance of sons as a means to manage uncertainty.[62] Although precariousness is an element of daily life for all individuals, certain segments of populations disproportionately experience ill health and death.[62] For my respondents, the precarity of their lives did not only reflect their material poverty but also reflected the restricted the opportunities availability to them because of systems of social

exclusion. The pervasive poverty and limited class mobility experienced by my informants generated economic uncertainty leading them to opt for the benefits of a larger family. The lack of social structures of support, necessitated an overreliance upon sons as the main means of financial support in old age. As an attempt to prepare for an unknown future, sons acted as 'risk insurance,'[63] guaranteeing a certain income level where, given their class-based limitations, the pursuit of education would not necessarily lead to employment.[19] Fertility was a strategy through which my respondents attempted to manage the precarity of life.

My findings support a large body of literature that has described the social sanctions of sonless-ness for women.[7,23] However, my findings also revealed the salient implications of sonless-ness for men. Sonless-ness compromised a man's masculinity and status within the community. To the authors' knowledge, this study is among the first to document the social sanctions that men experience when they have few sons. The research precedent has described the importance of *paighor* in Pakhtun culture,[35] however, these findings are among the first demonstrating how *paighor* shape reproductive strategies for both men and women. These results may explain the social importance of remarriage for sonless men as a way to mitigate the stigma of sonless-ness.

Among my most novel findings was that the precarity of respondents' lives extended beyond material deprivation and was linked to increased risk and incidence of violence and insecurity. Within Pakistan, a history of invasion coupled with an ongoing Taliban insurgency and a limited state-provided security from community violence constituted the backdrop for fertility decisions. my respondents employed reproductive strategies that reflected these sociopolitical histories and present. This study initiates a preliminary discussion of the role of violence on fertility behaviour in Khyber Pakhtunkhwa. As a precursory investigation of these

considerations, my study contributes to a body of literature that illustrates the complex ways conflict shapes fertility practices.[25-33] It builds on Randall's proposal that we must recognize the specificity of how conflict influences fertility by situating these behaviours within their historical, political, and cultural context.[32] I propose that further work is needed to unpack the role of interpersonal clashes, state violence, and geopolitical conflicts on family size ideals in Khyber Pakhtunkhwa.

The rural poor in Pakistan live precarious lives marked by health inequities, unstable labour, debt, violence, and social exclusion. The poor must improvise and innovate as a way to address the uncertainty of their lives. [64] The intimacy and persistence of the family must be viewed as a way to manage the multiple insecurities that disrupt daily life.[60,65] [62] As Judith Butler describes, we are more ethically responsive to those with whom we feel belonging and affinity.[65] Respondents' reliance upon kinship networks can then be understood as a fragile arrangement used to navigate the economic and political structures.[64] This study demonstrates the importance of understanding, what Veena Das and Shalini Randeria refer to as, 'the slow knife of erosion of the everyday"[64] and how it shapes reproductive strategies.

Decreasing the fertility rate in Pakistan is contingent on addressing the upstream factors that contribute to the need for a large family. Among these concerns are insecurity, interpersonal violence, the economic violence of poverty, and class-based exclusion from systems of power. Despite a large body of literature that has described the importance of material deprivation on family side ideation, these considerations remain largely unaddressed by government policies. Poverty-reduction strategies have often excluded the most marginalized and disenfranchised populations.[22] Ultimately, if Pakistani family planning programming and planning is to have any

impact on the population growth, then the state must first address the structural factors that contribute to family size ideals.

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5 Chapter 5 (Manuscript 2): Family Planning in Pakistan: A Site of Resistance

5.1 Abstract

As the population of Pakistan has burgeoned beyond 200 million, it has become increasingly self-evident that the country's family planning program has proven unable to sufficiently increase contraceptive use to address population growth. I argue that contributing to the limited contraceptive uptake are citizen's suspicions of an ulterior motive underlying Western support for family planning. By placing these concerns in their larger geopolitical context characterized by foreign military intervention, local corruption, and an exclusionary political system, I investigated perceptions of the Pakistani Family Planning Program. I conducted a critical ethnography in a village in Khyber Pakhtunkhwa, Pakistan. I collected 13 months of ethnographic data including 242 observations of daily life, 109 informal interviews and 197 in-depth interviews with 76 participants (41 women and 35 men). Data were analysed using latent content analysis. Respondents viewed Western support for family planning as confirmation of their suspicions of the program's hidden agenda. Western military intervention in the region complicated their beliefs about the potential altruistic nature of foreign support for the family planning program. Awareness of rampant corruption among Pakistani government officials had fractured respondents' trust in the state while contributing to their notion that the government was complicit with foreign interference. These considerations coupled with participants' belief that the priorities of the Pakistani Family Planning Program did not align with their daily lives contributed to their skepticism of family planning. For respondents, resisting family planning and its ideology was a means to resist the perceived violence inflicted by the West and the complicity of the Pakistani government. My findings signal how geopolitics

influence the use of family planning services. By demonstrating the importance of embedding perceptions of family planning programs in their local and global contexts, these findings inspire potential areas for future research and exploration in reproductive health.

5.2 Introduction

At present, Pakistan – with a population of 207 million – is the world's sixth most populous country.[1,2] Addressing population growth is a concern for the Pakistani state which fears the economic and social implications of unbridled growth.[3,4] Pakistan launched its family planning program in the 1960s, making it a pioneer among developing countries. Fifty years later, the program is having difficulty increasing contraceptive uptake. The current contraceptive prevalence rate (CPR) stands at 35%, compared to 62% in Bangladesh and 56% in India. [2,5,6] Pakistan's low CPR in comparison to other countries in the region has been an active and contested point of inquiry among demographers and other scholars.[7] Much has been written about Pakistan's slow contraceptive uptake describing *cultural* barriers, varying political support, and service delivery failures.[7,8] The body of knowledge has, primarily, focused on service delivery failures postulating that improving supply to contraceptives would in turn increase contraceptive use.[8-11]

Research on ideological barriers to contraceptive use, however, regularly uncovers questions by citizens about Western support for family planning programs.[3,7,8,12-15] Many of these fears relate to suspicions that the goal of family planning is to shrink the Muslim population.[12-15] Despite the persistence and prevalence of these beliefs, the family planning literature has failed to unpack them. These fears, instead, are often dismissed as unfounded conspiracies.

Irrespective of the question of their veracity, however, it is essential to understand the nature of these anxieties voiced by Pakistani citizens. This study investigates perceptions of the

Pakistani Family Planning Program by situating these concerns in their larger geopolitical context characterized by foreign military intervention, local corruption, and an exclusionary political system. By focusing on unpacking these beliefs, to be sure, I do not seek to overstate their role in contraceptive decision making. Although I acknowledge that a multitude of factors contribute to the uptake of contraceptives in Pakistan, my study aims to understand a belief that has not been fully investigated within the literature recognizing it may not be determinative of behaviour. It explores family planning in a village in Pakistan as a key discursive site, or the site where discourse and power operates, in which individuals' resistance to Western intervention was manifested.

5.2.1 The Population Apparatus: Mobilizing Against Uncontrolled Population Growth

The theoretical underpinnings of this article are informed by Michel Foucault's work on governmentality and biopower. In defining governmentality, Foucault posits that government's goal is to ensure its population's welfare by improving people's wealth, health, and living conditions by whatever means necessary.[16] One way that governments' achieve this goal is by first identifying behaviours that need adjustment, and then motivating individuals to regulate their behavior. However, power is not centralized in the state; instead, Foucault argues that power is internalized through norms. The internalization of norms generate subjects that self monitor and generates a discourse that every level of society holds to be true.[17]

The framework of governmentality has been applied by theorists such as Ronald Greene to understand how governments regulate population size. As Greene notes, uncontrolled population growth was first problematized by Thomas Malthus,[18,19],who posited that the planet was unable to sustain its current rate of growth, and that agricultural limitations would lead to food shortages. He argues that Malthusian rationality formed the basis of creating a governing

apparatus, which he terms the population apparatus, to address this perceived population crisis.[18] This apparatus, Greene argues, has continued to frame population growth as a threat, viewing "the over-reproducing body" as a risk to financial stability in the West, and to modernization in Latin America, Africa, and Asia.[18,20] It also considers poor and racialized bodies, in particular, as dangerous and in need of control.[18,20-24] In many cases, the population apparatus targets these groups through coercive and forced sterilization.[21-24] In short, it seeks to regulate reproduction as an apparatus of biopower.

Despite the limitations inherent in Foucault's work,[17,25-27] I argue that both it and Greene's premises regarding the operation of the population apparatus provide useful frameworks to understand how power is mobilized through technologies of the self. This article uses these theories to highlight normalizing practices enforced by systems of domination. More specifically, it focuses on how the population apparatus, as a mechanism of biopower, regulates the reproductive body in a village in Pakistan. Foucault also theorizes how the reproductive body acts a site for discursive contention which includes resistance and transformation.[28] My findings describe how respondents resisted the ideology, and sometimes associated practices, of family planning as a means to resist Western intervention.

This article uses empirical data collected through ethnographic work that took place during thirteen months in Nashpatai Kalay in Khyber Pakhtunkhwa. I aim to understand participants' perceptions of the family planning program. I will first resituate family planning within its political context that includes a brief overview the complex history of Western intervention in the region. I will then demonstrate how respondents' knowledge of the ongoing conflict and beliefs about the close association of family planning with the West constructed

family planning as the site where resistance manifested. Lastly, I will unpack how informants' ethnic and class positionality coloured their understanding of family planning.

5.2.2 The West in Pakistan

As noted above, many Pakistanis continue to harbour suspicions that the country's family planning program is driven by ulterior motives.[3,7,8,12-15] These beliefs and fertility behaviours, however, must be situated within their wider geopolitical context.[29] In Pakistan, this context includes a complex history of Western involvement in the country and the neighbouring region. In brief, Pakistan is a postcolonial state that gained its independence from the British in 1947. The region once again became the focus of the West when, in the late 1970s, Afghanistan became the arena for a proxy war between the Soviet Union and the US.[30] Pakistan became heavily involved in this conflict. Given Pakistan's strategic location, the US hoped to elicit Pakistan's support for its efforts in Afghanistan. A large military and economic aid package, and F-16 fighter aircraft sale guaranteed the Pakistani government's compliance.[31]

This broad pattern repeated itself in 2001, when Afghanistan again because the focus of a US intervention. The US invasion of Afghanistan, in response to 9/11, marked the initiation of 'War of Terror.'[32] Once again, Pakistan was implicated in US operations fighting extremist groups which included combating groups such as the Taliban within Pakistan.[32,33] The Taliban in Pakistan, which differs from its counterpart in Afghanistan, is an alliance of autonomous Islamist groups of which half identifies as Tehrik-i-Taliban Pakistan.[34] Overall, an estimated 80,000 Pakistanis were killed as a result of the conflict between 2004 and 2013, the majority of these deaths occurring in Khyber Pakhtunkhwa.[35]

A large body of literature, emerging from this complex geopolitical context, has described Pakistanis' discomfort with US involvement in the country. In particular, this literature

has described beliefs such as the notion that the US uses covert, backdoor operations to protect its interests in the region[36,37] or that “America” supplies ongoing financial support for Al Qaeda.[38] A recent Pew Research Center global opinion study found that 74% of Pakistanis call “America an enemy,” a 5% increase from previous studies.[39] Public protests against drone strikes, the naming of the CIA station chief in a lawsuit, and the refusal of US civilian aid packages reflect public concern related to US intervention in the region.[40]

Perceptions regarding the suspicious nature of US involvement in Pakistan have been exacerbated by events such as the 2011 Raymond Davis Affair, when a private security contractor from the US killed two men in Lahore, causing a diplomatic incident between the US and Pakistan. The Davis incident called into question the role of US forces in Pakistan and the conflict in the region.[38] Other events cast doubt on the US support for development programs. The CIA’s use of a polio vaccination campaign as a ploy to locate Osama Bin Laden seemed to confirm Pakistan’s suspicions about the neutrality and altruistic nature of US-funded health programs.[41]

Further complicating the situation, the ongoing conflict exacerbated pre-existing ethnic tensions. The localization of the conflict in areas where Pakhtuns reside[32,34] has contributed to the propagation of stereotypes of Pakhtuns as extremists. Most recently, police memos have been released which describe their targeting by police.[42] The belief that the Pakistani state is indifferent to Pakhtun suffering has led to the emergence of the Pashtun Tahafuz Movement, a movement to protest the mistreatment of the Pashtuns by the Pakistani state.[43] The popularity of the Pashtun Long March, organized by the the Pashtun Tahafuz Movement, demonstrates the ground swell of resistance from which anxieties about family planning emerge.

5.2.3 The Pakistani Family Planning Program

As noted above, the rate of contraceptive use in Pakistan hovers at only 35.4% and the most commonly used contraceptive methods are condoms (8.8%) and female sterilization (8.7%).[2] The Pakistani method mix starkly contrasts with the global method mix, where the preferred methods are female sterilization, IUDs, and birth control pill.[44] Patterns of contraceptive use differ even more strongly in Khyber Pakhtunkhwa where the rates of use are 28.1% and the most common methods are withdrawal (8.1%), condoms (7%), and injectables (5.2%).[45]

Despite inconsistent service delivery,[8-11] the government remains the largest provider of contraceptives with 45.6% of users obtaining their contraceptives through these services, and 35% using the private medical sector.[2] As the largest provider of contraceptives, the state has launched numerous family planning initiatives programs, often targeting the poor. The largest is the government's national Lady Health Worker program, which hires women to provide family planning and basic health services within villages.[46] The federal government, moreover, committed to several global development goals which include increasing family planning access as a component. Most recently, as part of the FP2020 goals, the government has committed to increasing the national contraceptive rates to 55% by 2020.[4] In Khyber Pakhtunkhwa, provincial goals include increasing the CPR to 42% by 2020.[3]

Pakistan's family planning program has reflected the rhetoric and mandate of the global population apparatus, with its emphasis on controlling population growth as an essential component of economic success and modernization.[47] This rhetoric reflects the history of family planning programs globally which were initiated as means to manage concerns related to geopolitics, economic development, and eugenics.[18,23,48,49] Foreign support, moreover, has

continued to play a pivotal role in paying for and shaping family planning programming in Pakistan.[3,50] Foreign funding for family planning amounts to 661 million between 2009 and 2019, in the order of 17% of the public sector allocation for the year.[3]

5.3 Methods

A critical ethnography in Nashpatai Kalay in Khyber Pakhtunkhwa, Pakistan informs this study. The main economic activity in the village was agriculture, the main crops being sugar cane, maize, and wheat. Villagers rented the lands under the *ijara* system, where individuals pay the landowner a set yearly fee. Nashpatai Kalay had no gas access, and residents burned twigs, leaves, or dung patties to cook their food. Electricity was intermittent, especially during the summer months. The closest rural health centre was approximately a 20–to-25-minute walk away. All the villagers were ethnically Pakhtun with the majority belonging to the Mohmand tribe.

The research team collected data over a period of thirteen months between September 2013 and April 2015. I collected the data with two research assistants (one male and one female), both of whom had backgrounds in qualitative research and/or community-based participatory work. I conducted a brief training session with the research assistants on the study objectives and data collection techniques. I had family connections with the village of Nashpatai Kalay, which assuaged the villagers' fears about the researchers' intentions and provided security during data collection.

Data were collected in two concurrent phases. Phase 1 focused on understanding the hierarchy and dynamics of village life. Drawing upon participation observation methods, we took on the role of "participant as observer," focusing on engaging in village life while observing and understanding the village context.[51] Building relationships, trust, and acceptance allowed us to

create a context where participants felt comfortable discussing sensitive issues. A total of 242 participant observation notes were recorded. We also identified the participants we would include in Phase 2.

Phase 2 focused on unpacking family planning decision-making. We purposively selected 76 participants (41 female and 35 male) based on their family planning use, socioeconomic status, religiosity, and family size preference. Each participant was interviewed at least two times with each interview lasting a minimum of two hours. We gathered information about the respondents' social status, family dynamics, and stressors. Understanding the respondents' experiences allowed us to contextualize family planning decisions within local, national, and global landscapes. We conducted a total of 109 informal interviews and 197 in-depth interviews.

We conducted all interviews in the local language, Pakhto. I interviewed the females and, due to gender norms, the male research assistant interviewed the males. The research team recorded all interviews, which I later transcribed in Pakhto written in Roman alphabet. A small sample of excerpts were translated into English as needed to include in documents shared with other members of the research team. A latent content analysis [52] was conducted using a social constructivist approach.[53,54] I coded the data, identifying distinct ideas and conceptions, while considering the intent of respondents' comments within their context. Axial coding was then done, which considered the relationships between codes and identified emerging categories. The categories were brought together to generate the themes that inform this article.[52] I used Atlas TI to manage the data. Because I am a critical ethnographer, critical theory informed my work. Critical theory holds that all thought and language are ideological, and that individuals fail to recognize the role of ideology in their behaviour.[55-57]

As an individual of Pakhtun ancestry, I operated from an insider-outsider position. The community required that I engage with them in a way that one does not have to when one is an outsider. My positionality helped build rapport and allowed for a deeper investigation of the research topic.[58] For instance, I found that respondents introduced her to others in the community with the moniker 'brother-less,' yet I did not face the same stigma as other son-less or brother-less individuals. This moniker allowed me to probe and unpack the interrelationship between sons, wealth, and power. Operating from an insider-outsider position necessitated an especially reflexive approach.[59] Because I was an insider-outsider, the politics of representation were especially important for me, as I was and continue to be responsible to multiple audiences.[60]

We made several efforts to ensure rigor. Firstly, we collected data in two rounds. The first visit to the village lasted a total of nine months, after which I conducted a preliminary analysis of the data. The second round of data collection took a total of four months, during which I confirmed my preliminary analysis with the respondents and probed further. Extended immersion in the village allowed for a rich and deep understanding of the participants and daily life in Nashpatai Kalay. A reflexive approach and peer debriefing throughout the analysis process with the research assistants, my supervisor, and committee ensured that we did not over- or underemphasize specific voices or perspectives. During the analysis stage, I paid special attention to which voices were silenced and which generalized, striking a fine balance between losing a voice and overemphasizing another.[56] Lastly, the research team maintained detailed field notes documenting data collection decisions and concepts that emerged throughout the process.

Both the University of Alberta Health Research Ethics Board and the National Bioethics Committee in Pakistan provided ethics approval. The research team obtained verbal consent for interviews and recordings before interviews commenced. We also reconfirmed consent before

leaving the village. I removed all personal identifiers from the data and changed the name of the village.

5.4 Results

5.4.1 Lack of Resonance of the Logic Underlying Family Planning in Pakistan

My data suggest that respondents' understanding of the ideal family size challenged the population priorities of the Pakistani state and the global population apparatus. The global population apparatus has constructed Pakistan as a site of uncontrolled population growth. The Pakistani state concurs with this construction, and its family planning programs promote small families with slogans such as "*do bachi hain achi*" (two kids are best) and "*chota khandan, khushala Pakistan*" (smaller family, happy Pakistan). There was widespread awareness of these slogans. According to the dominant discourse, participants' uncontrolled reproduction was problematic for the Pakistani state. As poor, rural-dwelling individuals with low levels of education, the residents of Nashpatai Kalay exemplified the targets of Pakistani family planning programming.

Respondents, however, doubted the connection between a small family and national prosperity. Instead, they felt the need to protect Pakistan from any population shortages that could occur. Underlying this view were fears about the insecurity in Pakistan—including the ever-present threat of terrorist attacks—which played a significant role in my informants' lives and informed their understanding of the global political context. They believed that Pakistan was in the midst of a serious conflict, as one respondent demonstrated when asked what is behind Pakhtuns' preference for larger family size:

Yes, people will say there are lots of them. People will say it's a big nation. If there are a lot and there is a bomb, or something, the country will stay free. That's why we say, 'why should we shut down our machine?' We'll just continue to have [children]. (*Sparley*)

My participants believed they could support Pakistan by maintaining its population size, in stark contrast to the national discourse associating a smaller family with national prosperity. They also demonstrated little confidence in government reports about the country's inability to support so many citizens because, they said, they had seen no evidence of the potential resource shortages that concerned the government. Some believed governmental concern about scarcity was a lie to encourage citizen compliance. As Ghorzang said,

If 180 million people can be fed by the country, your seven/eight children can't be fed? But we say that's it. Four children that's it. Look at your means.

The logic behind family planning programs in Pakistan did not resonate with participants, which furthered their belief that there was an ulterior motive to the focus on family planning by the government, nongovernmental organizations (NGOs), and foreign actors. Moreover, the state's focus on reducing fertility felt disconnected from respondents' lived realities: they saw a small family as misaligned with their priorities and as something undertaken by others—in the West, in cities, and by the rich.

5.4.2 Perceptions of Western Interference in Pakistan

Respondents reluctantly accepted the ongoing conflict and associated uncertainty in Pakistan as an aspect of their daily lives. Their understanding of the conflict included a deep-seated resentment about the interference of Western agents in Pakistan. The violence in the region and its escalation directly correlated with US intervention. Generally, my participants accepted that the US would go to any lengths to achieve its aims, among which was the

destruction of Islam. The certainty that the US was capable of deceit and dishonesty complicated their perspective about the ongoing conflict with the Taliban. Shinogai explained it this way:

> *Some people say they [the attackers] were Taliban. Look, would Taliban commit such an atrocity? Suicide bombers? I think it's the Americans. They want to ruin our country. Eliminate Muslims.*

Respondents' understanding of the ongoing conflict in Khyber Pakhtunkhwa contained many contradictions. They were not active supporters of the Taliban, and in many cases their families had actively opposed Taliban forces. Their perspective on the conflict, however, was coloured by a refusal to accept the grotesque nature of Taliban violence. My informants did not consider the Taliban an external insurgency, but rather a local force at odds with the government. Framing the Taliban as a local group rooted in the Pakhtun community carried assumptions about their behaviour. Participants believed that the Taliban would adhere to certain war ethics, including avoiding attacks on children and women. At the same time, Taliban attacks, such as that which killed 144 children in Army Public School in Peshawar in December 2014, threatened to shatter this illusion. Many respondents believed that an outside force was committing some of this violence to defame the Taliban. By accepting this contradiction, they could both acknowledge the Taliban's violence but also dispel their discomfort with attacks they found inconceivable. Often, the outside party they blamed, for especially grotesque attacks, was the US government and its agents, because my respondents believed only they were capable of extreme violence to achieve their ends. Innocent lives lost in drone attacks only affirmed the widely held belief that the Americans devalued local lives.

Brekhna: They just give a bad name to Muslims. They have also given a bad name to the Taliban. Now when they bomb from overhead in the planes they don't only kill Taliban, right?

AA: Yes, other people die, right?

Brekhna: Before in Buner, in Swat, they started bombing, and people had to move. When people left Swat, there was this woman, and she said her husband was injured there. She spent a few days in the madrassah, then left. She filled a drum and left like that. People are ruined by events like this, right?

Participants could not reconcile the notion that their "own" people (the Taliban) could commit such horrible acts against their "own" (the Pakistani people). This skepticism did not indicate pro-Taliban sentiment. Rather, it reflected a deep-rooted distrust of the dominant discourse explaining unrest in Pakistan. Respondents resisted the dominant discourse by developing their own understanding of the Taliban's actions.

Suicide bombers? Taliban would kill Muslims? Taliban have a bad reputation, but Taliban, it's like, Taliban spend their lives learning to live like the Prophet, why would they do this? People say the government said this and government said that, but up until this moment the government hasn't even found out who is doing these explosions. Who are these suicide bombers? They don't even know that. What do they know then? (Rekhmina)

My informants held such strong suspicions of the West that they were convinced the West was in some way responsible for the carnage and the conflict, which absolved the Taliban of some responsibility. This perspective adds fuel to the idea that the Taliban are justified in their fight against US forces.

5.4.3 Mistrust in the Pakistani Government

My informants believed that government complicity was an essential enabler of Western intervention in Pakistan. They experienced the Pakistani government as an exclusionary institution that sustained and reinforced class differences in Pakistan. The state's top-down approach to governing has historically excluded the rural, poor, and uneducated from taking part in policy decisions. Respondents' mistrust of the Pakistani government was deepened by their exclusion.

This mistrust manifested heavily in discussions of the ongoing conflict in the region. Respondents doubted that the government accurately reported the number of casualties from terrorist attacks. They viewed the Pakistani government as unable to bring the perpetrators of terror acts to justice. In their opinion, this failure was a symptom of the government's willingness to abdicate responsibility.

Participants believed that Pakistan's government officials were vulnerable to financial enticement by foreign actors, particularly the US. Awareness of widely reported corruption among Pakistani government officials served to further undermine respondents' trust in the government.

Now whoever wants to act without honour they say let's get into politics. (Qajeer Gul)

Respondents critiqued every level and type of government official for their corruption. Some had personally experienced this corruption when trying to navigate these governmental systems such as when they were obtaining identity cards. There was little belief that the government would work to protect the interests of its citizens.

5.4.4 Family Planning as a Discursive Site

5.4.4.1 The West and Family Planning

As I have described above there was a gap between the ideal family size conceptualized by participants and that conceptualized by the Pakistani state and the global population apparatus. This gap, coupled with their mistrust of the intentions of the West and the Pakistani state, constructed family planning as the site of resistance to the West. These considerations laid the foundations for respondents' belief that family planning was an attempt by the US and other Western governments to reduce Muslim populations.

My informants heavily criticized the Pakistani government for adhering to Western values and rejecting Islam. The Pakistani government's fertility policies have been, and continue to focus on limiting population growth, and contrast strongly with its citizens', such as my respondents, pro-natalist values. They understood the tension between these two values as evidence that family planning was transplanted American ideology.

> *In Islam, it says two years spacing in Islam, that's because of breastfeeding. These needles, pills, Westerners made those.* (Samsor)

The rhetoric of the global population apparatus has framed our respondent's uncontrolled population growth as threatening. Participants echoed this rhetoric except they reframed these fears as the US and western governments' response to their power. They believed the Muslim (and Pakistani) population was capable of disrupting global systems of domination, specifically the Western-backed systems of domination and oppression. More importantly, respondents saw this power as located in the large size of the population. They believed that the US felt threated by this powerful force and aimed to weaken it by controlling its growth. The promotion of family

planning was thus the US and other western governments' response to the fear of Muslim ascendency.

Toryal: We had a teacher—at that time family planning was just being introduced in the village—and he told us to have a lot of children because these other countries are trying to ensure that there is no one born that will defeat them.

RA: Like Muhammed bin Qasim, Tariq bin Ziyaad [historical Muslim conquerors of South Asia], like that?

Toryal: Yes, have lots [of children] so a person like that is born.

Participants believed that as the enemy of Islam, the US's goal was to harm and suppress Islam. Ideological resistance to Western interference was universal amongst respondents, and deeply embedded in their psyche.

They are our enemies. America is our enemy. They are our biggest enemy. (Perkha)

5.4.4.2 Resistance

Within the village, resistance took on multiple, albeit subtle, forms. My participants did not have access to the discursive technologies of power, including the production of their own narrative. Instead, they mainly relied on everyday forms of resistance. Respondents fell into two groups: those who actively resisted family planning, and those who took a passive approach. For those who actively resisted, this often manifested as a reconceptualization of *how* to control fertility. Awalmir put it this way:

No, no, the other day the NGO people came, and my wife told them that, yes, there are ways [to have fewer children] but not the ways that YOU tell us to.'

This reconceptualization included favouring traditional methods, such as withdrawal. Respondents framed withdrawal as the Islamic, or *Sunnah* (the way of the prophet), method, as

opposed to other methods that were foreign imports. Another classic example of this resistance was when a local religious leader changed the writing on a billboard: originally the billboard said that people should have "2 children." He added zeros, changing the message to have "200 children."

The majority of my informants took a more passive approach to resistance. They utilized "weapons of the weak." This term, coined by James C. Scott, describes everyday resistance that uses such methods as pilfering, foot-dragging, evasion, feigned ignorance, and false compliance.[61] False compliance was common: my respondents had learned to respond to inquiries about family size by saying they did not want more children. Despite using family planning methods, they were still concerned about reductions to the Muslim population. These demographic anxieties were widespread. They also transferred these anxieties to other public health initiatives funded by the US and other western funders, such as polio vaccination. There was significant uncertainty about polio vaccinations as respondents had heard that it rendered children infertile in the future.

5.4.4.3 Identity Politics: Being Poor and Pakhtun

Participants lived at the intersections of poor, Pakhtun, Muslim, and Pakistani. These multiple identities influenced their experience of the population apparatus, and in turn, their understanding of family planning.

Because they were poor, the population apparatus constructed their reproductive behavior as especially problematic for the state and requiring regulation. The wealthy and elite reproduced the rhetoric of the population apparatus in their interactions with the poor. They ascribed limited bodily autonomy to the poor, and the fertility practices of this group only transformed into a site

of public discourse. We observed the rich elite publicly discuss and disparage respondents' family size, both existing and planned.

Participants' Pakhtun identity also provided a lens through which they understood themselves in Pakistani and global politics. According to them, family planning was a way that the West targeted not only Muslims and Pakistanis, but also the Pakhtun people. As Pakhtuns, my respondents felt subjugated by Pakistan's policies, which they believed created limited economic opportunities and development in their province of Khyber Pakhtunkhwa. Such sentiments reflect strong ethnic divisions that underlie the precarious Pakistani national identity. Pakistan was envisioned amidst fears of a united India in which Muslims were to be marginalized.[32] Muslim identity has not worked as a unifying factor in Pakistan. Ethnic lines fragment the country. The geographic focus of the ongoing conflict in areas heavily populated by Pakhtuns has deepened their sentiments of disenfranchisement. My participants experienced the population apparatus as an extension of the subjugation of the Pakhtun people. As Bacha explained,

> *America and Russia are after us. It's because if there are no Pakhtuns then there is nothing. Look, only one group, Pakhtuns, have stood up to America. No Punjabis, no Sindhis, no one.*

The positionality of respondents thus complicated their understanding of family planning. Although family planning was a symbol of the West, class and ethnicity coloured their experience of their subjugation.

5.5 Discussion

Fertility is, by its nature, political, and deeply embedded within the politics of identity.[62] Family planning controls and limits the reproductive potential of a community, determining what

a nation or community's population looks like.[62] The resistance exhibited by my respondents was, in many ways, analogous to the resistance to family planning in many Muslim countries. Algeria, for instance, initially strongly opposed family planning as part of an anti-imperialist project, as did Iran.[13] Similarly, my respondents believed there were political undertones to family planning and fertility control. Their perceptions speak to well-documented evidence that fertility plays a key role in political struggles and conflicts. The literature demonstrates how control over the reproduction of populations can be harnessed for domination over weaker groups, for instance, the coercive sterilization of Romani women by several European States,[64] as well as the overall history of eugenic practices.[64,65] However, the literature also establishes that fertility can also be harnessed as a vehicle for resistance to domination, for instance Palestinians adopting pro-natalist behavior as resistance to Israeli occupation.[63]

My study aimed to unpack the anxieties surrounding the Pakistani Family Planning Program. I demonstrated that these concerns reflect a larger geopolitical context. The ongoing conflict which includes Western military intervention in certain geographic regions in Pakistan had complicated my informants' understanding of Western support for family planning. Although, it is worth noting that their beliefs regarding the nature of foreign support for family planning overstates foreign financial contribution made to the program, which in practice amounts to only 17%.[3] Participants, nevertheless, *understood* family planning as a means through which Western actors enacted power over their lives. My research shows that my informants felt they were doubly targeted: on the one hand, the Pakistani state targeted them because they were rural-dwelling, poor, and uneducated. On the other hand, Western actors targeted them because they were disenfranchised residents of the "Third World."[18]

The class positionality of my informants shaped their perceptions of family planning. By linking population control to modernization and progress within the country, the Pakistani Family Planning Program viewed contraceptive use as an essential element of ensuring the prosperity of the country.[3,4] The construction of the "poor" as in need of intervention was an essential aspect of the population apparatus wherein the bodies of the poor were believed to be dangerous potentialities that must be controlled.[20,66] This approach, as experienced by my respondents had provided little to no space for them to voice their needs and concerns.

Expectedly, respondents pushed back against the global population apparatus that framed their reproduction as dangerous. Instead, they challenged these beliefs, arguing that their high fertility was a means to support Pakistan. This resistance was, at one level, a reflection of their feelings of marginalization, inability to effect change, and systems of social exclusion. An emerging body of literature has demonstrated that suspicions, such as those voiced by my interlocuters, reflect the disenfranchisement of populations who use these beliefs as their only avenue to respond to dominant asymmetrical political discourse.[36,67,68] The literature in Pakistan, however, has dismissed concerns about the motives of family planning as misconceptions and conspiracies.[14] My findings suggest that these conspiracy theories should, instead, be viewed as means through which socially marginalized groups, like my respondents, understand and contextualize events within their geopolitical context.[36] The pervasiveness of similar suspicions related to polio vaccines allude to these anxieties extending beyond health and reflecting systemic issues such as social exclusion, poverty, inequity.[41] As such, it is essential to understand the larger political context within which my respondents expressed their resistance to the family planning program. This article locates resistance to family planning within its complex political

and historical history and calls on Pakistani family planning policy and programming to focus on the concerns and voices of the citizens it seeks to target.

My research traces the roots of my informants' anxieties about family planning to concerns about foreign military intervention in Pakistan, government corruption, and exclusionary political systems. Respondents' perceptions of the Pakistani Family Planning Program were embedded within this larger geopolitical context which moulded how they understood and interpreted the governmental focus on family planning. Dismissing perspectives such as those exhibited by my respondents does not allow for an in-depth understanding of the structural and systemic issues that have allowed these suspicions about family planning to thrive. In order to encourage contraceptive uptake, it is critical that we disentangle the source and nature of these anxieties in Pakistan.

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6 Chapter 6 (Manuscript 3): Family Planning, Islam and Sin: Reconciling Belief and Behaviour in Pakistan

6.1 Abstract

Pakistan, with a population of over 207 million, is the sixth most populous country in the world. Yet, only 26% of eligible couples report using a modern contraceptive method. A large body of literature has highlighted Islam as one of the key obstacles to increasing contraceptive use. The widespread belief that Islam views family planning as a sin is often cited as evidence that Islamic beliefs impede contraceptive use. I argue that this body of literature, which has relied primarily on quantitative measures and survey methodology, is highly reductive. Missing from this discourse is a nuanced analysis of how individuals engage with their Islamic beliefs to make fertility decisions. Drawing on 13 months of ethnographic data, my data suggest that despite most of my respondents overwhelmingly believing family planning use was a sin, almost all of them were current or previous contraceptive users. My findings demonstrated that respondents used three strategies to reconcile their contraceptive use with their beliefs: (1) Questioning the premise that contraceptive use was a sin, (2) Discounting the importance of sin, instead, prioritizing economic hardship, and social stigma in their decision making, and (3) Describing conditions where contraceptive use is permissible such as when using certain contraceptive methods, 'spacing' births, or experiencing health concerns. My findings nuance our understanding of how Islam shapes reproductive strategies in Pakistan.

6.2 Introduction

With 70% of the population under the age of 30, population growth is a key concern for the Pakistani state.[1] Despite the importance of reducing population growth, family planning, the

most effective means of reducing growth has proven unpopular. Currently, Pakistan's modern contraceptive prevalence rate (CPR) is 26%, which is far lower than the rates in Bangladesh (54%) and neighbouring India (48%).[2-4] Pakistani family planning programming and policy makers have framed Islamic beliefs related to religious proscriptions and fatalism as a key obstacle to increasing the country's CPR.[5-10] A deference to God's will and the subsequent lack of intention to use contraceptives is most often cited as evidence that Islamic ideology is impeding contraceptive use,[7,11] as is the widespread belief that family planning is a sin.[8,9,12]

The Pakistani government has responded to these perceived barriers by demonstrating that there is scriptural support for family planning use.[13] This is a defensible claim given that the larger schools of Islamic thought including the Hanafi, Maliki, Shafi, Hanbali, Zaydi, and Jafari school believe in the permissibility of some, if not all, reversible methods.[14,15] In broad terms, the stance of most *Madhahib* (paths/schools of though) within Islamic jurisprudence's (*fiqh*) on the permissibility of contraceptives is method dependent. *Fiqh* classifies contraceptives into two categories: reversible and irreversible.[16] Most Islamic scholars agree that irreversible methods such as sterilization are impermissible, while reversible methods (i.e. condoms, injectables, pills, IUDs, etc.) are permissible.[16] The case for methods such as condoms, pills, injectables, and IUDs is built upon hadith that relay instances when the Prophet Mohammed encouraged the use of the *'azl* (withdrawal) and the employment of analogous reasoning (*qiyas*) to extend this permission to other reversible methods.[16]

Even among Islamic scholars, however, there exist disagreements on the circumstances within which these methods should be used. Several of these arguments are premised on the belief that limiting fertility is a challenge to predestination (*qadr*) and reliance on God (*tawakkul*). Many Muslims view contraceptive use as an affront to God as the ultimate

provider.[14,15,17] Islam's tacit pronatalism further complicates attitudes towards family planning.[14,17] Some scholars have compared contraceptive use to infanticide.[14,17] Others cite demographic concerns and conspiracies to support their resistance to contraceptive use.[16]

Recognizing the complexities of this issue, the Family Planning Association of Pakistan has created publications that focus on the example of *'azl*, using *qiyas* to demonstrate permissibility of all temporary methods.[18] Religious leaders, moreover, have been mobilized to encourage contraceptive uptake.[13] Pamphlets and texts used to promote family planning follow the structure of religious texts, establishing the permissibility of contraceptive use based upon the Quran, hadith (stories of the prophet), sharia (Islamic law), *hukm* (Muftis' binding pronouncements) and *fatwas* (religious rulings by jurists).[18]

My review of the literature, however, suggests that the influence of Islamic barriers on contraceptive rates in Pakistan may be overstated. Evidence from demographic surveys confirm that, despite the prevalence of the belief family planning is a sin, couples are using contraceptives, particularly those with higher education (highest education level= 43.8% vs. no education=30.2%) and socioeconomic status (highest quintile=45.8% vs. lowest quintile=20.8).[3] These findings allude to the importance of other considerations, beyond religious beliefs, in contraceptive decision making.

A key shortcoming of the literature, I argue, is the lack of a nuanced exploration of the role of Islamic ideology on contraceptive use. With the exception of several program reports focused on unpacking Islamic barriers,[5,6,19] the existing academic literature is predominantly quantitative and relies upon survey methodologies to explain the correlation between religion or its proxy, fatalism, with contraceptive use.[8,10,20] I contend that these quantitative measures are incapable of capturing the myriad ways in which Muslims engage with Islam when making fertility decisions.

An emerging body of literature has sought to understand how Muslims globally use their interpretative agency to navigate religious precedents, and the various other considerations that influence their fertility goals.[21-24] Mahmood proposes that we must re-interpret agency, in discussions of religious practice, to move beyond secular notions of subversion and resistance to patriarchal norms. Instead, she proposes, agency should be reconceptualised as a modality of action wherein individuals innovate within religious traditions.[25] Supporting this belief, an emerging body of literature has demonstrated how Muslim women engage their Islamic beliefs in complex and nuanced ways to accommodate behaviour that is outside the realm of religious permissibility.[21,22,26-28] For instance, Sahu and Hutter demonstrate how Muslim women in Bangladesh and India negotiate religious norms to justify their use of induced abortion and certain contraceptive methods such as oral contraceptive pills.[21] This body of research challenges the assumption that individuals are passive recipients of religious teachings, instead, demonstrating the innovate ways women re-interpret their beliefs.[21,22,26-28]

Despite this global research precedent, however, I am unaware of any studies disentangling how individuals negotiate their religious beliefs and contraceptive practices in Pakistan. Drawing on ethnographic fieldwork in Khyber Pakhtunkhwa, Pakistan, this article describes how individuals, in what is stereotyped as a religiously conservative society, negotiate their belief that family planning is a sin with contraceptive use. More specifically, it seeks to understand how, if at all, the religious beliefs of family planning users differ from non-users, and their implications for contraceptive uptake. Although my informants negotiated several economic, logistic, and ideological considerations in their daily lives, I seek to focus on the influence of Islam, and, in doing so, do not intend to overstate the importance of this belief system on decisions. Instead, my study is a call to nuance our understanding of how Islam shapes family planning decision-

making in Pakistan. My paper aims to explore my informants understanding of the Islamic stance on family planning use and disentangle how these Islamic convictions shaped contraceptive practices. My work draws upon cognitive dissonance theory to disentangle the interplay between my respondents' religious beliefs and family planning behaviour.

6.2.1 Theoretical Framework

Cognitive dissonance theory informed my theoretical approach. Amended since it was first outlined by Festinger, cognitive dissonance theory explains the relationship between contradictory behaviour and belief.[29,30] In brief, the theory posits that individuals require consistency between their beliefs and behaviour for functioning.[31] Contradictory behaviours and beliefs create dissonance which produces measurable psychological discomfort and poor affect.[30,32] For dissonance to be generated the behaviour must be a choice and its negative consequences foreseeable.[30] Behaviours that are common within the community, even if contradicting beliefs, generate a reduced amount of dissonance.[29] Further nuancing cognitive dissonance theory is Steele's self-affirmation theory which states that individuals view themselves as good and will choose behaviours that affirm this idea. Engaging in behaviours perceived as immoral can challenge their concept of self.[29,33] Once dissonance arises, an individual must resolve it.[29] The most common strategy to dissipate dissonance is to change the dissonant belief so it supports the behaviour. Other strategies include trivialization, adding consonant cognitions (i.e. supporting beliefs), or adopting an additional self-affirming belief.[29]

I drew upon the framework of cognitive dissonance theory to explain the variety of ways that my study participants resolved the dissonance between family planning behaviour and religious beliefs. This framework was applied retrospectively to identify patterns within my results. I did not formally measure dissonance. Instead, I inferred dissonance through

contradictions between expressed beliefs and demonstrated behaviours. While other approaches to unpacking Islam's influence on contraceptive use have focused on understanding how religious beliefs are re-interpreted and assigned new meaning[21] or influenced by societal systems such as social exclusion,[27] or I believe cognitive dissonance theory can accommodate these interpretations. The use of cognitive dissonance theory, albeit a formulaic approach to understanding the negotiation of religious beliefs, is useful for health practitioners and policy makers. By outlining and delineating the numerous ways in which individuals reconcile their religious beliefs, the research can be mobilized to inform family planning policy and programming. The utility of cognitive dissonance theory for policy outweighs the deterministic nature of this approach. Although several studies have used the framework of cognitive dissonance theory to understand the dissonance generated by religious belief and contradictory behaviours,[34-36] to my knowledge, this study is the first to employ it to understand family planning decision making.

6.3 Methods

This study draws on a critical ethnography conducted in Nashpatai Kalay, Khyber Pakhtunkhwa (name of village changed to ensure confidentiality). Agriculture was the main economic activity. The villagers rented lands from a single landlord on which they cultivated sugarcane, maize, and wheat. Nashpatai Kalay was a young village formed only 60 years ago when a local Khan (landlord) portioned out lands, selling them to several families who worked for him. Many of the families that moved to Nashpatai Kalay were economic migrants. The men were seeking opportunities that were unavailable in their home villages. The majority were from low-status discriminated castes such as *nai* (barbers), *gilkar* (masons), *qasab* (butchers), *daighmars* (those who cook rice), and *shah khel*. Their class and caste positionality meant that

the villagers were excluded from systems of power. Gas, although available in the neighbouring villages, was unavailable in Nashpatai Kalay. Instead of using gas stoves, residents would burn kindling and dung patties to cook their food. Electricity was available, but power was intermittent. In the summer, residents often went up to eight hours without electricity. There was a girls' school in the village, and a boys' school in the neighbouring village, which was a 10-to-15-minute walk away. For higher education and board exams, most girls and boys travelled to Mardan, approximately 20 minutes away. The nearest rural health centre was approximately a 20- to- 25-minute walk. Several local health providers were present in the village, including a community health worker, an individual paid by the government to provide family planning and basic health services, and a dispenser who had no formal medical training but sold pharmaceuticals and provided medical treatment.

Data collection was conducted over the course of 13 months between September 2013 and April 2015. I hired one male and one female research assistant with backgrounds in qualitative research or community based participatory work. Before starting data collection, I briefly trained the research assistants on the study objectives and delivered a brief introduction to qualitative methods. My research assistants and I collected the data in two, often concurrent, phases.

Phase One of the data collection focused on participant observation. The primary goal of this phase was to generate an in-depth understanding of daily village life, in particular through information about the social structure of the village including class, caste, and any other hierarchies. The research team took on the role of 'participant as observer,' whereby they participated in village life while asking questions and observing activities.[37] As 'participants as observers,' we became part of the community and engaged in *gham khadi* (sad and happy

events).[38,39] We were held to the same expectations to actively participate in the community as were other community members, and would receive *geela* (voicing of offence) if I did not. However, there were limitations to the level of our participation: the villagers still were acutely aware that we were outsiders to the community, and when attending events or visiting homes we would be treated as special guests. By observing the subtle nuances of community interaction, the research team was able to access the unspoken knowledge and values that underlie culture in this context. The research team recorded a total of 242 participant observation notes. During this phase, the research team identified respondents for Phase Two of the research.

Phase Two of the data collection focused on understanding how villagers made family planning decisions. The primary data collection strategy of this phase was in–depth interviews. Ethnographic research is focused on generating a rich, in-depth understanding of the subject matter.[26] As such, the research team prioritized understanding their participants' own views and experiences, and contextualizing family planning decisions within their lives. The research team gathered information about the respondents' family dynamics, social status, ongoing conflicts with other villagers or individuals, and also perceived stressors in their lives.

We purposively selected a total of 76 participants (41 women and 35 men), based on relative socioeconomic status, family size, and contraceptive use, and were included during Phase Two. Although in comparison to national standards my participants were all considered poor, my sampling reflected the socioeconomic hierarchies in the village and included participants from the range of socioeconomic statuses found in Nashpatai Kalay. Participants underwent a minimum of two interviews with each interview lasting approximately two hours. The extended data collection period allowed the research team to witness changes in the

participants' lives, including miscarriages, pregnancies, births, illness, marriage, and deaths. This participatory approach added to the richness and depth of the data.

Interviews were conducted in Pakhto. Although I conducted the interviews with female respondents herself, due to gender norms the male research assistant conducted the interviews with male respondents. Where permission was granted, the research team audio recorded the interviews. I phonetically transcribed the interviews in Pakhto written into Roman script, and key excerpts were later translated into English during the data analysis as needed.

We conducted latent content analysis[40] guided by the research objectives operating under a social constructivist epistemology.[41,42] A social constructivist approach states that reality is constructed through shared meanings and knowledge which are socially situated. My study, as a critical ethnography under a social constructivist epistemology, focused on paying attention to the grand narratives that governed my respondents' lives. Critical theory challenges the neutrality of knowledge, linking it to systems of power. A critical approach necessitated focusing on the role of power in constructing shared knowledge. I focused on uncovering tacit power relations, and their role in reproducing social inequalities. During my analysis, my approach included interrogating the dominant discourse surrounding family planning use. Open coding was first conducted through which I identified distinct ideas and concepts. Axial coding generated categories by exploring how codes related to one another. Lastly, I grouped together categories to generate themes.[40] I manually conducted coding, however the data was managed within Atlas TI. Both the University of Alberta Health Research Ethics Board and the National Bioethics Committee in Pakistan provided ethics approval.

6.4 Results

My findings suggest that, although respondents believed contraceptive use was a sin, they negotiated these beliefs to accommodate their fertility behaviour. First, I will unpack the nature of their religious beliefs. I, then, will use cognitive dissonance theory to describe the different strategies that respondents employed to reconcile these beliefs with their contraceptive use.

6.4.1 Islam and Family Planning in the Village

Islam played a significant role in the lives of my respondents, governing their daily interactions and how understood the world. In Nashpatai Kalay, culture and religion were involved in a deep interplay that created a rich Islamic practice. A key aspect of my respondents' religious belief was the certainty that God, referred to variously as *Khudaiya Paaka*, *Allah Paak*, *Khudai,* and *Allah Malik*, was the ultimate decision-maker. God, they believed, determined births, deaths, marriages, and even employment. My participants maintained that to be a good Muslim was to accept God's will regardless of the outcome of an event. They found solace in accepting what God had written for them. Their belief system saw any attempts to challenge or interfere with God's will, which included actions such as wailing at a funeral or predicting the weather, as sinful. They also contended that using ultrasounds to determine the gender of one's child was interfering in God's work. The unreliability of ultrasounds -- whether due to errors or deliberate deception -- supported their belief that God was the ultimate knowledge-keeper. The limitations of scientific advancement, including the inability to create life and predict death, were proof that one could not challenge God.

These beliefs strengthened fatalistic attitudes by establishing why human beings should defer to God's will because any attempts to disobey God are pointless. Central to their belief in God was the notion of *rizq* (provision), or daily sustenance and shelter. All my respondents, without exception, firmly believed that God wrote an individual's *rizq* decades before one was

born. Therefore, they thought it was futile to worry about daily sustenance since it was already determined. Respondents' beliefs varied with some participants certain that their *rizq* would find them regardless of their actions, while others speculated that they had to work to receive their *rizq*. One respondent described an experiment he conducted to determine if one had to work for *rizq*. He quit his job for several months and sat at home; when he exhausted his financial resources, he concluded that God needs one to make an effort for one's *rizq*. Others compared *rizq* to the analogy of feeding a chicken; one scatters grains in an area and the chicken must run to gather each grain. Similarly, *God* has scattered *rizq* all over the Earth and one must follow it; jobs or other sources were just the vessels through which to receive what was already ordained.

The importance of accepting God's will stood in particular tension with the use of contraceptives to control one's fertility. Since my respondents contended that God determined everything, including the number of children a person should have, some of them viewed family planning use an interference with God's plan. Respondents believed that, in the afterlife, they would have to answer for not birthing any child that God ordained to be born. They feared that these unborn children would curse their parents, potentially harming them, their health, and position in the afterlife.

> *There's a sin in all of them [i.e. family planning methods]. If in your kismet [destiny] God has written eight children, and you have four, then you stop having more children, then God will show you those souls in the afterlife.*
>
> *-Woman (four sons, six daughters and two daughters who died in childhood)*

Some respondents believed that family planning use was indicative of a failing in faith. They contended that since God has promised *rizq* to every being, then to stop having children out of fear of not being able to provide was to demonstrate their lack of belief in God. Several

respondents even described the act of using contraceptives as *shirk*. *Shirk* is the sin of assigning partners with God, and many believe it among *the* worst sins a Muslim can commit.

> *When you have an abortion, it's a sin, if you kill someone it's kufr [sacrilege], but it [abortion] becomes a sin because in that moment your faith in God decreased.*
>
> *-Man (seven sons, four daughters)*

Participants believed so strongly in the supremacy of God's will that they were certain that even if one tried to stop a birth the child would still be born. Respondents shared several stories about how women who had IUDs became pregnant in various parts of their bodies. These stories were recounted by my respondents as a means to reinforce the supremacy of God's will.

> *I'm afraid if I have an operation and God makes me pregnant, then God will find a place [for the child]. I heard there was a woman who had an operation and God gave her one in her thigh, then God said that I know everything, do everything and give, right? It's God's work, don't interfere.*
>
> *-Woman (infertile)*

Adding to respondents' theological concerns about family planning were demographic anxieties related to a shrinking Muslim population. Overwhelmingly, their belief that family planning was a sin also reflected fears about Muslim population growth. Many believed that family planning was a Western conspiracy with ulterior motives.[16,43] These concerns were deeply intertwined with national and global politics. Conflicts worldwide that involved Western countries and Muslim populations disturbed my respondents, they viewed these events as attempts to destroy Islam. The ongoing Taliban insurgency in Pakistan and the state's military response to it primarily localized in Khyber Pakhtunkhwa,[44,45] served to further heightened demographic concerns. Many respondents believed that they, as Pakhtuns and Muslims, were

being targeted. Moreover, Western intervention in Pakistan, specifically by the US, to combat the Taliban was contentious. Although respondents did not subscribe to the Taliban's ideology-- several even had relatives who had taken up arms against the Taliban-- they still viewed the Taliban as Muslims and were unsure they had committed all the crimes attributed to them. Civilian deaths due to overhead bombing further complicated respondents' understanding of foreign intervention. Consequently, participants understood the ongoing conflict in Pakistan as an attempt by the West to weaken Muslims and Islam. Some believed that the West was afraid that a strong Muslim leader might arise, and one way to stop this was to halt Muslim population growth. Most of my respondents believed a large Muslim population was destined. They believed that women who facilitated God's will by having many children would be given a special position in *janaat* (heaven).

My respondents' demographic and theological concerns laced together to propagate the perspective that family planning was sinful. In fact, their belief was so powerful that they feared retribution if they used contraceptives. Their worldview illustrated what Murdock refers to as supernatural causation theory, which equates ill health to mystical sources such as fate, omnipotent powers, or retribution.[46,47] My informants believed that sinful behaviour was punished with negative life events (see Chapter 7). This perspective framed their understanding of events such as earthquakes which they believed were punishments for societal sin. In response, many in the village fasted to gain God's favour and prevent future earthquakes. Respondents shared several stories of women who were punished for family planning use through the death of their children. In Nashpatai Kalay, one woman who had undergone sterilization had lost her son in a swimming accident. This and similar stories were shared by my respondents to justify why they avoided and feared sterilization. Nevertheless, participants

believed that there were situations when contraceptive use, even sterilization, was not a sin particularly where there were health concerns.

6.4.2 Family Planning Practices

My respondents, apart from three (4.2%) individuals, believed that family planning use was a sin. Despite this conviction, all my respondents, apart from one married couple (2.8%), had or were currently using a family planning method. Even this couple, however, had considered an abortion, but the wife changed her mind after seeing the instruments.

My respondents used several different strategies to reconcile their contraceptive use and belief that family planning was a sin (Figure 6.1). They utilized different reconciliation strategies, sometimes concurrently, throughout their life course. The strategies they employed varied in response to their shifting values, health conditions, societal pressure, surviving children, and fluctuations in financial status.

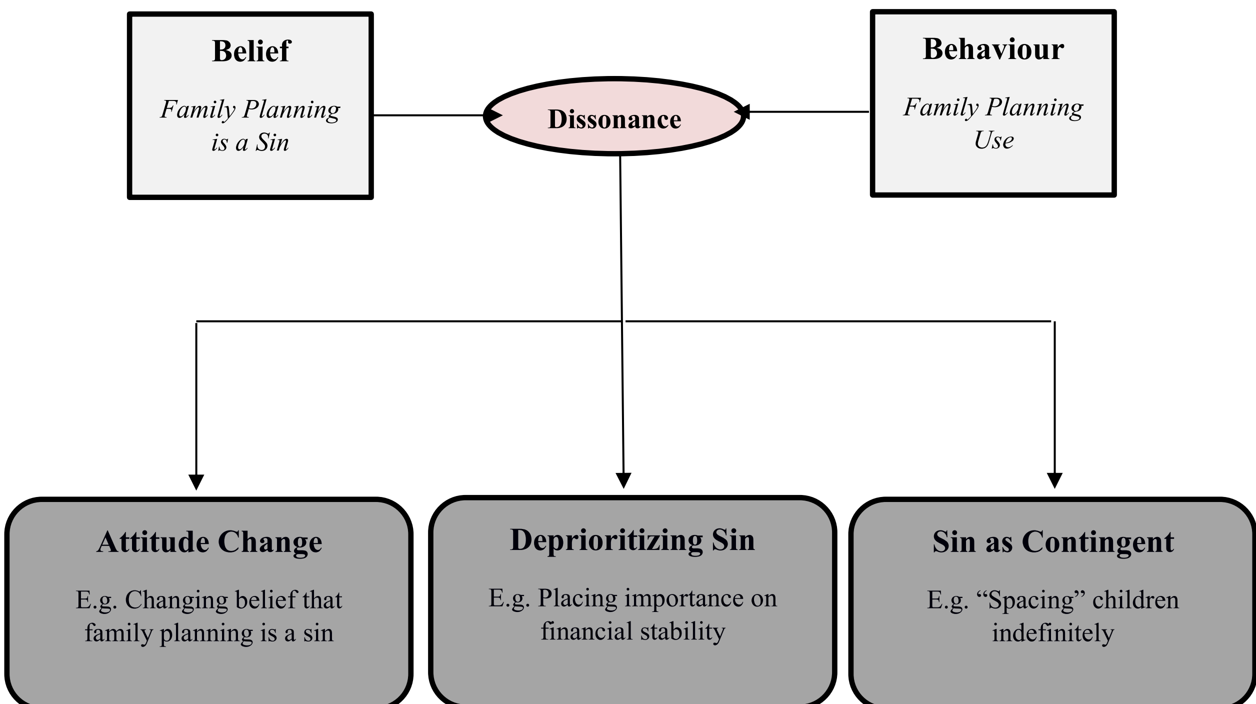

Figure 6.1 Framework adapted from cognitive dissonance theory

6.4.2.1 Attitude Change

Attitude change is described in the literature as the most common tactic used to reduce dissonance. However, during my data collection in Nashpatai Kalay, I did not witness any changes in beliefs about family planning or anything to indicate that such changes had occurred. Cognitive dissonance literature demonstrates that attitude change does not occur in contexts where the belief is a critical aspect of sense of self.[48] The rarity of this strategy in Nashpatai Kalay reflect how deeply Islam resonated for my respondents. However, it may also speak to the limited space my respondents had to challenge Islamic doctrine, and the importance of publicly conforming to Islamic beliefs and practices. In addition to these three respondents who did not believe contraceptive use was a sin, two respondents were conflicted. One, in particular, would sometimes express different beliefs in the course of one interview.

6.4.2.2 Deprioritizing Sin

Discounting the importance of one's behaviour, and instead, placing value on other behaviours is another strategy to reducing dissonance. The respondents that used this strategy did not consider the sin associated with family planning use to be as important as other considerations. Islam was not the only one landscape with which my respondents contended. Structural poverty, patriarchy, geopolitics, and culturally-situated values informed the backdrop against which my respondents made family planning decisions. Consequently, this group of respondents prioritized factors such as finances, social stigma, and government pressure over sin. Economic considerations were key in their decision to use family planning. Many respondents felt that it was unconscionable for their children to go without necessities such as clothes and shoes. They believed that the immorality of having children they could not care for reframed family planning as the lesser sin. Respondents faced considerable financial pressure, with many

relying solely on limited agricultural yields and precarious employment to support their families. These respondents lamented the difficulty of fulfilling their financial obligations. Women spoke about the rising price of flour, sugar, and vegetables. While men spoke about the expense of education, a cost their parents did not have to address. Many men regretted being unable to pursue an education when they were young, so they felt strongly about providing their children with an education. They recognized that with fewer children, they might be able to fulfil their children's financial needs.

> *I think that I don't need more than two to three children; two to three because if I earn a daily wage of 300 rupees if I have only a few children, then they will get proper food, shoes, [and] I can fulfill everything. If they're a lot, then in that 300 rupees… you have to look at yourself and your children; we are poor.*
>
> *-Man (0 children, newly married)*

For other respondents, societal pressure and the social stigma of continued childbearing was the key factor in their decision to use contraceptives. Violating fertility norms such as having children once one's own children were married, having no sons, or having too many children (i.e. over eight), especially if they were primarily daughters, had significant social implications for my respondents. Men and women who challenged these norms suffered decreased social standing, which had implications for community inclusion and, even, economic opportunities. Women, however, disproportionately experienced social sanctions in the form of *paighor* (culturally-situated insult). *Paighor,* often delivered by relatives, acted as a mechanism to cultivate shame, and, in turn, regulate their fertility behaviour.

> *No one says anything to men. I have been fighting with husband for three/four days; we're not speaking. I told him you may not be ashamed of yourself, but people say things*

to me. No one says anything to men. They tell the woman, that's enough. Don't have more.

-Woman (three sons and eight daughters)

Weighing out the combination of social, economic, and cultural considerations described above, my participants opted to 'sin' and use contraceptives. They supported their decision with the belief that sin was an unavoidable and fundamental part of the human experience. They believed that the only people who lived without sin were pious, religious people in the past, akin to saints.

Sin? If you really think about it, when you take a step it's a sin. You take a step it's a sin, and to us, it's a joke.

-Man (two sons)

For this group, the goal was not to avoid sin, as they believed this was not possible. Instead it was to commit sins that would improve their lives, and in this context, the sin meant using family planning. Respondents challenged stereotypes of Islamic orthodoxy by accepting, although not relishing, sin.

6.4.2.3 Sin as Contingent

The final group of respondents found a way to reconcile their beliefs about family planning with their contraceptive use by describing circumstances where use was permissible. For this group, the sin associated with family planning was contingent. They described specific conditions within which contraceptive use was not sinful. My informants employed "spacing," method choice, health, and a reinterpretation of *rizq* to justify family planning use. The literature from cognitive dissonance argues that individuals who emphasize another belief to condone their behavior are the most committed to those beliefs.[49] We can, therefore, assume that this group of respondents were strongly committed to their religious beliefs.

Rizq was re-interpreted by some respondents to accommodate their contraceptive use. This group argued that although God had promised *rizq*, He had also granted intelligence. According to their perspective, to use family planning did not challenge God's ability to provide, instead, it was to follow His desire that humans make logical decisions. Other respondents reframed their family planning use as spacing. They believed spacing for a period of two years after the birth of a child was religiously permissible and a part of the *Sunnah* referring to behaviour modelled on the life of Prophet Mohammed. Religious support for spacing allowed respondents to reinterpret this concept to encourage contraceptive use, with the exception of sterilization, indefinitely. By reframing their contraceptive use as spacing, even if they did not desire another child, these women were absolved of the sin of family planning use.

W: No, there's no sin, there's no sin in spacing, but when you stop children all together then

….

RA: spacing meaning 1 year, 2 years?

W: yes, yes.

RA: and even 10 years?

W: yes, that's fine.

-Woman (two sons, five daughters and one daughter who passed away)

Some respondents believed that there was no sin associated with the use of specific contraceptive methods. For instance, many expressed a preference for withdrawal since they believed it was permissible. This belief was predicated on the notion that withdrawal was a natural method which required no external intervention, in contrast to other methods which actively forced the body to act in a way that was in violation of God's design. Similarly, a few participants believed

condom use was also permissible. Other participants, however, believed that the unreliability of contraceptives allowed the space for God's will to be done. Accidental pregnancies despite contraceptive use, meant that these methods, with the exception of sterilization, were permissible Consequently, respondents believed their family planning use was not interfering with God's will or sinful.

> *Look, even with this [condom], its God's work. In this [condom] God also gives people children. How? For most people a time will come when the condom will tear, and if it tears then what's there will happen. Then people will have children. People can do everything but still it won't change anything.*
>
> *-Woman (three sons and four daughters)*

6.5 Discussion

Negotiation and contestation of religious edicts were a key aspect of how respondents reconciled their family planning use. The belief that family planning is a sin has been framed as a barrier to family planning use in Pakistan.[7-11] However, my data nuanced this approach. My informants strategically mobilized religion in a way that aligned with their values, often prioritizing considerations such as finances, social stigma, and health over the inherent sin of family planning.[50] These findings demonstrate that rather than passively accepting religious decrees, respondents are actively engaging their Islamic beliefs and participating in a process through which they shape practices and beliefs according to their priorities.

Evidence from other faiths such as Catholicism can lend insight into my informants contraceptive use.[26,51] Several of the negotiation strategies described in my data align with studies about reproductive behaviour in Catholicism. In a study of Catholic reproductive behaviour in rural Mexico, Hirsch demonstrates the complex ways that women reconcile their

contraceptive use with their religious belief.[26] Among these strategies was a preference for periodic abstinence and withdrawal which women did not view these methods as active fertility control.[26] This perspective is akin to that of some of my respondents who employed similar logic to reconcile withdrawal use. Moreover, similar to my respondents, this literature has described the use of health and finances to justify contraceptive use when religiously prohibited.[26,51]

My findings, moreover, engage in a larger conversation about how Muslim women use their interpretative agency to negotiate their religious beliefs. This literature has primarily focused on the veil,[52-55] with an emerging research output focused on reproductive health decision-making.[18,21-23,56] Sahu and Hutter's work in Bangladesh and India describes how Muslims in different political contexts mobilize religion to justify their family planning decision in ways that reflect their socioeconomic and geopolitical context.[21] Similar to my findings, women in Sahu and Hutter's study used several negotiation strategies to reconcile their religious beliefs with family planning use which included prioritizing economic considerations and preferring temporary methods.[21] Evidence from Tanzania,[22] Morocco,[57] and India[56] describe how Muslim women negotiate their reproductive behaviour with their religious beliefs. This body of work challenges assumptions about the orthodoxy of Muslims.[58] It also seeks to nuance our understanding of agency which has largely framed religiosity as a barrier to change, while attesting that a secular orientation is needed for progress.[25] My findings suggest there is need to destabilize binary categories of sin/permissible and practicing/non-practicing Muslims that have dominated public health's approach to understanding Islam. Doing so will create space for the inherent complexity of how religious beliefs influence behaviour.

The elaborate ways my respondents reconciled their religious beliefs with their contraceptive behaviour were interpreted using the framework of cognitive dissonance theory. A

body of literature, primarily on homosexuality and religion, has described the utility of this theory in describing how individuals accommodate contradictory religious beliefs with their behaviour.[34-36] My study adds to this research corpus, demonstrating the use of this theory in studies of reproductive health and religion. Although we were unable to formally measure dissonance, further research using such methodologies could deepen our understanding of the family planning practices in Pakistan. Moreover, formally measuring dissonance would allow insight into the pressures that individuals experience to publicly voice support of Islam in Pakistan. Since even participants who believed family planning was not a sin expressed that they would change their perspective if they were told to do so by an Imam. Pakistan's underlying Islamic values coupled with strong blasphemy laws may contribute to a climate with limited space for questioning religion and religious figures.[59] It is possible that this context may have restricted the space within which individuals feel they can question religious authorities. This may explain why none of my participants critiqued religious institutions or authorities which stands in contrast to findings from similar studies with Catholics.[51] Further research, using such methodologies as cognitive dissonance theory, could help unpack the societal pressures related to religious beliefs in Pakistan.

The discourse surrounding family planning and Islam in Pakistan has been dominated by the question of the perceived permissibility of family planning. The Family Planning Association of Pakistan has relied heavily on using an Islamic framework and religious language to legitimize family planning use.[18] However, my findings suggest that an emphasis on the permissibility of family planning in Islam is unlikely to result in the increases in family planning use that policy-makers desire, which is to increase the CPR to 50% by 2020.[60] The results of this study demonstrate that although family planning use was perceived as a sin, Islam my not be a

major obstacle to contraceptive use. However, as Hirsch states with respect to Catholicism, although religion is no longer a 'barrier' to family planning use, it still shapes strategies.[26] We must similarly nuance our understanding of the role of Islam on contraceptive use. It is time to move beyond a reductive discourse that frames Islam as a barrier to family planning use. Instead, we must recognize how negotiations and contestations of Islam shape reproductive health strategies and fertility behaviours in Pakistan.

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7 Chapter 7 (Manuscript 4): *Needles Don't Agree with Me, Pills Don't Agree with Me:* Experiences of Contraceptive Use among Pakhtun Women in Pakistan

7.1 Abstract:

Inconsistent contraceptive use coupled with a high unmet need has emerged as a key challenge for Pakistan's family planning program. Of the multiple reasons cited for avoiding birth control, women cite side effects as a significant deterrent to their contraceptive uptake. A large body of literature, largely located in the disciplines of public health and medicine, has sought to describe these side effects. A key shortcoming of this literature, however, has been an overreliance on a biomedical framework which has overwhelmingly dismissed women's lived experiences of side effects as misperceptions and fallacies. Drawing on 13 months of ethnographic data from a village in Khyber Pakhtunkhwa, Pakistan my study sought to provide an *emic* description of contraceptive side effects. My data suggests that perceptions and experiences of contraceptive side effects played a crucial role in fertility decisions. Respondents described two types of side effects; spiritual and somatic. While the latter included experiences such as irregular bleeding and leg pain, spiritual side-effects had more severe implications ranging from job loss to child death. In order to decipher the meaning of their experiences, respondents called upon culturally-situated beliefs about the body, illness, the spirit, and understandings of Islam. The spiritual and somatic experiences of contraceptive use described by respondents demonstrate the importance of broadening dominant biomedical approaches to illness.

7.2 Introduction

Pakistan is the sixth most populous countries in the world, and at 35.4%, the rate of contraceptive use is low.[1] Inconsistent use coupled with a high unmet need has made addressing family planning use a priority for the Pakistani state.[1] Among the ideological barriers and obstacles restricting access,[2] contraceptive side effects have emerged as a key deterrent to contraceptive uptake.[1-10] The most recent national survey estimates that 20.6% of modern users have experienced a side effect, with 22.0% of discontinued users citing side effects as the reason for halting contraceptive use.[1] These side effects, as described by users, may play an important role in Pakistan's high rate of unintended pregnancies where 46% of pregnancies are unplanned.[11,12]

In light of these statistics, a large body of literature emerging from public health and medicine has sought to describe the unwanted side effects of contraceptives.[2,13-15] This body of literature, however, has relied upon biomedical definitions of side effects which it has defined as any negative health effect that is causally linked to contraceptive use by a known biomedical pathway. A key shortcoming of this literature, I argue, has been an overreliance on a biomedical framework which overwhelmingly dismisses lived experiences of side effects as misperceptions and fallacies.[16-20] Strict biomedical criteria are used to discredit indigenous health beliefs and explanatory models.[21,22] Consequently, the lived experiences of many individuals are negated.[23]

In practice, multiple explanatory models supported by biomedicine, religious ideology, and indigenous modalities of health, such as Unani,[*] inform understandings of ill health in Pakistan.[16,22,24-31] Indigenous health beliefs elucidate how an imbalance in the humoral system,[16,26,27] or a supernatural entity[28,29] can result in illness. Evidence from Balochistan,

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[*] In Pakistan, Unani medicine is one of the most common indigenous health systems. This medical system was developed in the Middle East but draws upon ancient Greek medicine. Unani medicine relies on the belief that illness is caused by an imbalance in the four humors which must re-aligned.

Pakistan describes how the effects of medications are described using culturally situated terminology and understandings of the body.[26] Similarly, a body of literature from several geographies in Pakistan has demonstrated the importance of humoral beliefs and religious beliefs in the perceived etiology of illness on the associated actions and recourses sought by those who are ill.[29-31]

Analyzing these experiences from the perspective of pubic health and biomedical scholarship is challenging. This literature, as we have seen, has focused on describing experiences associated with contraceptive use that are measurable and clinically significant. Biomedicine's authority comes from its claim as 'scientifically grounded' which allows it superior status over other treatment modalities.[32-34] The dismissal of certain types of side effects reflects hierarchies in the production of knowledge, particularly notions concerning what knowledge that is authoritative and what is devalued.[35] By focusing on unwanted side effects that are linked by a causal biomedical pathway to contraceptive use, the biomedical discourse renders specific experiences invisible.[36]

By contrast, a large body of literature from medical anthropology provides an alternative to biomedicine, and an entry point to exploring these experiences of health. This literature argues that to understand the nature of illness it is necessary to unpack the role of religious beliefs and culturally situated understandings of the body, and in turn, embodied health conditions.[37-39] Embodiment, in this context, references how the body acts as a conduit for cultural and even historical experiences.[33,37,40,41] This body of literature challenges the notion of the body as a material reality, instead, it argues the body must be considered as a collection or reflection of social histories and lived experience. In their central text, Scheper-Hughes and Lock propose the idea of the mindful body that interprets the body as not only the anatomical features of the

physical body but also the site of multiplex personalized experiences, societal discourse, and structural relations.[40,42] By building upon Foucault's work on biopower, which illustrates the connection between reproduction and power and how bodies are regulated and controlled,[43] they describe the symbolic, social, and political importance of the body. Destabilizing biomedical approaches to the body that have constructed it as the object of medical knowledge,[33,40,41] their work challenges Cartesian approaches to the body underlying biomedicine that has framed spirit and matter into two separate and distinct components with the body bounded by the materialist realm.[40] In ways that accord with my informants' stated perspectives and experiences, their work posits that the body has both social and political dimensions.[40] They argue that the body exists as a symbol through which one can understand culture, nature, and society.[40]

A complementary body of literature has described how biologies and understandings of reproductive health differ in various contexts.[37-39] In cultural contexts where the body-self is not highly individualized, illness is equated to otherworldly powers or the result of challenging social norms.[37,40,44,45] Cultural beliefs about the body resonate so strongly that they can have material effects.[39,46] As Lock and Kaufert demonstrate in their work investigating menopause, women in Japan, America, and Canada describe vastly different experiences and symptoms related to menopause and rates of mortality and morbidity.[38]

I argue that unpacking multiple explanatory models, in particular how individuals use these frameworks to understand their illness, is essential to understanding experiences of contraceptive side effects. Drawing on 13 months of ethnographic work in Nashpatai Kalay, a village in Khyber Pakhtunkhwa Pakistan, I describe how respondents understood the effects of contraceptive use on their bodies. In this article, I operationalize side effects to refer to any unwanted consequence attributed contraceptive use by respondents. I draw upon Scheper-

Hughes and Lock's three bodies approach and the accompanying body of literature that offers an alternative approach to biomedicine wherein to engage with and describe respondents' experiences. I aim to describe the *local biologies,*[38] which Lock uses to reference the ways that culture and biology construct experiences around the body, that framed respondents experiences of contraceptive side effects. My work will rely upon categorizations that reflect these local experiences. I will describe how the importance and meaning[39] assigned to side effects was influenced by gendered messages about the utility of the female body as reflected by community values. My study adds to a large body of literature that has problematized the reductionist approach to side effects within the biomedical literature.[16,21,23,26,47,48]

7.3 Methods

I collected data over the course of 13 months between September 2013 and April 2015. I hired one male and one female research assistant with a background in qualitative research or community based participatory work. Before starting data collection, I briefly trained the research assistants on the study objectives and a brief introduction to qualitative methods. As a critical ethnographer, critical theory informed my work, which aimed to understand how imbalanced power relations were reproduced and maintained through ideology.[49-51] During data collection, we focused on uncovering tacit power relations, and their role in reproducing social inequalities. In particular, this required destabilizing dominant explanatory models such as biomedicine. A critical approach necessitated the use of data collection strategies that allowed us to focus on local categorizations and beliefs of contraceptives (described below). The research assistants and I collected the data in two, often concurrent, phases.

Phase one of the data collection focused on participant observation. The primary goal of this phase was to generate an in-depth understanding of daily village life, in particular,

information about the social structure of the village including class, caste, and any other hierarchies. The research team took on the role of 'participant as observer,' whereby they participated in village life while asking questions and observing activities.[52] Building relationships, trust, and acceptance allowed the research team to create a context where participants felt comfortable discussing sensitive issues. As 'participants as observers,' we became part of the community and engaged in *gham khadi* (sad and happy events).[53,54] Through observing the subtle nuances of community interaction, the research team was able to access the unspoken knowledge and values that underlie culture in this context. In particular, this included understanding the nature and causes of illness including multiplicity of actions and recourses these situations necessitated. The research team recorded a total of 242 participant observation notes. During this phase, the research team identified respondents for phase two of the research.

Phase two of the data collection focused on understanding how villagers made family planning decisions. The primary data collection strategy of this phase was in–depth interviews. Ethnographic research is focused on generating a rich, in-depth understanding of the subject matter.[55] As such, the research team prioritized understanding their participants' own views and experiences, and contextualizing family planning decisions within their lives. The research team gathered information about the respondents' family dynamics, social status, ongoing conflicts with other villagers or individuals, and also perceived stressors in their lives (e.g. financial, intercommunity conflict, etc.).

Several interview techniques were used to elicit information about family planning, including semi-structured interviews, storytelling techniques, and a card game. Semi-structured interviews were conducted throughout the data collection process on focused topics of investigation. Storytelling technique was often the first interview technique. This method

consisted of sharing a fictional story about a woman who is considering whether she should limit or space her children. Respondents were asked to advise this woman; this technique was often used to gather information about preferred family size and method preference. The card game drew upon Spradley's experience to understand participants' contraceptive method preference.[56] The respondents were invited to play a modified card game about family planning. Through this game they were probed about their knowledge, personal views, and societal attitudes towards different contraceptive methods. If the respondent used a specific descriptor to explain why a method was used over another the research team probed this further looking for additional groupings. For example, if the respondent said condoms were more likely to be used because they were not sinful, they were then asked if there were other methods that were also not a sin to use. The ideas that emerged during the card game were discussed at fieldwork debriefs and later probed with other respondents. The card game was an essential aspect of my critical ethnographic approach to the research as it destabilized the dominant biomedical categorization of contraceptive methods (e.g. traditional vs. modern, male vs. female, etc.). Instead, we were able to tap into the ideology and beliefs about contraceptives that are obscured from the mainstream family planning discourse in Pakistan.

A total of 76 participants (41 female, and 35 male) were purposively selected. We selected participants based upon their family size, and contraceptive use. Although participants were all considered poor by Pakistani national standards, we attended to the socioeconomic hierarchies in the village and included participants from the range of socioeconomic statuses found in Nashpatai Kalay. Our only exclusion criteria were an unwillingness to participate in the study and/or inability to give consent. Participants underwent a minimum of two interviews with each interview lasting approximately two hours.

The research team conducted all interviews in the local language, Pakhto. I conducted the female interviews and, due to gender norms, the male research assistant conducted the male interviews. The research team recorded all interviews, which I later transcribed in Pakhto written in Roman text. I translated excerpts into English as needed, to include in documents shared with other members of the research team during data analysis. I conducted latent content analysis [57] using a social constructivist approach.[58,59] Social constructivism insists that reality is constructed through shared meanings and knowledge, and proposes that these meanings are embedded in specific social contexts. My study, as a critical ethnography under a social constructivist epistemology, focused on paying attention to the grand narratives that governed my informants' lives. During my analysis, this attention included interrogating the dominant discourse surrounding family planning use. In particular, we questioned how the dominance of biomedicine has influences the literature on contraceptive side effects and generated the boundaries of what is considered a side effect. Instead, I centered in my analysis the values and beliefs that mediated my respondents' experiences of contraceptive use. I coded the data, identifying distinct ideas and conceptions, while considering the intent of respondents' comments within their context. Later, I conducted axial coding, which considered the relationships between codes, from which categories emerged. Lastly, I brought together the categories to generate the themes that inform this article.[57] I used Atlas TI to manage the data.

I made several efforts to ensure rigor. Firstly, the research team collected data in two rounds. The first visit to the village was for a total of nine months, after which I conducted a preliminary analysis of the data. The second round of data collection took a total of four months, during which the research confirmed their preliminary analysis with the respondents and further probed. Secondly, extended immersion in the village allowed for a rich and deep understanding

of the participants and daily life in Nashpatai Kalay. A reflexive approach and peer debriefing throughout the analysis process with the research team and my supervisor ensured that we did not over- or underemphasize specific voices or perspectives. During the analysis stage, I paid special attention to which voices were silenced and which universalized, striking a fine balance between losing a voice and giving one too much power.[50] Lastly, the research team maintained detailed field notes documenting data collection decisions and concepts that emerged throughout the process.

Both the University of Alberta Health Research Ethics Board and the National Bioethics Committee in Pakistan provided ethics approval. Verbal consent for interviews and recordings were obtained before interviews commenced. Consent was also reconfirmed before the research team left the village. All personal identifiers from the data were removed and the name of the village was changed.

7.4 The Context

Nashpatai Kalay is a small village in Khyber Pakhtunkhwa (name of village changed to ensure confidentiality). Contraceptive prevalence rates in Khyber Pakhtunkhwa are the second lowest in the country, currently at 28.1% with only 19.5% of users using a modern method.[1] Despite low rates of use, reported side effects are the highest in the country with 39.3% of current contraceptive users having experienced a at least one side effect.[1] Given the high rates of side effects, Khyber Pakhtunkhwa offers a unique opportunity to understand the nature of these experiences.

Agriculture was the main economic activity in Nashpatai Kalay. The villagers rented lands from a single landlord, Khan, on which they cultivated sugarcane, maize, and wheat. The village was formed when, approximately 60 years ago, Khan portioned out lands and sold them

to several families who worked for him so that they could to build residences. Many of the original families that had moved to Nashpatai Kalay were economic migrants seeking better opportunities. The majority were members of low-status discriminated castes such as *nai* (barbers), *gilkar* (masons), *qasab* (butchers), *daighmars* (those who cook rice), and *shah khel (general help)*. Their class and caste positionality meant that the villagers were excluded from systems of power. The absence of the state was felt through a lack of access to resources and development. For instance, despite gas being available in neighbouring villages the government had not ensured gas availability in Nashpatai Kalay. Instead of gas stoves, residents would burn kindling and dung patties to cook their food. Electricity was available, but power was intermittent. In the summer, residents often went up to eight hours with no electricity.

A range of contraceptive methods were used in Nashpatai Kalay including condoms, withdrawal, oral contraceptive pills, sterilization, injections, and IUDs. Among my respondents, 52% were current contraceptive users. Condoms were the most common method followed by withdrawal. Most contraceptive methods were easily accessible from the nearest rural health centre, about twenty -to-twenty-five-minute walk away. There were also several local biomedical health providers in the village, including a community health worker, who was paid by the government to provide family planning and basic health services, and a dispenser who had no formal medical training but sold pharmaceuticals and provided medical treatment. The dispenser was the largest source of contraceptives such as oral contraceptive pills, injections, and condoms.

7.5 Results and Discussion

My data suggests that side effects played a key role in contraceptive use, and ultimately, fertility decisions. Respondents used contraceptives with the intent to limit fertility, and, as a by-product, experienced side effects. This study relies upon classifications of side effects as

described by my respondents, without drawing any causal relationships between these experiences and contraceptive use. Instead, I aim to centre my respondents' accounts of the effects of contraceptive use.

The side effects described by my respondents had multiple effects on women's bodies ranging from irregular bleeding to child death. In order to decipher the meaning of their experiences, my respondents called upon culturally-situated beliefs about the body, the spirit, and illness.[44,60] These belief systems and explanatory models connected their experiences of ill health and negative events with contraceptive use.[60] Essential to understanding my respondents' concerns about side effects is unpacking the mechanisms through which they believed contraceptives could impact their health and body. In particular, this unpacking includes understanding how they conceptualized their physical body and its interconnectedness with the spiritual realm. My respondents rejected the duality between the material and spiritual realm; instead they regarded these two realms as deeply interrelated. The body acted as nexus between the physical and spiritual such that the physical consumption of a contraceptive could have both somatic and spiritual effects. As described by Scheper-Hughes and Lock, the experiences of side effects described by respondents reflected the symbolic meaning they imbued onto the body.[40]

7.5.1 Contraceptive Use and the 'Spiritual Body'

For my respondents, the spiritual body was the integration of the material realm and religious beliefs. They mapped the side effects of contraceptive use onto their spiritual body. Pushing back against narrow biomedical conceptualizations of health, respondent's believed their health did not solely reflect their physical body but also their familial, social, and cosmic situation.[40,61] Utilizing a holistic approach to health, they contended that their well-being reflected their metaphysical status. They believed a spiritual body in disrepair manifested

materially through health effects and negative life events. Virtuous deeds and sinful activities, as defined by respondents' culturally situated understanding of Islam, affected the state of the spiritual body. Consequently, they aimed to minimize their sinful activities, in turn, minimizing the subsequent impact on their spiritual bodies.[61]

Overwhelmingly, respondents believed that contraceptive use was a sin punishable by God. They interpreted Islam as ideologically opposed to limiting fertility and, in turn, contraceptive use. Some respondents believed that God regarded attempts to prevent future pregnancies as a demonstration of ingratitude, while others believed limiting fertility was overstepping into God's realm and resisting His will. Despite their belief that contraceptive use was a sin, 97% of my respondents were current or previous contraceptive users (see Chapter 6). These religious beliefs provided the basis for the link between contraceptive use, the negative state of the spiritual body, and the subsequent negative life events.

Respondents linked their contraceptive use to the negative life events that they experienced such as lazy, unproductive off-spring to children with birth defects, and, even the death of a child. They believed the severity of the negative life event differed depending on the level of sin associated with that contraceptive method. Methods with higher levels of sin had greater impact on their spiritual body. Respondents believed sterilization was the most sinful contraceptive method primarily because of its permanence. After which, they believed the most sinful group were temporary methods, such as needles, oral contraceptive pills, and IUDs. Respondents did not believe these were as sinful as sterilization, but they were still a sin since they were attempts to overstep into God's realm. The next most sinful was condoms, although this was contentious as some respondents believed condom use was not a sin. Withdrawal, often

called *Islami tareeqa* (Islamic method) or *Sunnah tareeqa* (way of the prophet method), was the only method that my respondents believed was permitted in Islam.

> *They call this Sunnah tareeqa right? Yeah, it's the best method. Like a lot of people, they are against other methods, but they use this method.*
>
> *-Middle-aged man*

Respondents posited that the use of withdrawal had no impact on the spiritual body and was not linked to any negative life events. As described by Murdock, respondents believed in a mix between mystical retribution where God makes an individual who violates moral rules ill and spiritual aggression where illness is a punishment from God.[44] Similar to Desjarlais's work in Nepal where individuals believed that they would develop illness if they offended the gods,[61] my respondents' behaviour was influenced by a desire to avoid behaviours that would ensue God's wrath.[61] Their concerns reflected their conceptualizations of God as actively intervening in their daily lives.

Sterilization, as the most sinful contraceptive method, was believed to have the largest impact on the spiritual body, manifesting through the injury or death of a woman's children. Many villagers shared variations of the story of a woman who went for sterilization surgery and returned home to find her children dead. In some versions of the story, they were missing for several days and found in a trunk where they had suffocated. In other variations of the story, the children were poisoned by a lizard which had fallen into their food. Respondents also knew individuals who had similar firsthand experiences. I was often told the story of a woman in the village, who had lost her son in a tragic swimming accident after she was sterilized.

Here, there is a woman had two sons, she was so happy that--thank God I have these two sons, yes daughters are good, but I have these sons. Her nice older son had gotten okra from the fields, and he had come home. And she said, 'do you want dinner?' and he said, 'first I'm going to go for a swim, I'm hot'. So, he asked for some chutney--he used to really like it--and said, 'I'm going to come back later', and he went swimming in that stream over there, and he would climb to that area up top and jump. And he did and there was a rock hidden there, and he hit it and died. And his mother had done sterilization, so she couldn't have more kids, and that older son died.

-Middle-aged woman

Contraceptive consumption could be considered a metaphor[62] since not only was it a means to control fertility but also, for my respondents, it signalled the transformation of the spiritual body. Through the act of consumption, they integrated the contraceptive with their bodies, altering the condition of their bodies.[62] The symbolism of this integration was significant for my respondents. Family planning use altered their spiritual body, often permanently, with severe impacts in this lifetime and the hereafter. Several of my respondents shared the story of a woman who went on *Haj* (pilgrimage). While there an older man asked her to come with him. When she followed him, he led her to a large rock, which he instructed her to lift. Under the rock were worms with the faces of people. She was told these were the children destined for her, which were unborn because of her contraceptive use. As a result, God did not accept her *Haj,* meaning God rejected the woman's offering of the required pilgrimage. This story had deep cultural and religious resonance for respondents. Although the religious source and veracity of this story are unclear, understanding why this story was so widely shared lends insight into how respondents believed contraceptives transformed the spiritual body.[54] The *Haj* pilgrimage is one

of the five pillars of Islam, and one of the obligations to be fulfilled by every Muslim (if health and finances permit). *Haj* was aspired to by respondents, and the return of pilgrims celebrated with streamers and banners in the village. God's rejection of the woman's offering of *Haj* was a symbolic rejection of her as a Muslim. Through the act of sterilization, the woman's spiritual body had been irrevocably transformed. The distressfulness of the story, particularly the imagery of worms with human faces, signalled the severity of the potential impacts of sterilization on the spiritual body. It reflected the severity of the potential consequences of contractive use. Consequently, they weighed the hardship associated with an unwanted pregnancy with the possibility of eternal condemnation. An extra pregnancy could have material implications, but, none as longstanding and significant as the impact on the spiritual body.

By adopting the belief that the material realm was in interplay with the spiritual realm, respondents attached spiritual meaning to their experiences. Much like Boddy's work with the Zar in South Sudan, my respondents used a framework that was legitimized by a shared understanding of Islam but heavily informed by personal experiences.[62,63] A negative life experience caused them to reflect on their behaviour that precipitated this event. For instance, when a woman in the village started using birth control pills and her husband lost his job, she believed these two events were inextricably connected. She halted her contraceptive use to avoid further negative impacts. Similarly, one respondent, Gulmakai, had experienced several issues with her son, including his rocky marriage to a woman the family disapproved of, and an inability to maintain steady employment. Gulmakai shared that her sister-in-law had told her that her son's behaviour was the result of her contraceptive use. By processing their life events through the lens of spiritual consequences, they individualized the various effects contraceptives could have on the spiritual body.

Negative life events associated with one's offspring strongly emerged as the most feared side effect on the spiritual body. A large body of literature has described the importance of children, in particular sons, for women in Pakistan. The resonance of losing a child was amplified by the precariousness of my female respondents' lives. Given their class positionality as poor women, children played an important role as economic insurance and social currency.[64,65] Several female respondents explained that God punished women through their children, because a woman's willingness to use contraceptives reflected the extent to which a woman valued her children. These women avoided sterilization, often despite their husbands' insistence, because they feared losing their living children if they had the surgery.

Fear of the cosmological effects of contraceptive use on the spiritual body shaped respondents' fertility decisions and practices. Respondents attempted to avoid methods believed to have the largest negative impact on their spiritual body. They worried about the side effects of these methods, some contending that their fear ensured the method did not 'agree' with them.

Middle-aged woman 1(MW1): Even in operation, it's such a sin, I'm so afraid of it. They say it's not good. They say some people do sterilization and it doesn't agree with them.

Middle-aged woman 2: Their children will die, or their husband will.

MW1: Yes, they say whoever is scared--look I didn't do it--but if there is fear in your heart then it doesn't agree with you.

Women would proudly share their own experiences of discontinuing a contraceptive that did not 'agree' with their spiritual body. As previously described in the literature, in Pakhtun culture, illness narratives are a means through which individuals prove their virtue to the community.[54] These narratives are public performances of morality where the female body is transformed into the living embodiment of the culture's values.[62] Consequently, women's narration of how they

responded to contraceptive side effects on their bodies had social currency.[62] Within the community, if a woman used a contraceptive method and suffered spiritual consequences, then it could generate community judgement. My respondents would often share stories connecting other women's illness or negative life effects to their contraceptive use. These stories blamed women for these events, framing them as moral failings. The avoidance of specific methods additionally functioned as a public performance of religiosity and morality to maintain reputation within the village.

7.5.2 Contraceptive Use and the Physical Body

An additional factor shaping respondents understanding contraceptive side-effects was the Unani belief system, which asserts that imbalances of humoral fluids, created by an increased consumption of hot or cold medicines and foods, create illness. Much like the introduction of biomedicine made indigenous health systems exotic,[66] indigenous health systems also aimed to understand biomedical treatments by locating these technologies within their explanatory frameworks. Accordingly, respondents used indigenous explanatory models to understand the somatic effects of biomedical technologies such as contraceptives.

Respondents believed different contraceptive methods varied in the nature and severity of their effects on the physical body. They grouped these methods into two distinct categories; 'external' and 'internal.' 'External' contraceptives, including condoms and withdrawal, were thought to produce minimal health effects. In contrast, 'internal' methods united with the physical body creating negative somatic effects. As previously noted, the internal consumption of a contraceptive was considered to have transformative properties since the physical body was perceived as porous and vulnerable to foreign substances.[62] Substances, such as contraceptives, were thought to be integrated with the physical body with negative health implications.

I: Is there any harm in it?

M: Of course, there is. If something combines with your body then it will be harmful, right?

Respondents preferred condoms and withdrawal because they were used outside the body. Without being consumed, they did not transform the physical body. In turn, these methods created minimal health effects.

> *In withdrawal there aren't any [side effects], and in condoms there aren't. Everything else is harmful because in these two there's nothing to eat. You use them externally, so because of that they aren't harmful.*
>
> *-Middle-aged man*

Internal contraceptive methods including oral contraceptive pills, needles, intrauterine devices (IUDs), and sterilization, were believed to generate serious physical side effects. For example, oral contraceptive pills and needles were believed to cause humoral imbalances leading to 'swelling of the body', 'drying of blood', 'leg pain', and 'irregular bleeding'. Another element of the Unani belief system impacting use was the belief that contraceptives, as *hot,* generated specific type of negative health effects. The increased warmth in the body was believed to upset the equilibrium within the body and increased the possibility of ill health.

Look, if a woman has a pill, right? Most of these pills are so warm, right? So, she gets an illness from it, or some other problem.

-Middle-aged man

The potential side effects of IUD use on the physical body were also rooted in respondents' culturally shared beliefs about the internal workings of a woman's body. In contrast to biomedicine which argues that the reproductive health system is closed structure, respondents

believed that the body had one large internal cavity that contained all the major organs. Conceptualizing the body as an open system with a single cavity implied that a dislodged IUD could easily move to one's arm, thigh, or heart.

> *When they put that tak [IUD] they have to remove it, it moves around. It can go to your arm.*
>
> *-Middle-aged woman*

They believed that an IUD, as a physical barrier that blocked pregnancy, experienced impact during sex. Through this process, an IUD could be damaged or dislodged.

> *IUDs are bad for your health. They're beside your ovaries inside, right? When you have sex with your husband, there's pressure. They get ruined.*
>
> *-Middle-aged woman*

Stories of IUD dislodgement were common, and one respondent shared a story in which an IUD supposedly travelled to a woman's heart, causing her death. The fears expressed by my respondents were justified as IUD dislodgement, albeit rare, has been documented in medical scholarship.[67]

The importance of these physical side effects for women was shaped by their class positionality and the gendered expectations of the utility of their bodies. For respondents, the utility of their bodies reflected their roles as wives and homemakers. Side effects such as weakness and blood-drying reduced the utility of their bodies and did not allow them to fulfil their socially constructed and gendered roles. My respondents' behaviour was an example of how biopower operated in Nashpatai Kalay. As the literature has described biopower regulates the productive power of bodies.[35,68] Consequently, respondent's avoidance of methods that

compromised the utility of their bodies can be viewed as a practice of the self and a means of self-governance.[69]

7.5.3 The Impact of Side Effects on Contraceptive Use

Experiences of side effects, not unexpectedly, shaped respondents' contraceptive decision making. Respondents aimed to protect their spiritual and physical bodies by avoiding, when possible, contraceptives with harmful effects. For most users they opted to choose methods that had no side effects, which included male methods such as condoms and withdrawal. However, many men were unwilling to bear the discomfort, expected or perceived, of condom use or withdrawal. Instead, they offloaded the responsibility of contraceptive use on their wives. The gendered dynamics of marital relationships meant many women were unable to advocate for a male method if their husbands were uncooperative. Consequently, women disproportionately experienced the physical and spiritual impact of contraceptive use, accepting these impacts as unavoidable elements of limiting fertility.

> *For those [husbands] who don't listen, what can they do with them, right? If your husband doesn't listen, then of course you have to get a needle.*
>
> *-Middle-aged woman*

> *Yeah, women will make themselves zakhimi [wounded], poor things, but men won't.*
>
> *-Young woman*

Without the option to avoid side-effects, respondents prioritized identifying a method with tolerable side-effects. They called upon distinct types of evidence and knowledge to inform their method choice depending on their contraceptive use history. Societal accounts played a central role in the decision-making of never-users and those trying a new method. These

respondents weighed the risks of a particular method, as reported by previous users, when determining their method-choice.

For past users, their personal history of method specific side-effects influenced their method choice. This group of respondents primarily employed the language of ‘agreement.’ Most had tried several methods until they found one that was suitable.

Needles don’t agree with me. Pills don’t agree with me. Now we are using male methods.

-Middle-aged woman

Avoiding methods because they did not *agree* with their bodies was also a means through which respondents could assert their autonomy. Respondents recognized that, despite contraceptives generating specific patterns of unwanted consequences, experiences were highly unique. These individualized side-effect experiences were a reflection of respondents’ unique personal identities.[62] Moreover, their insistence on using specific methods acted as a means of contestation and resistance within their gendered constraints. By using the language of *agreement* to justify their method choice, women could assert their preference for a specific female method even if it contradicted their husbands’ desires.

Respondents strove to find a contraceptive method with minimal effects on their bodies, which required a consideration of the impact of side effects, physical and spiritual, on their lives. Although certain side effects, such as irregular bleeding, were universally avoided since it did not allow women to complete ablutions and consequently pray, the willingness to tolerate other side-effects varied from woman to woman.[34] A side-effect that one woman may deem intolerable, is something that another woman may deem bearable albeit undesirable. Method-switching was a frequent practice until the respondents found a method that they personally deemed had tolerable side-effects.

In a month I would get my period four times. I was unwell. I was having those pills--I was having those birth control pills. I had those, then I used needles. Then I had irregular bleeding. For ten days I'd be fine; ten days I'd have my period, then I would bathe (after period ends). I would get my period. Now I'm just like that' I used condoms, then I left that, after this son. For a long time, I used it, but I left it.

-Middle-aged woman

Overall, respondents weighed contraceptive side effects against the burden of continued childbearing including the implications for household finances, social status, and a woman's physical body. Women had to personally evaluate what they deemed a tolerable side effect on their physical and spiritual bodies. Moreover, valuation of the impact of continued childbearing shifted during their life course due to changes in socioeconomic status, health, age, and reproductive history. They had the added burden of considering how side-effects impacted the utility of their gendered bodies within their class limitations. Eventually, circumstances pushed most women to use contraceptives despite the negative consequences. Even among users, it was common for respondents to periodically discontinue contraceptive use to diminish their side effects.

7.6 Conclusion

Essential to addressing the issue of unintended pregnancies in Pakistan is a deeper understanding of the nature of the side effects as they are experienced and narrated by contraceptive users. As I have demonstrated, respondents experienced two distinct types of side effects: somatic and spiritual. The somatic side effects described by respondents align with many of those described in the Pakistani public health literature such as irregular menstruation, backache, cancer, and infertility.[2,13-15] Moreover, my results support a body of literature which

has established the importance of the hot-cold therapeutic system on health behaviours, including contraceptive decisions.[16,26,27,70] My findings demonstrate the importance of health providers assuaging patients' fears about contraceptive use and its impact on the humoral system. By understanding the framework that shapes how individuals make contraceptive choices, health providers could find appropriate ways to mitigate these effects--for instance, by encouraging the consumption of *cold* foods. Integrating traditional and humoral belief systems into the biomedical practices could encourage contraceptive use.

To my knowledge, my study is the first to describe the spiritual side effects of contraceptive use. For respondents, fears of spiritual side effects were a key barrier to sterilization. This finding has important implications for the Pakistani Family Planning Program which has documented sterilization uptake is often delayed.[4] Further research is needed to unpack these concerns in other geographies in Pakistan and understand how health professionals can better address spiritual concerns.

Contraceptive side effects must be contextualized within the large- scale political and economic landscapes that structure these experiences. The research precedent has described how gender and class limitations restrict access to care to manage side-effects.[2] However, my study adds nuance to these perspectives. As I demonstrated, gender and class limitations also influence respondents' experience of side effects and willingness to tolerate specific side-effects over others. My findings demonstrate that social forces impact family planning use through not only creating barriers to care but also by influencing the *meaning* and significance of contraceptive side effects. The experiences of unwanted contraceptive use my participants shared give insight into larger social forces that are inscribed onto the social body.

My study is a call to public health officials to interrogate the limits of their conceptualization of the body. Public health is consistently writing away the importance of the spiritual and theological in health decisions, but, as my study demonstrates, these beliefs shape decision-making. The value of my work exists in its ability to open new doors for analysis for public health. By focusing on biomedical criteria, the public health literature has limited its ability to capture the lived experiences of contraceptive use. As I have demonstrated, the spiritual and somatic experiences of contraceptive use described by respondents demonstrate the importance of challenging the narrow approach to public health. My findings demonstrate how respondents contest the biopolitical vision promoted by the family planning program. If the Pakistani family planning program hopes to increase contraceptive use, then it must understand and embrace culturally shared beliefs about illness and the body. By centering respondents' experiences, my study made visible[36] the lived experiences of contraceptive side effects.

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8 Chapter 8: Discussion

8.1 Overview

Reproductive health decisions take place in complex historical, socioeconomic, and geopolitical landscapes. By providing an emic description of family planning use, my project aimed to contextualize fertility decisions within these landscapes. The four papers comprising the study have described various aspects of the family planning decision making process. The first paper focused on unpacking my respondents' family size ideals. This paper demonstrated that respondents undertook reproductive strategies that managed the precarity of their lives as characterized by economic deprivation, poverty, and insecurity. The next two papers unpacked two key ideologies influencing family planning use: the role of Islam and geopolitics. The final paper described respondents' experiences of contraceptive side effects, many of which manifested outside the confines of biomedicine. Together, these findings point toward a number of key insights relating to the importance of using qualitative methodologies to nuance understandings of family planning while centering power and *emic* rationalities in my analysis of decision making.

8.1.1 The limitations of survey methodology

One of the main objectives of this study was to understand the reluctance to use family planning, as documented by the low contraceptive use rates seen in Pakistani national surveys.[1] However, my data demonstrated that respondents were not averse to controlling their fertility. Although contraceptive use was often inconsistent, the prevalence of unmet need[†] among

[†] Unmet need is calculated as the sum of an unmet need for spacing births and unmet need for limiting births. An unmet need for limiting births is defined as women who do not desire more children but are not using

respondents (14.1%.) was significantly lower than rates in rural Khyber Pakhtunkhwa (26.2%).[1] I postulate that the incongruence between the unmet need described by survey data and my qualitative findings may have several explanations. First, the incongruence may reflect a reluctance to disclose the use of certain methods (i.e. male methods), which are considered *private*. Alternatively, survey respondents may be reacting to the societal pressure to mimic small family size ideals and 'feigning compliance."[2] The research precedent has acknowledged the immense social pressure that individuals experience to reproduce ideology promoted by the family planning program.[3] For instance, in one quantitative study investigating intention to use contraceptives listed a desire to conform to the interviewer's expectations as one of the potential sources of bias for the study.[3] My fieldwork experience supports this finding. Initial answers from respondents echoed the family size ideals promoted by the Pakistani Family Planning Program. Only after I had built rapport with respondents did they feel comfortable disclosing their actual preferences. These findings, therefore, highlight the methodological limitations of survey data.

8.1.2 The complex role of Islam

An overreliance on survey data has also contributed to a limited understanding of Islam's role on family planning decision making. The research precedent in Pakistan has focused on Islam as a barrier to family planning use.[4-9] This body of literature has been dominated by quantitative methods located within the discipline of demography. Consequently, it has failed to nuance its understanding of how individuals engage with Islam to make fertility decisions. The results described within this dissertation challenge the tendency of scholars to frame Islam as an

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contraceptives, while an unmet need for spacing is defined as women who wish to delay their next birth but are not using a contraceptive.

obstacle to contraceptive use in Pakistan. Overwhelmingly, my respondents believed that family planning use was sinful. However, this belief did not deter family planning use. Instead, participants negotiated their understanding of religious doctrines to accommodate their fertility behaviour. These findings contribute to a global body of literature that describes how religious adherents engage with their belief systems to accommodate their behaviours.[10-16] It also contributes to a small but growing body of literature which has demonstrated the complex ways Muslims negotiate Islam in their daily lives and define what constitutes their own religious practice.[14-16]

Unpacking the role of Islam on contraceptive use has important implications for the activities of the Pakistani Family Planning Program. In order to encourage contraceptive use, the program has recruited Islamic religious leaders to lend their support for contraceptive use.[17] However, my work demonstrates that the Pakistani Family Planning Program could capitalize on how individuals are already reconciling their religious beliefs and contraceptive use. These findings reframe Islam as an ideology that is negotiated and is not necessarily a barrier to contraceptive use. It also challenges assumptions about Islamic orthodoxy and the stereotype of the passive Muslim, calling for a more nuanced approach to research on Muslim women and rejecting orientalist dichotomies of Islamic or Western.[18]

8.1.3 Power and the reproductive space

The policies and programming of the Pakistani Family Planning Program operate as a form of stratified reproduction.[19] Stratified reproduction describes how discourses, policies, or practices value the reproduction of some groups over others.[19] This framework can be used to understand how respondents socioeconomic status, geographic residence, and ethnicity influenced their experience of Pakistani Family Planning Program. These varied experiences

reflect underlying power differentials. By undertaking a critical ethnographic approach, this study connected family planning use to the existing power structures. My respondents, for example, shared anxieties about foreign intrusion into the reproductive space. Resistance to family planning was related to the perceived interference of the West, by proxy of the Pakistani state and the 'War on Terror,' in reproductive health decisions. The anxieties shared by respondents about the reproductive space mirrored their concerns about protecting their physical bodies from foreign substances. These concerns were also rooted in a mistrust of biomedicine and the perceived potency of Western medicine. For my respondents, both reproductive decisions and the physical body had to be protected from Western intervention.

The perception that family planning models are "Western" in their forms can be traced back to the global history of family planning programs. Pakistan's family planning program reflects, at one level, specific global power structures. Global family planning programs were initiated as a response to Malthusian logics and fear that uncontrolled population growth would contribute to the spread of communism in developing countries.[20] The elite in developing countries have continued this mandate by focusing on the 'over-reproducing body' of the rural uneducated poor.[20,21] Their 'over-reproducing' body was viewed as a threat to modernization, necessitating intervention. By touting the economic benefits of a smaller family, the program sought to encourage individuals to manage their fertility as a way to address poverty. However, the structural roots of poverty are rooted in unequal access to resources, control over the means of production, and land ownership. My research demonstrates that large family size preferences are a response to poverty and a belief that many sons will improve the family's socio-economic status. If the Pakistani Family Planning Program hopes to reduce family size ideals, then it must first address the structural causes poverty.

The political nature of fertility and family planning promotion also invoked ethnic tensions. As Pakhtuns in Pakistan, my respondents felt targeted by the family planning program. Pakistan is rife with ethnic divisions, and Pakhtuns are heavily orientalised[22] and portrayed as backwards and violent.[23] According to Khan, the Pakistani state is responsible for enacting violence against the Pakhtun people, and systematically neglecting geographies where Pakhtuns reside.[23] The recent emergence of the Pashtun[‡] Tahafuz Movement, a movement to protest the mistreatment of the Pakhtuns by the Pakistani state, and the popularity of the Pakhtun Long March,[§] supports the belief that the Pakistani state is indifferent to Pakhtun suffering. [24]

8.1.4 'Rationality' and decision making

My dissertation challenges a key underlying assumption of the Pakistani Family Planning Program which is that Pakistani citizens do not use contraceptives because they lack education and make irrational decisions.[25,26] This assumption has been a fundamental element of the Pakistan family planning program's activities which have focused on increasing awareness of the benefits of a small family. However, this approach is built upon a particular view of modernity that assumes rational decision-making prioritizes financial payoff.[27] My study destabilizes this narrow understanding of rationality by insisting upon *emic* rationalities. Respondents' fertility decisions reflected the pragmatic realities of their social, familial, culture, religious, and geopolitical context. They revisited their fertility decisions throughout their life course in response to changing health status, economic realities, and subsequent births.[28]

[‡] The terms Pakhtun and Pashtun refer to the same ethnic group. The different terms reflect regional dialects. Some scholars prefer to use the term Paxtuns as an indication that they are referring to both Pakhtuns and Pashtuns.
[§] The Pashtun Long March was a national protest held between January 26 - February 10, 2018 passing through several cities in Pakistan, and culminating in a sit-in in Islamabad

My findings, in fact, demonstrated a significant gap between the needs of my respondents and the priorities of Pakistani family planning policy and programming. Respondents' foremost concern was not controlling their fertility, instead, they desired better employment opportunities, access to resources, and security. They engaged in reproductive strategies that reflected these pressing needs. My dissertation has, in a small way, bridged this chasm by centering the voices of respondents. This study has brought into focus the 'subaltern' voices, which are often neglected from the family planning discourse.

8.2 Limitations

The study had several limitations. First, my own identity and familial connection to the powerful landlord of the village played a role in my interactions with respondents. My identity at times facilitated my ability to conduct this study, while at other times hindered it. Class and socioeconomic differentials are multi-layered and manifested in multiple ways during my data collection. Power differentials are a key element of how class disparities materialize. There existed a vast power differential between myself and the respondents, the research assistants and the respondents, and myself and my research assistants. I used impression management to decrease the distance between my respondent and myself which included abiding by cultural norms and altering my physical appearance. My positionality also necessitated that I was particularly reflexive as to how power structured my interactions which included paying attention to subtle cues that we were unwelcome. (An in-depth discussion of the role of my identity on my research and how this was managed can be found in Chapter 2.) Despite these efforts, the differentials remained and impacted my interactions with my respondents.

A second major limitation was that different individuals interviewed male and female respondents. The gender norms of Pakhtun society restrict interactions between men and women.

I, therefore, could not speak to male participants and relied upon a male research assistant to conduct these interviews. Several attempts were made to mitigate the role of different interviewers on the results. I held several training sessions, in which I offered advice on follow-up questions and how to probe a topic. We also held daily debriefs, during which the male research assistant described the interviews that he conducted the day before, and we discussed any follow-up questions and further information to acquire from the participants. I also listened to his interview recordings and gave him general strategies about how to improve his technique. Lastly, we would have longer weekly meetings where we discussed the progression of the project, and any new ideas we planned to interrogate.

Third, generalizability is always a key concern as it relates to qualitative research. Qualitative research is focused on an in-depth exploration of the topic area in a specific context. Arguably, the purpose of qualitative research stands in direct opposition to generalizability. Instead, it aims to provide an in-depth exploration of particular topic in a specific historical context at a point in time. My dissertation attempted to understand the lived experience of the residents of Nashpatai Kalay, particularly as it related to fertility decisions. Family planning rates differ greatly between provinces as well as within the different districts of Khyber Pakhtunkhwa. Therefore, the results of my dissertation may not be generalizable to other villages in Khyber Pakhtunkhwa, or, more generally, Pakistan. However, the purpose of qualitative studies is to signal the larger concerns that may be important within other contexts. Therefore, although my results may not be generalizable to other sites in Pakistan, they call attention to larger social forces that may also influence fertility in other contexts.

8.3 Contributions

My study made several contributions to the existing literature. First, this study centered voices that are often obscured from the health literature. Respondents lived at the intersections of Pakhtun, rural-dwelling, and poor. My study is unique in that it uses ethnographic approaches to understand reproductive health decision-making among the rural poor in Khyber Pakhtunkhwa. Only a few ethnographic studies have been conducted among Pakhtun women in Khyber Pakhtunkhwa, and scarcely any have focused on the topic of health. Due to segregation norms, safety concerns, accessibility, and language barriers, this group is underrepresented in the literature. As a female ethnographer, I was able to access rural dwelling women who, even the qualitative literature, neglects.

Second, my work utilized an interdisciplinary approach, which allowed for a rich analysis of the topic of family planning. By drawing from multiple disciplines such as anthropology, demography, and public health, I was able to question many assumptions in the family planning literature. The use of several anthropological theories and approaches also added depth to the analysis. Adopting an interdisciplinary perspective can be complicated because one's disciplinary perspective can become unclear. However, this study demonstrates the value of interdisciplinary approaches in broadening our understanding and interrogation of fertility and demographics. My work simultaneously calls on public health to realize the limits of the biomedical assumptions underlying its work.

Lastly, the literature on family planning in Pakistan has relied heavily upon survey methods and quantitative approaches to understand family planning use in Pakistan. One of the contributions of my study is the use of ethnographic methods. My extended immersion in Nashpatai Kalay and the rich data that emerged allowed for a deep holistic understanding of the complex considerations that feed into fertility decisions.

8.4 Recommendations

Several recommendations, applied and methodological, come out of this dissertation. Given the critical approach of my research, I hesitate in generating recommendations that recreate a focus on the fertility of the rural poor, which has been an essential aspect of global and Pakistani family planning programming. (I have demonstrated the problematic nature of foreign intrusion and state interference in the reproductive space in Chapter 5). Consequently, my first recommendation is to centre the lived experience of the individuals who family planning programs seek to address. Pakistani family planning programming has assumed a top-down approach, with limited inclusion of voices of citizens. A participatory approach to family planning policies that centres the lived experience of its citizens could help counter the resistance faced by the program. Additionally, it can address issues related to contraceptive side effects, and seek ways to ameliorate these concerns.

Second, I advise that a method mix of contraceptives is promoted that responds to the concerns of individuals in Pakistan. My study demonstrated that withdrawal and condoms were preferred due to their perceived religious permissibility and lack of side effects. These results are supported by numerous other studies.[29,30] Although withdrawal is not as effective as other modern methods, it is an improvement on an unmet need. By promoting withdrawal and condom use, the Pakistani family program could, in turn, increase contraceptive uptake. However, the use of these methods requires male compliance.

My third recommendation is for the Pakistani Family Planning Program to encourage men to use male methods. The family planning program has attempted to garner male support for family planning use.[31] However, this study demonstrated the importance of male support extends beyond permitting their wives to use contraceptives but to themselves use male methods. My findings demonstrated that despite men supporting family planning, husbands often abrogated

responsibility for contraceptive use to their wives. Women felt compelled to use methods with many side-effects instead of preferred male methods with minimal side-effects. Often, this resulted in inconsistent contraceptive use to manage these side-effects. Encouraging men to use methods such as withdrawal and condoms could decrease experiences of side effects and, in turn, increase CPR.

Fourth, I recommend that the knowledge and availability of methods such as misoprostol is improved. My study demonstrated that abortion was being used by many women in Nashpatai Kalay, in some cases in lieu of other contraceptive methods. Given the illegality of abortion in Pakistan, many of these services were expensive and could be unsafe. Other items such as pain killers were also used as abortifacients. Increasing access to misoprostol would allow women to induce abortions in a safer manner.

My fifth recommendation is to conduct additional ethnographic work to understand the nature of family planning and fertility decisions in Pakistan. This study has demonstrated the limitations of survey data in providing insight into fertility decisions. Exploring qualitative approaches could add considerable richness and depth to the existing body of literature.

Lastly, increasing contraceptive use is predicated on decreasing family size preference. However, shifting family size preferences in Pakistan necessitates addressing the rampant poverty. A large failing of the family planning program in Pakistan is that it has focused on increasing contraceptive prevalence without giving due consideration to the upstream factors that create these circumstances. These structural issues are at the core of the ill health of Pakistanis. Poverty alleviation, addressing inequity, and improving security are essential aspects of increasing contraceptive use.

8.5 Conclusion

Family planning in Pakistan a complex issue that requires a multi-sectoral approach. For the residents of Nashpatai Kalay, the decision to use family planning was a negotiation of considerations such as Islam, geopolitics, finances, health, and insecurity. It was coloured by gender norms and household dynamics. If the Pakistani Family Planning Program hopes to shift fertility norms, then it must consider the upstream causes that contribute to specific reproductive strategies. Addressing the social and economic injustice experienced by individuals such as my respondents must become the priority of the Pakistani state. My study is a call on Pakistani family planning programmers and policy makers to centre the voices of its citizens--particularly those who are often neglected such as rural, poor, and uneducated women--in their conversations about family planning.

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Appendix

Storytelling Guide

Interviewer: Palwasha and Mushtaq are married. They have a two year old son, and Palwasha just gave birth to a daughter. Lately, Palwasha has been feeling like she's not sure if she wants to have more children. She has been thinking about what options she may have, and she is not sure what Mushtaq thinks about the situation.

1. What do you think of Palwasha's situation?

2. Who makes the decision about the number of children a couple has?

3. If a man wants more children and a woman doesn't want to, what can she do? (How does the man react?)

4. What reasons may there for a woman wanting to have fewer children or space her births?

5. What are acceptable reasons to limit or space childbirth?

Interviewer: There is another part to the story of Palwasha and Mushtaq. Let's continue it and see what happen: Palwasha is visited by a Lady Health Worker, the LHW explains the many ways Palwasha can prevent pregnancy if she wants to.

6. What do you think Palwasha should do?

7. Why should she do that?

8. Do you think Palwasha can/should speak to Mushtaq about the information from the LHW?

9. Is there anyone else that Palwasha should speak to about the information from the LHW?

Interviewer: Palwasha, after thinking about her different options, has decided she will try to take something to stop herself from becoming pregnant?

10. What makes a contraceptive method acceptable?

11. Which contraceptive should Palwasha use and why?

12. What kinds of women use contraceptives?

13. Does a woman have the right to ask her husband to use contraceptives? How can she do so?

14. If the husband doesn't want to use contraceptives can the woman convince him?

15. (Women only) If the woman cannot convince her husband to use contraceptives, does she have any other options?

16. In general are men willing to use contraceptives?

17. In general are women willing to use contraceptives?

18. Whose responsibility is it to make contraceptive decisions?

19. Does a man's extended family (i.e. mother) play any role in contraceptive decisions?

20. If a Palwasha decides to use contraceptives is this something that she would be open about?

21. For what reason would Palwasha not speak to anyone about her contraceptive use?

In-depth Interview Guide

I: Thank you again for agreeing to speak with me today. As I said before I am interested in understanding how individuals make decisions around having children and using contraceptives. I don't want to forget anything we discuss today, so would you mind if I record the interview, this recording will just be for the research project, and I will ensure you remain anonymous.

If agrees put on recorder and begin interview

If does not agree **I:** Okay that's fine, I can take written notes instead but maybe we can discuss recording the interview the next time we meet.

Question	**Notes**
1. To establish rapport	* Start off by asking the women to narrate how they got married. Women usually enjoy discussing the circumstances surrounding their marriage and this will help to establish rapport
2. *To obtain general information about participants fertility* Prompts:	**Explore participants current family size, fertility aspirations, and how it was decided * *Begin by asking woman about how many children they have *Explore how many children the women want *Probe: How this decision was made *Explore perceptions of ideal family size

I: Do you think there is an expectation to have a certain number of children in society? **I:** Why do you think there is this expectation? **I:** What do people do if they don't want to have the expected number of children? **I:** What about yourself, can you tell me about your experiences negotiating the number of children you want? **I:** Can you think of an example of when a person didn't want to have the number of children expected? What did they do?	*Probe for power accorded to specific family members in making fertility decisions *Explore how individuals negotiate their fertility *Probe for stories about women reconciling societal expectations and personal desires
3. *To understand acceptability and likelihood to use different methods* **I:** Which would a person typically use? (group the ones they identify together) **I:** Which of these methods would a person be very unlikely to use? (group these cards together) **I:** I'd really like to understand why people like certain methods over others, can you explain to me why a person would be unlikely to use these methods? (show the methods that were grouped as unlikely) **I:** Now what is the difference between *unlikely method 1* and *unlikely method 2*? Which is someone more likely to use?	** Seek opinions on specific contraceptive methods using cards created with different method names** * Explain that you have listed out some different methods individuals may use (bring out cards with a different method on it). *Probe: Are there any you haven't heard of? (Go through the pack one by one) Have I missed any? (If so use blank card and write down the name of the other method) Is this what you would call these methods? Or do you have different names for them? (If different name, make note on card of additional name) *Explore and group which methods an individual would be willing to use or not, group method

(continue for all the unlikely methods) **I:** So these are the methods that a person would be more likely to use? **I:** Now what is the difference between *likely method 1* and *likely method 2*? Which is someone more likely to use? **I:** What would you say makes one method more likely to be used over another? **I:** Now I want to understand what makes things more acceptable, who does a method have to be acceptable to? **I:** Which is the more acceptable methods to use? (group those together) Which of these are the most unacceptable methods to use? **I:** Can you explain to me why these methods are unacceptable? (show the methods that were grouped as unacceptable) **I:** Now what is the difference between *unacceptable method 1* and *unacceptable method 2*? Which is someone more likely to use? **I:** So these are the methods that are more acceptable? **I:** Now what is the difference between *acceptable method 1* and *acceptable method 2*? Which is more acceptable?	cards as to what makes an individual likely to use these methods and which methods an individual is not likely to use *Probe: what are the differences between the groups? What are the differences within the groups? *Repeat process to determine what methods are more acceptable. Explore and group which methods would be seen as acceptable, group method cards according to these *Probe: to who do methods have to be acceptable (note: if names more than one group, then do acceptable grouping activity using each group) *Probe: what are the differences between the groups? What are the differences within the groups? Probe: *Note differences between likely and acceptable distinctions if any exist follow up I: What makes something acceptable but not likely to use or vice versa? For example . . . .*

4. To understand who makes the decisions around contraceptive use **I:** Who would typically be responsible for making decision about what contraceptives to use? **I:** Who do you think should make those decisions? **I:** Do husbands and wives typically discuss these decisions? **I:** What happens if a husband and wife disagree on who should make the decision? **I:** Do you know of any examples of when a husband and wife have disagreed? What happened?	*Use the cards again to find out who is responsible for methods, have individual group methods according to who decides whether or not to use them, husband wife or both *Explore sentiments around who should be making contraceptive decisions *Investigate how individuals make fertility decisions *Probe: what happens when couples disagree *Probe: stories of who make decisions *Explore if any other individuals may influence contraceptive choices *Probe: role of mother in law if not mentioned by participant
5. To understand if contraceptive use is seen as a choice **I:** Are there any specific situations when someone may choose to not use these methods despite not	*Explore general sentiments and ideology around contraceptive choice *Seek to understand why individuals may not use contraceptives (despite desire to limit or space children) If participant is willing ask them to share stories around when individuals have

wanting more children? Can you explain to me these reasons? **I:** Can you share with me any examples of when someone has not wanted more children but has still chosen to not use contraceptives? **I:** In your experience is the number of children one has something people believe they can control? **I:** Do you think that the number of children one something people believe they should control?	chosen to not use contraceptives despite wanting to control fertility *Explore whether it is believed that fertility control is possible, and if its seen as acceptable *Probe: If respondent says they shouldn't control follow up I: Why not? And who controls the number of children a couple has?
6. Additional questions to be developed based as needed.	