NATIONAL REPORT: PAKISTAN

Impact of Fundamentalist Discourses on Family Planning Practices in Pakistan

Building New Constituencies for Women's Sexual and Reproductive Health and Rights (SRHR): Interlinkages Between Religion and SRHR

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NATIONAL REPORT

Impact of Fundamentalist Discourses on Family Planning Practices in Pakistan

Shirkat Gah – Women's Resource Centre, Pakistan
Asian-Pacific Resource and Research Centre for Women (ARROW)

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LIST OF ACRONYMS

CPR	Contraceptive Prevalence Rate
ESD	Extending Service Delivery
FALAH	Family Advancement for Life and Health
FP	Family Planning
ICPD	International Conference on Population and Development
IDPD	Islamabad Declaration on Population and Development
ILO	International Labour Organisation
LHW	Lady Health Worker
MMA	Muttahida Majlis-e-Amal
MoPW	Ministry of Population Welfare
PDHS	Population and Demographic Health Survey
RAF	Research and Advocacy Fund
SG	Shirkat Gah – Women's Resource Centre
SRHR	Sexual and Reproductive Health and Rights
TFR	Total Fertility Rate
WHO	World Health Organisation

EXECUTIVE SUMMARY

This report explores the impact extremist and fundamentalist discourses may have on family planning in Pakistan by reviewing existing literature and eliciting feedback from experts and field practitioners. The review assesses the possible effects that the rejection and condemnation of family planning by religious authorities have, and examines these narratives against other efforts which reflect religious leaders' endorsement for family planning.

The study aims to facilitate development and human rights practitioners as well as general readers to identify and map the implications of religious fundamentalist discourses on family planning access in Pakistan, and suggests entry points and opportunities for advocacy through a careful analysis of the evidence presented in the paper.

The research methodology is primarily qualitative; it is exploratory and investigative, relying on a content review of published studies, papers and other material (including Shirkat Gah's field notes of engagement with communities at the grassroots) for a discourse analysis.

The correlation between fundamentalist discourses and uptake of family planning practice has been studied by different researchers and field practitioners, with diverging results and inferences. There is evidence of religious scholars endorsing family planning practices, with some contention over which forms and which reasons for practising family planning are acceptable within different interpretations of Islamic texts, including the Quran and Sunnah—religious tradition set by the sayings of the Prophet Mohammad (PBUH)—and fatwas (religious edicts) by Muslim scholars/clergy. There is also evidence that local-level religious clerics, as well as national (religious) political parties, have resisted family planning, both ideologically as well as practically by interrupting tangible service provision.

How, and whether, these points of resistance affect people's personal choices by increasing or decreasing usage of family planning methods is debatable, especially since the supply side is influenced by the curtailed provision of family planning products and compromised personal security of individuals in the supply line. An ethnographic detailed study is required to establish and understand the relationship between endorsement of religious authorities and people's uptake of family planning options.

The recommendations contained in this paper need to be considered for expanding areas of inquiry, i.e., exploring the causality between religious discourse around family planning and how it affects everyday choices made by people. The recommendations are also mindful of the enormous influence religion has on women's lives as well as people's overall life choices. It should be emphasised at the outset that due to a number of political and social factors, religion in Pakistan has become inseparable from all determinants of SRHR and family planning.

1. INTRODUCTION

The notion of bodily integrity as a basic human right is relatively new. Economically and socially, marginalised women have wielded little political influence, and have traditionally been viewed by development planners as well as society, as vessels for reproducing future generations and family nurturers. A key development regarding sexual and reproductive rights occurred in the lead up to the 1994 International Conference on Population and Development (ICPD) and the 1995 Beijing World Conference on Women. These events recognised the pivotal nature of sexual and reproductive health and rights (SRHR) for women's empowerment and their enjoyment of the full compendium of rights.

Since then, the resultant shift in thinking has constantly been under attack by religious and other forms of fundamentalisms across the globe, pushing women's rights activists to stress the warning signs of fundamentalisms (Imam, Morgan and Yuval-David 2004). "Morality norms" in general and the control of women's sexuality in particular are always prominent features of conservative and totalitarian agendas, especially religious fundamentalist discourses.[1] In Pakistan too, women took up the challenge of shifting the focus from a family planning approach of controlling the womb to promoting women's human rights.[2]

In Pakistan, an entrenched and rigid form of patriarchy has always impeded women's access to SRH services and gains made are regularly threatened by the particularities of the country's socio-political development. The constant disruption of democratic government has stunted democratic processes that would have allowed a robust discussion in which women's own voices could be raised and heard. The situation was further exacerbated by the introduction of discriminatory laws against women in a period of reversals in the 1970s–1980s when the dictatorship of General Zia-ul-Haq combined the absolute power of martial law with religious rhetoric. With the government providing financial and political support, religious discourse gained political currency, and madrassas mushroomed, as did political parties defining their agenda in religious terms. Media censorship combined with the state's monopoly over TV aggressively promoted an extremist, rigid, punitive version of Islam as the singular reference point of state and society. This further narrowed the political space for women and had its impact on the status of women, manifesting itself acutely in areas of SRHR, along with education, employment, voice and others.

Since this period of regression, the interludes of elected governments have been hobbled and progress has been uneven; some gains have been achieved but the wider environment has not been supportive of women's rights. The narrative of the

[1] See for example, Ziba Mir-Hosseini and Vanja Hamzi, Control and Sexuality: The Revival of Zina Laws in Muslim Contexts, WLUML, 2010, on the criminalization of sexuality, gender-based violence and women's rights activism in some Muslim contexts and communities. Book downloadable at: http://www.wluml.org/node/6869

[2] See for example, Cassandra Balchin, Khawar Mumtaz, Farida Shaheed for Shirkat Gah, The Woman, not the Womb: Population Control vs. Women's Reproductive Rights,Lahore: Shirkat Gah, 1994.

political and religious right couched in religious terminology has combined with existing patriarchal structures to promote religious fundamentalism. This has been reinforced by waves of extremism and terrorism, with devastating consequences. The consequences for women are reflected in gendered socio-economic indicators falling far below those in neighbouring countries, as indicated by the UNDP's assessment[3] of progress on the MDGs. The literacy rate, education and women's political representation all lag far behind that of men. The public discourse has continued to shift towards a conservative ideology clearly manifesting signs of discrimination, reinforcing segregation, and entrenching impunity.

The issues of democratisation, fundamentalism and women's empowerment and full enjoyment of rights are intractably intertwined in Pakistan. However, the specific impact of rising religious fundamentalism on women's SRHR has not been rigorously examined. Furthermore, fertility and usage of contraception are contextualised by the wider issue of fundamentalism's impact on women's rights and the preoccupation of fundamentalist agendas with women's bodies. Feminist literature[4] has extensively grappled with how religion, tradition and nationalism merge to position women as repositories of religious identity and vest them with the onus of protecting faith, identity, and collective purity as well as racial purity. The control of women's bodies, mobility and sexuality is common to all forms of religious fundamentalism, and women's efforts to claim autonomy is dealt with as a transgression against family, community and society. It is commonly perceived as "unnatural" and against religion; as children are seen as God's gift, with God providing for all, including children. Women's reproductive rights have therefore consistently been a political and politicised issue. As such, family planning is part of a larger canvas wherein women's free-will marriages, age of consent, notions of guardianship, and right to be considered autonomous adults under law and in society, all remain contested.

Religious fundamentalism, religious extremism and extreme interpretations of religion, terms that are often used interchangeably, are lexical alternatives fraught with unresolved tensions between what is presented or understood as having a base in religion (or faith), and how their influences extend across races, regions, history, spaces, and institutions. Furthermore, irrespective of the speaker, the terms are also used loosely to obfuscate a political taxonomy of social control, easily observable in patriarchal societies and sometimes captured in gender indicators.

In 2014, Shirkat Gah (SG) embarked upon an ambitious study on the impact of

[3] See www.pk.undp.org
[4] See for example Darlene M. Juschka (ed.), Feminism in the study of religion: A reader, London: Continuum, 2006; Lois A. West (ed.), Feminist nationalism, New York: Routledge, 1997; Kumari Jayawardena, Feminism and nationalism in the third world, London: Zed Books, 1986; and Shahnaz Khan, Zina, transnational feminism and the moral regulation of Pakistani women, Vancour: UBC Press, 1996.

religious fundamentalism on women's reproductive rights. The research aimed to assess how the challenges posed by various religious authorities castigating the practice of family planning (FP) as un-Islamic, as well as various religious interpretations endorsing FP as acceptable in Islam, may affect people's choices. The study relied on existing literature and SG's own field notes on the influence of religion on SRHR in Pakistan. The study, focused on women's access to family planning services in Pakistan, aiming to better understand how to address these influences.

As part of a wider Asia-Pacific initiative, the findings of this study will feed into a broader regional analysis and strategy. Within Pakistan, the project aims to build a network of local, provincial and national level organizations as well as key individuals/stakeholders to strengthen advocacy for the protection and promotion of women's SRHR with a special emphasis on new challenges in the field, in particular the fallout of religious fundamentalism and discourses.

Research Objectives

To address religious fundamentalism and its linkage with women's SRHR, the study explores religious barriers in women's access to RH rights, in particular family planning. Reviewing literature on the subject of family planning spanning more than 15 years, the study explores the impact of fundamentalist discourses on family planning access in Pakistan, using a two-tiered examination:

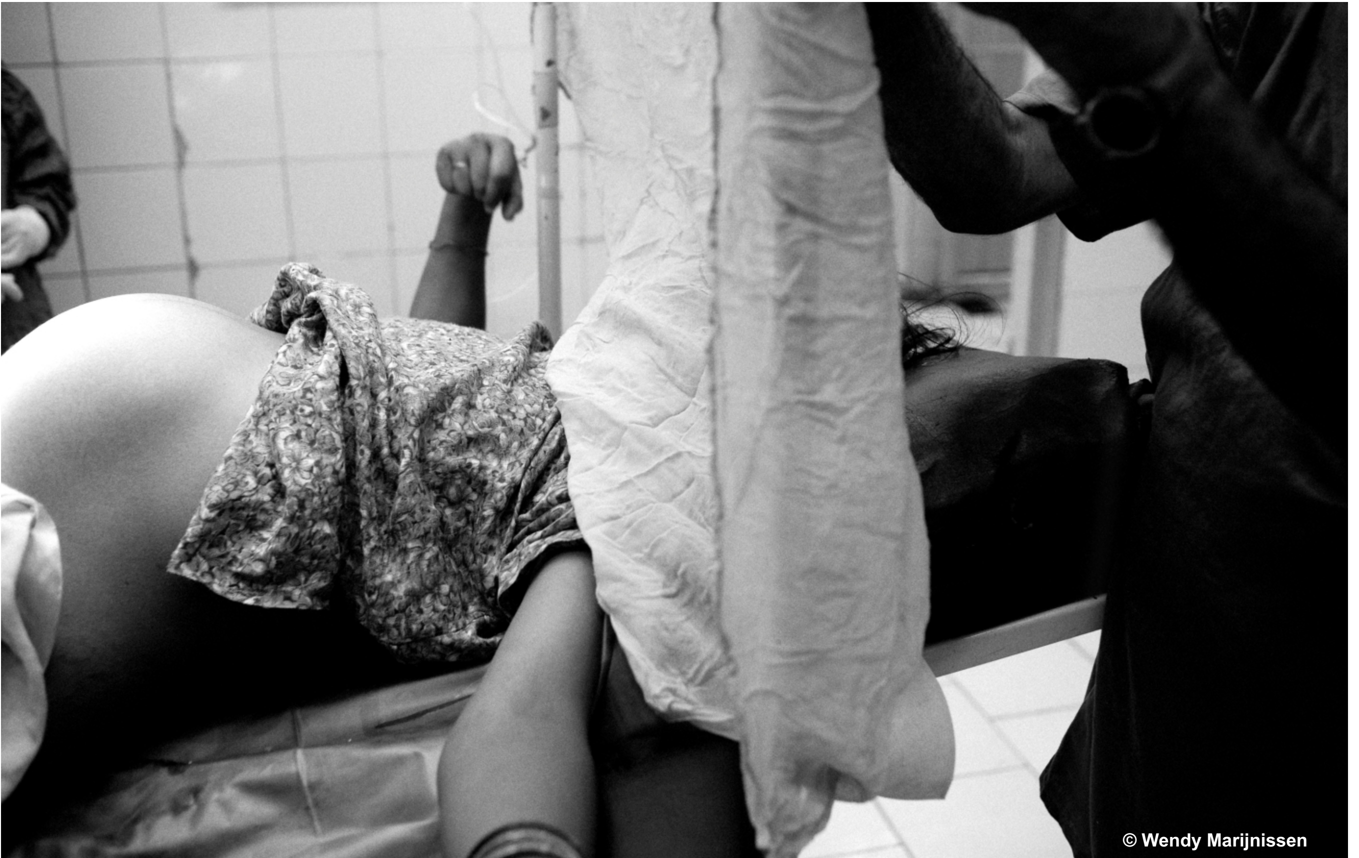
- Assessing the effect on people's choices vis-à-vis the challenges posed by various religious authorities castigating the practice of family planning as un-Islamic.
- Determining the effect of various religious authorities, who endorse family planning as acceptable in Islam, on people's choices.

Research Methodology

The research examined the discourses around women's reproductive health and rights forwarded by various fundamentalist elements, the state, and civil society so as to explore how these have influenced laws and policies. It used discourse analysis to capture the linkage between power, language, and ideology, and to describe practices and conventions in and behind texts that reveal political and ideological investment. "Discourse constructs hegemonic attitudes, opinions and beliefs in such a way as to make them appear natural and common sense while in fact they may be ideological" (Machin and Mayr 2012, p240).The question of power remains a core feature of discourse analysis with the aim of revealing social relations of power present in texts both implicitly and explicitly. The persuasive influence of religion in the formation of traditions, acceptability, power, and hegemony by dominant groups remains relevant to the discursive field. In Pakistan's context, the general acceptance of religious beliefs driven by the religious extremist groups, points to hegemonic attitudes which have long dominated socio-political spaces.

The study is limited by the methodology, primarily using secondary sources through a literature review. It tries to probe and derive learning through various existing sources and conducts a discourse-based reading to see the linkage between fundamentalist discourses and family planning practices in Pakistan. The material reviewed includes academic publications, civil society organisation (CSO) reports, grey material, and academic literature, some of which is not formally published. Examined material includes SG's own field notes accumulated through its field-based research on issues concerning women's rights. The study draws on SG's institutional expertise and 40 years experience on the subject.

The study attempted to overcome the constraint of depending on secondary material by bringing together experts for a discussion on the findings. This included analysts, academics, field practitioners, advocates and campaigners, as well as policy makers concerned with the issue from across the country. A day-long consultation in September 2015 enabled field experts to interrogate findings and share their experiences on the subject.



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A woman is being prepared in the operating theater for an emergency c-section. Pakistan loses one woman every 30 minutes to preventable complications of pregnancy and childbirth often because women don't have access to sufficiently equipped medical facilities, or because the local dai doesn't refer the women in time to the hospitals when complications arise.

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Three women and their babies wait to have their post-natal check up in the hospital.

2. PROFILING PAKISTAN: FAMILY PLANNING AND RELIGIOUS FUNDAMENTALISM

A Profile: Pakistan	
Total population (2014)	188 million
Population of women (2014) (World Bank)	48.6%
Population of young people (15-49 years) (2014)	48%
Ethnic groupings	Punjabi, Sindhi, Pakhtun, Baloch
Religious groupings	Muslims, Christians, Hindus, Sikhs
Official languages	Urdu, English
Mention of religion in the Constitution	Islam
Type of governance/form of government	Parliamentary
Gross National Income per capita (2015) (World Bank)	US$ 5090
Rate of economic growth (2015)	4.24%
Poverty Headcount Index (2011) (World Bank)	US$ 1.90 a day
Population growth rate (2015)	1.92%
Literacy rate among females (15-24 years) in 2012	61.5%
Maternal mortality ratio (NIPS, 2008)	276 maternal deaths per 100,000 births
Total fertility rate (2015)	3.2 children per woman
Adolescent fertility rate (15-19 years) (2014) (World Bank)	39 per 1000 births
Contraception prevalence rate and unmet need (2013)	35.4% (any method), and 20.1%
Access to modern contraception for women and young people (2013)	26%

Sources: Various, including PDHS 2012-13; Pakistan Economic Survey 2015-16; Aga Khan University 2011, World Bank 2016

Pakistan has witnessed large-scale violence and political instability since its creation. It has experienced a civil war (between East and West Pakistan), two wars with its neighbour, India, as well as internal conflict, and long periods of military dictatorship. Military regimes included the rule of General Zia-ul-Haq, whose decade-long reign imposed so-called 'Islamisation' of Pakistan that greatly curtailed women's rights through a series of laws and regressive social reforms: "disempowering women" became one of the many means used by "politico-religious elements" in pursuit of legitimising and asserting state power (Shaheed 2009). Pakistan's progress as a developing country, especially in terms of human rights and women's rights, has been affected by various political and social upheavals, as well as Pakistan's geo-political role in the region and relations with other countries. Table 1 illustrates Pakistan's demographics in a country profile.

Over the years, Islam has metamorphosed from the religious identity of the majority population to become the central defining parameter for state and society in Pakistan. This privileging of religion as the yardstick for all activities from politics to judicial structures, from entertainment to women's rights, undermines women's quest for gender equality. State policies combined with active conservative opposition to progressive development, has encouraged religion to become a ubiquitous theme as people refer to religious guidance in all matters starting from birth to death.

In times of natural disasters, such as the 2015 earthquake or the 2010 floods, militant organisations "stepped into the breach with a grass-roots efficiency" (New York Times 2010) at a time when the government was widely criticised for its slow, unprepared response. The widely known Falah-e-Insaniat, the "charity wing" of the banned organisation Jamaat-ud-Dawa, which runs a popular intercity ambulance service free of charge, was the only service allowed to run by the government, which gave them a window of opportunity to maximise their presence. The state's responsibilities towards its citizens for meeting their basic needs such as food, housing, shelter, gainful employment, education, providing access to various services and facilities, as well as eradicating larger issues of weak infrastructure in health, education, and other sectors, combating poverty, etc., creates a gap where "people's lived reality is characterised by the injustice of deprivation and discrimination" (Shaheed 2009). It is this gap that religious fundamentalists exploit.

These circumstances make it challenging to draw a definitive line between extremism or fundamentalism and religiosity, political Islam and theological Islam. Pakistan has witnessed an ascendency of political Islam, which during the last two decades has resulted in a variety of Islamist movements ranging from militant movements (known as "jihadist" movements) to social reform movements (known as "tableeghi jama'at" or "da'wah" projects). Pakistan's population, 64 million in 1972, had increased to 130.5 million in the last population census conducted 18 years ago in 1998. Recent estimates or projections place the population at 185 million in 2014 (Pakistan Demographic and Health Survey 2012-2013). At the current estimated growth rate of 2%, projections show that Pakistan's population will reach 220 million by 2020 (United Nations Department of Economic and Social Affairs 2010).

Family planning programmes were introduced in Pakistan in the 1950s, first by a national NGO, the Family Planning Association of Pakistan (FPAP), and later by the government, in the form of the Ministry of Population Welfare (MoPW). In 1990, the government launched a comprehensive Population Welfare Programme which became a major social action element in the provision of maternal and reproductive health services. Later, the government launched the Family Planning and Primary Health Care Programme (1994) and reached out to rural households through Lady Health Workers (LHWs). In 2010, the federal Ministry of Population Welfare and the Ministry of Health ceased to exist and their

functions were devolved to the provinces under the 18th Amendment and decentralisation programme. This followed a lack of consensus and confusion in the provinces due to diverging priorities and contested levels of responsibilities. Balochistan sought to increase its population, whereas Khyber Pakhtunkhwa was seen to be less public about its efforts in order to avoid a religious backlash; Sindh and Punjab both resolved to develop programmes but have yet to announce any details. Nevertheless, Pakistan's commitments at the 2012 London Summit meeting included raising the contraceptive prevalence rate (CPR) to 55% by 2020 and working with religious leaders and men to promote the benefit of birth spacing (Ahmed 2013).

CPR has increased at a snail's pace: from 4% in 1966 to 11% in 1991 and 28% in 2000. By 2012–2013, CPR was 35%, as reported in the Pakistan Demographic Health Survey (PDHS). Pakistan lags behind other regional countries in curbing population growth (Pakistan's Total Fertility Rate (TFR) is 3.2 compared to the fertility rates of neighbouring countries, which average around 1.5–2 children per woman). Nevertheless, between 1991 and 2001, the TFR fell from about 6 children per woman to 4.1 (Sathar et al. 2015). The PDHS shows that the key source for receiving non-traditional FP methods is the public sector, through the Health and Population Welfare Departments, NGOs and service providers, and to a lesser extent, self-procurement. Yet, only a little more than one-quarter of married women currently use a modern (vs. traditional) method of family planning. The use of modern family planning methods also varies from region to region. Around one-third of married women in urban areas use modern methods, compared to 23% of women in rural areas.

Why Have Government Efforts Failed?

Research studies have analysed the reasons of Pakistan's inability to meet its own targets for population or family planning which include religious considerations as well as many other factors. A recent publication by the Population Council outlines three dimensions of unmet FP needs in the country: a) resistance faced by potential users from members of the family, community and society, b) lack of knowledge about and access to FP services, and c) discontinuation of FP by previous users, referring to those who have at some point used and decided to discontinue using family planning methods.

According to a report by the Jinnah Institute, lack of access and poor service provisions particularly for poor women in rural areas remain major obstacles to FP in Pakistan. A fear of drug side effects and other unexplored health concerns was found to be an important deterrent to the use of contraceptives. Additionally, low female literacy, women's weak autonomy, and high mortality rates (from neonates all the way to children), were all identified as reasons responsible for keeping fertility rates high (Shah 2015).

The 2014 annual report of the Human Rights Commission of Pakistan (HRCP) states that 4,500 outlets provide family planning services alongside 14,000 healthcare centres across the country, a number insufficient to cater to the needs of the growing population. The report attributes the unsatisfactory results of the government's efforts to reach SRHR targets to a lack of education, religious and political conservatism, women's insufficient decision-making power, people's vulnerabilities to migration, natural disasters, conflict, and displacement (HRCP 2014, 289).

According to Karen Hardy and Elizabeth Leahy, the causes of limited success of FP in Pakistan relate to both the strength and reach of the family planning programme as well as strong cultural deterrents to contraceptive use, such as religious beliefs and women's limited autonomy in decision-making (Hardee and Leahy 2008). A research on barriers to family planning service use among Pakistan's urban poor found that half of all poor urban women identified psychosocial reasons as the primary barrier to using FP, including the opposition by religious authorities or husband, or personal opposition to family planning (Stephenson 2004). Typically, women reporting psychosocial barriers are most likely to display more traditional characteristics in terms of household structure and personal autonomy. Probing psychosocial influences, the study found that deterrents included behavioural norms that relate to residence in Muslim majority societies such as prevailing systems of purdah that segregate the sexes and confine women and girls to the family home.

3. UNDERSTANDING THE INTERLINKAGES

Theological Islam, Political Islam and the Discourse on Family Planning

Islam has often been interpreted as forbidding the use of family planning methods, even though the Quran is silent on the issue. The Quran does not directly oppose or endorse family planning or birth spacing except for breastfeeding. It is stated that a mother should breastfeed her child for about two years, which could be equivalent to birth-to-birth intervals of two years. Women's use of family planning services is, therefore, often shaped by the prevailing religious attitudes of their community. Some religious leaders have targeted FP services as being un-Islamic or anti-Muslim. Reviewing Islam and family planning, Jones and Karim (2005) credit Deobandi opposition to family planning as contributing to the failure of official policy by turning societal opinion against it. In 1963, after Ayub Khan launched the family planning programme in Pakistan, the leader of the Deobandi religio-political party, Jamaat-e-Ulema–e-Islami, Mufti Mehmood, opposed FP as un-Islamic and launched nationwide protests. This was facilitated by writings of other Deobandi religious scholars, especially Abul A'la Maududi, founder and leader of the Jamaat-e-Islami, whose book "Birth Control: Its Social, Political, Economic, Moral and Religious Aspects" rejected FP on a variety of considered grounds (Maududi 1962). On birth control as a policy Maududi (as quoted in Riddel 2009, 82) writes:

> "The pattern of life that Islam builds can have no place for birth control as a social policy. The Islamic culture strikes at the root of the materialistic and sensate view of life and eliminates the motivating forces that make man abstain from fulfilling one of the most fundamental urges of human nature that is procreation."

There are anecdotal accounts of local mosque clerics castigating all forms of birth control; some politicians associated with religio-political parties have also stoked controversies for political ends. There are accounts of faith-based militant terrorist organisations such as the Taliban condemning FP and of service providers being target-killed in Pakistan. However, religion cannot be viewed as the single contributor to the failure of family planning programmes in the country; other socio-economic dynamics also act as strong determinants.

In tracking fertility trends in Pakistan and documenting religious resistance, Abdul Hakim explains that Islam does not have an ecclesiastical system for training religious leaders. Hakim posits three distinct types of religious authorities in Pakistan: 1) the local maulvis (local mosque clerics), 2) the maulanas/ulema (learned leaders, often theologians) and 3) the pirs (spiritual leaders, often hereditary) (Hakim 2005). Maulvis control the mosques and small madrassas in every rural and urban neighbourhood and wield influence through Friday sermons and teaching students and visitors. The ulema, also associated with madrassas, are national level religious authorities who exercise political influence.

As spiritual leaders, pirs have influence across generations as allegiances are hereditary, and many pirs are directly or indirectly associated with electoral politics (Hakim 2005, 239). This influence is separate to that emanating from presence in various official bodies—institutions such as the Council of Islamic Ideology,[5] the Shariat Courts, and representative religio-political parties. There are also televangelists, religious speakers who are television celebrities. Pirs, ulema and maulvis adhere to diverse schools of thought; they do not have a singular viewpoint, interpretation or position on issues.

For their part, official interventions bolstering family planning are shaped by specific approaches; the utilitarian view of lowering birth rates for instance, will focus on the economic and demographic angle and work for that end regardless of whether the process increases women's autonomy or not. Pakistan's official approach towards family planning falls in this utilitarian category. A rights-based approach, in contrast, will approach the issue from the standpoint of women's basic human rights and control over their bodies; hence the aim will be for the process to be as empowering as possible. These tensions have informed and influenced the literature reviewed as well as the policy options and strategies pursued by various governments.

[5] The Council of Islamic Ideology (CII) is a constitutional body that advises the legislature, i.e., government of Pakistan and parliamentarians whether a certain law is repugnant to Islamic teachings.

Fundamentalist Discourses Challenging Family Planning

An expanse of published and grey literature points out that opposition from religious leaders or the perception that family planning is un-Islamic has deterred people from adopting such practices. As discussed earlier, religion has been used to challenge the concept of family planning for many decades in Pakistan. First, many Muslims oppose FP on the ground that withdrawal or any practice that prevents pregnancy is infanticide, which is un-Islamic and specifically prohibited in the Quran. They quote a verse which says, "And kill not your children for fear of poverty – We provide for them and for you. Surely the killing of them is a great wrong" (17:31, Quran). Second, the opponents of family planning give a religio-political reason, saying that the larger the population of Muslims, the greater their global power can be. These advocates claim that a large population is ordained by the religion and that failure to achieve it deviates from the right path. Boasting of the increasing number of Muslims worldwide is part of their discourse to discourage family planning (Roudi-Fahimi 2004). Third, opponents of family planning proclaim that using contraceptives is morally wrong and leads to obscenity and even prostitution (Ud Din et al. 2012).

Nevertheless, some Muslim scholars support family planning. Prominent Pakistani scholar Javed Ahmed Ghamidi, for example, asserts that the Quran teaches Muslims to be strategists and planners in all matters

including with respect to the family that is the foundation of society. He argues that contraception does not amount to killing a human being as the above Quranic verse relates to forbidding the pre-Islamic Arab practice of infanticide (particularly girls) due to poverty or to avoid having a female offspring. Perhaps, he adds, in those days, people did not know safe methods of contraception and early abortion.[6]

While many religious scholars have debated the concerns based on Islamic texts (concerning issues such as whether azl (i.e. coitus interruptus) or the withdrawal method, can or should be practised), some arguments are not grounded in theological disputes; they are sweeping dismissals questioning the funding, intent, desirability and outcome of family planning.

In her survey of condemnatory literature, Riddel (2009) finds there is belief in a sinister global agenda perpetuated against the Islamic world by non-Muslims, and that the motivation of promoting family planning is not driven by health concerns but by geo-strategic aims of keeping Muslims in check and maintaining a global balance of power. “This discourse revives anti-imperialist and postcolonial arguments premised on racial, religious and civilisational themes. It vests family planning with eugenicist objectives of erasing Muslims' numerical strength” (Riddel 2009, 7-9). She finds that opposition to family planning brings together religio-political groups otherwise in disagreement with each other, including Hizb-ul-Tahrir (a banned militant outfit), Jamaat-i-Islami and the defunct Muttahida Majlis-e-Amal, which are right wing, theocratic, Islamist political parties with an agenda to make Pakistan a state governed by, or in accordance with, Sharia Law.

Evidence shows that religious clerics routinely speak against family planning in Friday sermons. It is also reflected in actions taken publicly by religio-political parties. The Jamaat-i-Islami (JI) women leaders have demanded a complete ban on advertisements of family planning programmes in the past. The Secretary General of the JI Women's Wing spoke of the global effort to promote sexual waywardness in the country. In 2004, the Minister for Religious Affairs in Khyber Pakhtunkhwa province, member of Muttahida Majlis-e-Amal (MMA), a coalition of religious political parties, himself lit a bonfire of condom posters and CDs as part of an anti-obscenity campaign (Brohi 2006). In 2006, the Punjab government stepped up its FP awareness programme, spending millions on advertising and free text messages. Their campaign slogan, “chota khandaan zindagi asan” (small family, comfortable lives) was countered by billboards and public transport with the message: “barra khandaan, jihad asaan” (big families help jihad). The latter slogan was also heard during Friday sermons (Gulf News 2005).

During one of Shirkat Gah's fieldwork projects in Punjab's Muzaffargarh district, a Lady Health Visitor voiced the same opinion.

[6] See http://www.javedahmadghamidi.com/books/view/family-planning

Rafia Noor Jahan said that religious clerics mystify the issue of family planning creating social hurdles for women accessing services; religious clerics exhort men in Friday sermons to prevent women from using family planning and vaccination because it is a sin and interferes with God's will (Shehzadi 2016).

The popular opinion is that religious leaders are hostile to family planning (Ali and Ushijami 2005). Khurram and Graham (2008) note: “The people of Pakistan, the majority of whom are Muslims, have been involved in a controversy between controlling population size and religion, particularly instigated by religious leaders. From the beginning of government initiatives, population based programmes have been caught in a vicious cycle of hostility” (Khurram and Graham 2008). The Population Council's programme, Family Advancement for Life and Health (FALAH) stated that because the views and opinions of religious leaders and scholars were critical in shaping public opinion, FALAH sought to educate them to mitigate perceived religious opposition. The project report stated a positive response from men regarding the intervention by religious leaders in family planning (Population Council).[7]

Grey literature notes the challenge presented by the opposition of religious actors to contraception use as illustrated in a Karachi-based study on factors influencing contraceptive use in squatter settlements. The researchers write: “Though we were unable to identify published material on local clerics' and religious leaders' attitudes and beliefs regarding family planning, we believe that in general Pakistani society regards family planning as contrary to the teachings of Islam” (Fikree et al. 2001, 130-136). According to the study, similar numbers of women who used family planning and those who didn't, stated that Islam did not allow family planning. Nevertheless, the researchers concluded that women who use contraceptives presumably do so because of several potentiating factors, including the need to balance their religious beliefs with prevailing living costs and the need for maintaining a quality of life for themselves and their children. They observed that after adjusting for education, women who used contraception were 0.5 times more likely to say Islam allowed for family planning. Disregarding their own findings, the study recommends that policy makers should attempt to clarify religious misconceptions about family planning by seeking active collaboration and support of religious leaders (Fikree et al., 2001).

One clear case of fundamentalists' systematic opposition to family planning is in Swat, a district of Khyber Pakhtunkhwa, captured and controlled by the Pakistani Taliban between 2007 and 2009. The case study of Lady Health Workers in Swat in the box below is derived from the field research of Iftikhar Ud Din, Zubia Mumtaz and Anushka Attaullahjan. It illustrates how the Taliban in Swat cracked down on the women appointed to promote family planning using

[7] The programme has ended.

a combination of threats, violence, incitement, social opprobrium and public castigation until people refused to accept their services. The Taliban launched a methodical campaign of malice, harassment and abuse of the primary healthcare programme and its core workforce, targeted in ways beyond the attacks on the healthcare system.

Box 1: Lady Health Workers (LHWs) under the Taliban Regime

The LHWs reported being named and shamed on radio broadcasts and subjected to threats of kidnapping, forced marriages, and in some cases, death. The Taliban used a combination of fatwas (religious decrees), threats, and physical assaults. The Taliban passed three fatwas targeting the LHWs. The first declared that the presence of women in public spaces was a form of public indecency, which affected their ability to travel unaccompanied—a key requirement of their job. This fatwa also stated that it was a Muslim man's duty to kidnap LHWs when they paid home visits, to marry them forcibly (even if they were already married), or to use them as sexual slaves. Mullah Fazlullah, the Taliban chief of Swat (at the time), even went as far as declaring the LHWs wajib-ul-qatal (meaning an edict condemning them to death).

The second fatwa declared that it was morally illegal for Muslim women to work for wages. And the third fatwa declared that LHWs were men because they travelled unaccompanied in the streets like men. Like all non-family men, they should not be allowed to enter homes. Since a key aspect of the LHWs' work is home visits and doorstep health services, this fatwa essentially made it impossible for them to work. On the Taliban radio, a daily half-hour radio programme was dedicated to discrediting the primary health care programme and the women who worked in it. Individual LHWs were named and shamed as "prostitutes and servants of America". "They announced on FM radio that we are prostitutes. They said we come out of our houses in the morning, carry condoms with us, go house to house, find clients in these houses, have sex with them, and earn money. After this it was very difficult for us to go to houses to work," one LHW said. The Taliban also sent letters and paid home visits to warn women to stop working as LHWs. "I received a letter saying if you continue working, we will send a suicide bomber to your house," one said. In some cases they threatened to behead family members—especially male relatives—if the women continued working. Other workers were threatened with having their children kidnapped and killed.

"A lot of people stopped using family planning methods. They said it's against Islam. Abortions are on the rise and women are dying. I joined this programme in 2004. From 2004 to 2007, I saw only one maternal death. But since the Taliban takeover and subsequent routing, I have seen seven maternal deaths," one LHW supervisor told the researchers.

The researchers explored why the LHWs were targeted by the Taliban. According to them, the mandate to provide family planning services made it an ideological target. The Taliban were hostile to the concept of family planning, believing it was a part of a great conspiracy by Americans and the West generally to eliminate Muslims and Muslim identity. "The Taliban were allergic to the words 'family planning'. They said family planning means no children. It is an American conspiracy. No children means that our nation will be finished in a few years," a supervisor said.

They also believe that contraceptives promote vulgarity, obscenity, and extramarital sexual relations."Maulana [Fazlullah] announced several times on the radio that LHWs are providing condoms to unmarried girls and these girls are then using them. The LHWs want to promote prostitution and sin in our society," an LHW said. The second reason the Taliban attacked the programme was that they believed it to be an American funded NGO. All NGOs are considered suspect as they have acquired a reputation of "working for donor interests rather than Pakistani national interests." The Taliban did not believe that the West would be interested in protecting children from polio. They cited the Palestinian, Iraqi, and Afghan conflicts as examples of the Americans killing Muslim children, saying that if Americans kill Muslim children in these places they cannot profess to want to save Pakistani children in Swat.

Source: Ud Din et al. 2012

According to Rahnuma Family Planning Association of Pakistan, healthcare activists promoting family planning in Pakistan face constant fatwas from conservative forces, killing of volunteers and kidnapping of public health activists, in addition to lacklustre government support. "Five of our staff members were killed by the fundamentalists. But the sister of one of the martyrs came up to join and take the social fight further as a health worker," Sayed Kamal Shah, CEO of Rahnuma informed during a presentation at a global health conference in Kochi in 2013 (Times of India 2013).

Family planning is also interlinked with other health services in Pakistan which have been targeted by religious groups' campaign against progressive initiatives ostensibly to protect Muslims from a perceived orchestrated downfall. Below are two main examples:

An iodine deficiency, common in Pakistan, leads to spontaneous abortion, stillbirth, goiter, birth defects, mental illness, lower IQ levels and other health problems. One effort to rectify this has been the introduction of iodised salt. According to the National Nutrition Survey 2001, nearly half of the population suffered some form of the iodine deficiency disorder. Yet iodised salt has been the subject of rumours and unfounded fears that it causes infertility.

In 1995, government officials aired a slideshow as part of their campaign to convince people about the benefits of maternal health and prenatal care identifying iodine as an essential nutrient. The slide show credited the initiative to the government department of health and family planning which led to people believing that this was a purely family planning related agenda. Soon, rumours started circulating that iodine was a state-sponsored ingredient to promote infertility and control population in a country that values large families and devalues the use of contraceptives (Leiby 2012). The usual charge emerged, i.e., that it was an international scheme to limit the global Muslim population. According to the Micronutrient Initiative, 30% of Pakistanis still refuse to use iodised salt, with provincial variations, with 41% using it in Balochistan and 52% in Sindh despite the fact that the two regions are the most food-deprived provinces as per the Pakistan National Nutrition Survey, 2001 (The Guardian, 11 January 2013). According to the Micronutrient Initiative website, the salt iodisation programme has led to a marked decrease in the incidence of severe iodine deficiency, from 37% in women of reproductive age. The Pakistan National Nutrition Survey (2011) also reported iodine intake in the country had improved, reaching 69% nationally (Aga Khan University 2011).

Mosque leaders continue to preach that contraception is a health scourge and a Western plot. The pattern was repeated with regard to the anti-polio campaign with the overarching fear being promoted was that vaccinations would lead to sterility and even impotency, and were part of the grand design for subjugating or eventually eliminating Muslims. According to an International Crisis Group report, in January 2015, 22% of polio vaccination refusals were

on religious grounds; 21% because of misconceptions, including about the vaccine's impact on fertility and sexuality. An NGO worker in KPK said, "People have been told [by mullahs] that the polio vaccine contains elements that are not halal [kosher], which sterilise children, accelerate puberty in girls and make them more sexually active and make boys impotent as a part of the West's [anti-Islamic] plan" (ICG 2015).

The clerics have rejected anti-polio vaccinations for decades, but a further impetus was provided when the plan to kill Osama bin Laden included verification of his children's DNA under the guise of the polio vaccine programme. Following this, the number of polio cases reached a record level of 306 in 2014, and a spate of killings of LHWs, polio workers and personnel of the security detail attached to them, has continued (The Guardian 2015). According to a 2015 Human Rights Watch report, at least 65 polio vaccination workers in Pakistan had been killed by militant groups with Taliban connections (Human Rights Watch 2015). The killings continued in 2016 with the most recent attack targeting a polio eradication centre in Quetta that left 16 dead on 13 January (The Express Tribune 2016). It is pertinent to note here that polio vaccination programme depends on the services of LHWs who are also crucial to the grassroots FP services in Pakistan.

Engaging Religious Leaders in Family Planning Efforts

Pakistan's 2002 Population Policy tried to make explicit the link between the opinions of religious leaders and people's practices. The policy was introduced by the military-controlled regime of General Pervez Musharraf as part of a reformist agenda. The policy "recognised" the importance of religion for FP and the policy's stated strategies included policy and programme development in accordance with "religious realities", and aimed "to target, engage, involve and grant ownership to civil society groups, necessarily including Islamic ones." In the past, religious demands had either been ignored, or at times, appeased. It was a shift that the Musharraf-led government decided to engage and co-opt (Riddell 2009). This "inclusive" population policy was generally accepted but it did face some muted opposition. Members of the Jamat-i-Islami's NGO, the Women Aid Trust (WAT), Islamabad, argued that state policies compel couples to adopt official norms and objectives that may be contrary to their own and this is religiously impermissible. They alleged that the government was imposing its will through a "two-child norm", and spreading misinformation that "azl" (withdrawal) was something that should be practised rather than could be practised (Riddel 2009). Some leaders of the MMA opposed family planning vociferously, but did not challenge the policy instrument, even though one of the central leaders, Maulana Fazl-ur-Rehman (head of JUI-F political party), was the Leader of Opposition in the National Assembly.

The 2002 policy led to the Ulema Conference hosted by the Ministry of Population Welfare. Representatives from 21 Muslim countries attended, and managed unanimous consensus on the document "Islamabad Declaration on Population Development" (IDPD). The conference found that "contrary to the myth of religious opposition, their response (ulema's) was positive and encouraging." Prime Minister Shaukat Aziz spoke about the important role the ulema could play in family planning by drawing guidelines in accordance with Islam's teachings. He also declared the ulema "agents for global Muslim prestige and security in the post 9/11 context" and their potential to work for "the glory of the Muslim world and present it as an example of enlightened moderation and peace."(Dawn 2005).

The emergent Islamabad Declaration stated:

> "We the Ulema representing 21 Muslim countries as well as communities in Minority Muslim States: recognise that concerted and cooperative efforts should be initiated by Muslim Ummah in general and in the participating countries in particular, in the field of population and development. We hereby reaffirm that Islam provides the guidelines on all aspects of life including issues of population and development; express concerns on rapid population growth in the contemporary world, declining standards of maternal and child health, increasing environmental degradation, unmanaged migration and massive urbanisation, which is a threat to the process of socio-economic development and welfare of the people. (Ministry of Population Welfare, 2005, as cited in Riddell 2009, p208)."

In 2007, the Director General Programmes, Ministry of Population Welfare presented the Pakistan Country Paper on "The Application of Islamic Teachings on Family Planning in Pakistan", highlighting that over ten thousand imams (prayer leaders), khateebs (sermon deliverers) and nikah khawans (marriage solemnisers) had been sensitised and another 20,000 would subsequently be involved and trained by over 300 master trainers. The paper explained the process whereby the imams and khateebs were identified by the population welfare department officers at the district levels, and paid stipends as resource persons. They were overseen by a steering committee comprising a representative of the Council of Islamic Ideology, the Dawah Academy (which is one of the two academies of the International Islamic University, Islamabad), the Ministry of Religious Affairs, provincial departments, and representatives of the International Islamic University and social sector ministries. It further said that overall guidance was to be provided by the Ministry of Population Welfare (Ministry of Population Welfare 2007).

The country paper tells a simple story. Pakistan's CPR increased from 4% in 1966 to 28% by 2000. Subsequent to the 2002 Population Policy, CPR has risen much more slowly, rising another 2% by 2006 to reach 30%. The 2012-13 Pakistan Demographic

Health Survey (PDHS) places CPR at 35%. The PDHS found that while the use of modern methods increased by 0.5% a year, the use of traditional methods increased 1.5 fold, increasing its proportion in the overall mix. Long-term methods use has also declined from 11% to 8% including of IUD and sterilisation (Research and Development Solutions 2014). In its 2002 Population Policy, the country aimed to reduce TFR (Total Fertility Rate) to the replacement level of 2.2 by 2020. The TFR is currently 3.2 (Ministry of Population Welfare 2007).

The Country Paper found that the majority of the ulema believe Islam permits birth spacing and perceive frequent childbirth harmful to a mother's health. Almost half of all ulema view family planning and birth spacing as two different things and consider limiting the number of children to be against the teachings of Islam. The endorsement of birth spacing was based on concern for the mother's health with the aim of determining when to have babies, not whether to have them. The dissonance between an acceptance of a couple deciding when to have children and rejection of couples deciding about child conception and stating only God may decide, was not seen as a contradiction. Ulema who foresee population growth as a significant problem believe the government can resolve the issue by increasing employment opportunities and expanding awareness through education (Ministry of Population Welfare 2007).

International organisations gravitated to this new approach of including the ulema in discussions. The Extending Service Delivery (ESD) project funded by the USAID's Bureau for Global Health was one such initiative. Designed to address unmet need at the community level, ESD developed its own religious leader facilitator manual, compiled local fatwas in support of family planning and had it endorsed by the Council of Islamic Ideology. This led to the introduction of this approach by international organisations on a range of thematic interventions, such as "the Role of Religious Scholars in Elimination of Bonded Labour" executed by the National Research and Development Foundation (NRDF) and funded by the ILO, in which they assisted in drafting Friday sermons and kept count of the number of sermons they influenced and the number of people attending those sermons (NRDF 2009).

The USAID's assessment of the ESD program is one of the few that measures the impact of such inclusion. They determined the approach as successful, citing examples of service providers becoming more convinced once religious agents endorsed it. For instance, a senior medical officer said: "Before attending the training, I viewed family planning as a sin... My views are now completely changed. I will now become an advocate for family planning." The report stated that participants' feedback in follow-up interviews "indicates that the module has helped medical college faculty address their own misconceptions and concerns that prevented them in the past from discussing the topic openly and candidly. Faculty members have also indicated that the module helped them provide appropriate responses to questions and arguments raised by students. Overall, the module has

enhanced their level of confidence and made it easier to introduce the topic of family planning in a more convincing and non-controversial manner (Mir and Shaikh 2014)."

This reinforces the point made in SG's experts and practitioners' feedback forum, that the inclusion of religious endorsements is a demand driven by the needs of the educated middle class that functions as intermediaries or service providers of family planning, rather than being fuelled by demands of end-users of products and services. It gives service providers and intermediaries security and confidence to work in the "field" without fear of backlash, and helps them reconcile what they feared was dissonance between their class-held beliefs and their work. This need fulfils both, a synchronisation between their public and private lives, as well as protection in the face of perceived threats.

While it is evident that opposition by faith-based agents can disrupt the provision of services and directly impact family planning service providers by impeding their access, there is a need for a thorough research to establish whether or not their endorsement actually leads people to add or reject family planning methods and services. Field-based evidence collected through the experts' meeting stressed that people, particularly at the grassroots level, tend to cite religion as a reason for not using contraception because it is more acceptable and considered "politically correct", than citing their real reasons which may open them to social (or at least the researcher's) censure. Actual reasons identified by the experts and practitioners ranged from son preference, to fears of compromised sexual potency, from wanting more earning hands for financial prosperity to belief that something could go wrong (expected morbidity) with some children.

Factors Affecting Religious Leaders' FP Endorsement

In addition to the landmark 2005 Ulema Conference, various international organisations and NGOs have been able to bring on board ulemas to support family planning. Anecdotally, those working to bridge religious scholars with family planning initiatives narrate encountering little resistance from ulema to being included.

Some studies conducted before the current intensified religio-political climate indicate that religious actors were neither antagonistic nor relevant to social acceptance of family planning. One particularly instructive article, "Family Planning Knowledge and Attitude Surveys", that reviewed three early research publications on family planning, noted that even where research found causality, the link was suspect and dependent upon particular readings (Green and Jan 1960). It shows that in open-ended questions on any opposition to family planning and use of contraception, religion did not occur to villagers as a conflicting factor. Neither the male nor female respondents mentioned religion, even when nine possible factors were identified. It was not till a specific question was asked by the interviewer about whether religion permits such practices that doubts emerged, and then too, their source of doubts was

"self opinion,"[8] meaning the respondents themselves thought so, even though no religious authority had communicated that such practices were abhorrent. So while the original research concludes that "the greatest obstacle in the way of not practicing family planning in rural areas was the religious conviction of the people," the review article challenges this reading and states that such apprehensions do not occur to villagers till suggested by educated outsiders.

However, a plethora of research suggests a changing and deepening religiosity amalgamated with politics and identity assertion has amplified from the 1980s Islamisation policy of General Zia-ul-Haq onwards, accelerating further after the so-called "War on Terror" following 9/11. The current dissonance between field observations (of high levels of resistance and suspicion towards family planning) and the ease of inclusion and endorsement of family planning initiatives can be explained by two independent contemporary research studies.

Nasir and Hinde explored factors associated with contraceptive approval among religious leaders in Pakistan (Nasir and Hinde 2011). Interestingly, they found that religious leaders with more than eight years' religious education consider that Islam approves of contraception more commonly than religious leaders with a shorter period of religious training. They explain and contextualise their results:

> "The divide at eight years is not arbitrary. The normal time taken to learn by heart the Quran for a newly inducted scholar is about two or three years. It then takes a minimum of five or six years to learn Islamic doctrine through Hadith. These two elements of religious education, therefore, typically occupy eight years, during which time scholars learn and understand the faith, and learn and memorise Hadith. But those who continue their religious education after eight years not only memorise Hadith but also understand and interpret both Hadith and the Tafseer (commentary on the Quran). They are assumed not only to be the medium between man and God but also the first source of religious information for the people."

Their results suggest that learned leaders traditionally called aalims or ulema (scholars) with deeper knowledge of the Islamic faith are twice as likely to say that Islam approves of contraception, than ones with lower level certifications.

This was earlier established in a 2006 study by Ahmadi, Hanif and Zafar in their survey on "Attitudes of Religious Leaders (Imam Masjid) towards Family Planning." They tested the hypothesis that the higher the education of the religious leader (imam masjid) the more favourable the attitude toward family planning. They found that the level of disapproval of the family planning concept decreased with the increase in the educational level of the respondents.

[8] "Self-opinion" was the category phrasing used in the research. It is grammatically incorrect, but in any case, used to ask whether it was the respondent's own opinion, as opposed to having heard it from someone else.

The study found that among religious leaders, 47% of those having middle level education and 86% of those with bachelors' degree and above approved the need for family planning (Ahmadi et al. 2006).

Nasir and Hinde (2011) also point out that a greater challenge, however, is posed by religious leaders who believe Islam to be opposed to family planning as the deferential and patriarchal nature of Pakistani society will likewise amplify their influence on the behaviour of those they lead. In parts of the country where these leaders' influence is dominant, it seems likely that the family planning programme will struggle to gain traction. Rising to this challenge is likely to be difficult, especially using the normal methods of trying to get across the family planning message (for example, using information, education and communication strategies). It may be that less conventional approaches would be more successful. For example, one implication of this study is that encouraging a longer period of training and education among religious leaders may well reduce the proportion of people opposed to family planning, and be an effective means of promoting the use of birth control (Nasir and Hinde 2011).

The paper reviewing the ESD notes what it considers true about religious leaders: "They often act as arbiters of morality, ethics and of what is prescribed or proscribed by faith. Their opinions strongly dictate the behavioural norms of their communities, in particular maternal, neonatal and child health" (Freji 2010). The ILO project report, in highlighting the significance of the approach of including ulema in its efforts against bonded labour states: "They can attract the public to cooperate with fellow beings (sic) as the spiritual representatives of Allah Almighty's affection on earth" (NRDF 2009).

These assumptions should be seen in the context of a deepening of political identities based on religion in Pakistan in which politics and religion have become even more deeply enmeshed than before. It is clear that religious sentiments and values are important to people. However, the centrality given to religious leaders as arbiters of everyday life decisions may be overstated and requires caution in selecting them for donor funded projects that could benefit them financially or in improving their overall public status or legitimacy as religious authorities.

A 2013 study on reviewing and applying lessons learnt from family planning efforts in Pakistan, addressed misconceptions about the role of religious beliefs. With reference to the belief that religious proscriptions limit the use of family planning in Pakistan, the study states: "While considerable efforts have gone into mobilising religious leaders

to promote FP at national and grassroots levels, one has to question their utility in terms of the benefit such efforts will yield in promoting FP in Pakistan" (Khan et al. 2013).

The vociferous opposition to family planning by religious conservatives in Pakistan has led to successive governments being fearful of a backlash and since the 1980s, increasingly cautious on this issue. Post 9/11, the Musharraf-led government saw an increased official push to include religious conservatives in family planning. However, these efforts blurred the following: first, the difference between the influence of religion and the influence of religious actors; second, who people consider to be religious leaders (which can range from male or female family elder, tribal or village leader, to televangelists – there are multiple TV channels with celebrity religious preachers) to pirs; and third, the variegated levels of scholarship and learnedness.The ulema, the scholars who have extensive theological education, differ from local clerics and mosque imams. Given the multiple, and multipying schools of thought, there is no established hierarchy, centralised leadership or flow of information, and it has not been ascertained whether theological nuances and positions have any direct effect on local clerics with varied associations. Nor has it been established that there is a causal relationship between religious endorsement and people's uptake of family planning methods.

A 2015 publication of the Research and Advocacy Fund (RAF), for instance, suggests that the influence of religion may have declined and that religious misperceptions play a smaller role than before in inhibiting contraceptive use. The reason being that "at the outset of the 1990s, the country was emerging from a decade of deliberate "Islamisation" under the administration of General Zia-ul-Haq, which had firmly resisted the idea of family planning. Family planning was a relatively less known concept and religious leaders averse to the use of contraceptives wielded more social influence." Yet the same publication showcases the timeframe from 1991 to 2001 as the "golden era" of family planning, which would either indicate that the golden era was achievable despite opposition from religious agents, or that the problem was over-stated. The complexities involved are underlined by the fact that RAF notes that despite the reduced opposition, there has been no appreciable change in contraception usage, and in fact, the use of modern methods has fallen (RAF 2015).

This is also reflected in the draft National Population Policy of Pakistan[9] of 2010. In reviewing the previous policy, the 2010 Policy draft states: "The Population Welfare Programme spent a significant proportion of budget on demand generation activities. However, interpersonal communications to remove inaccurate information regarding family planning methods, disinformation regarding non-use according to religious precepts, and to encourage small families, etc. remained ineffective." In its forward-looking strategies, the programme resolved that, "engaging religious leaders as social mobilisers will be piloted and successful outcomes will be replicated. It further said it would promote the use of supportive religious material in Friday sermons, public gatherings and counseling" (National Populations Policy 2010).

[9] By the time the 2010 policy was drafted, Pakistan started a structural reform process under the 18th Amendment to the Constitution that devolved powers to provinces. The federal government no longer had the authority to pass a national policy and the drafted policy was thereby meant to provide guidelines to the provinces, all of which had to make their own provincial population policies.

4. CONCLUSIONS

Translating the global commitment to attain universal sexual and reproductive health and rights for women and girls, as underscored by the post-2015 sustainable development agenda,[10] is a challenge due to multiple factors including cultural and religious barriers. In Pakistan, the debate on family planning in the Islamic context has revolved around two major contentions: that Islam is anti-FP and that a greater population is a source of religious power and legitimacy in the global world order. Both arguments have long been used by religious political parties to strengthen their narratives, attain political gains, and/or discredit interventions aimed at increasing adoption of FP methods. The influence these have had on people's choices about family planning are documented in various studies and surveys conducted both officially, academically and by non-governmental and development organisations, as this study shows. However, there is also a need to look at this influence pragmatically and not ignore other factors that determine FP adoption that may not be religiously justified or attributable to religion.

An interesting finding reiterated across studies establishes a link between the level of education of religious leaders and their support or opposition to FP. This highlights the need for capping minimum-length trainings for religious authority. Additionally, positive changes in the perception of local level clerics and medical practitioners after receiving FP knowledge underscore the need for systematic sensitisation trainings.

In conclusion, it can be said that the correlation between fundamentalist discourses and the uptake of FP practices is complex and needs further study. There are religious scholars who have endorsed and supported FP practices, with some reservations over acceptable forms and reasons for practicing FP. In parallel, local level religious authorities and national level religious political parties have opposed FP, both, ideologically and by interrupting tangible service provision. The latter needs to be addressed separately, particularly in terms of improving accountability within public SRH delivery systems and ensuring a steady flow of health services.

However, this conclusion must be read against the wider context that informs the background of this report, that is, the preoccupation of fundamentalist agendas with women's bodies. Women's reproductive rights have consistently been a political and politicised issue. This report focuses only on the influence of fundamentalist discourses on the demand and supply of FP services in Pakistan. The study found that linear causality is difficult to establish, not least because of the serious research challenges of isolating the impact of religion from other influences over people's lives. A fuller and deeper engagement examining the fundamentalist discourses and their influence on women's bodily rights may, however, reveal a different picture. On the larger canvas this would include contestations over women's free will marriages, age of consent, notions of guardianship, and the right to be considered autonomous adults under law and in society, all of which remain contested. Family planning is part of an overall spectrum of debates and contests that aim to vest decisions that impact on women's bodies and lives to authorities other than them.

[10] SDG target 3.7 refers to SRH and RR separately, instead of SRHR.

5. RECOMMENDATIONS

Recommendations: Based on the Research Findings

Recommendations for Government

Based on the evidence and analyses presented in this study, and SG's experience of conducting research in women's and girls' SRHR, the following steps are recommended:

1. There is a need to counter patriarchal structures assisted by fundamentalist and punitive versions of religion that narrow the spaces available to women in the public as well as private arenas. The negative impact of these structures on women's education, economic status, their opportunities for employment and position within household must be reversed to maximise the uptake of FP methods with a freedom to choose.

2. In order to create a conducive environment supportive of women's rights and SRHR for all, retrogressive institutions such as the Council of Islamic Ideology, Federal Shariat Court, alternative justice systems or informal courts like jirga and panchayat need to be dissolved as they do not represent women's interests and rarely, if ever, include women.

3. Address the impunity with which human rights in general and SRHR in particular have been violated in cases involving domestic violence, rape, honour related crimes and inhuman practices and punishments.

4. State support to women should be made more visible so as to depoliticise women's reproductive rights and guarantee them the rights to free will marriage, education, employment, autonomy, and remove misconceptions regarding guardianship and child marriages as permissible. This entails making judicial processes stronger and more effective, and ensuring punishment and justice delivery.

5. Due to the transfer of power from the federation to provinces, several gaps have emerged in the provincial level health and population welfare programs. Hence, there is an urgent need for institutional as well as policy reform in the context of the 18th Amendment and devolution of federal health, women's development, social welfare and population welfare ministries. These should systematically integrate human rights and gender equality aspects.

6. In order to meet the target of 55% CPR by 2020, the government needs to streamline family planning policies and measures in a coordinated and sustainable manner. In this regard, the lack of FP services in remote areas, understaffing and lack of infrastructures need to be addressed, and the lack of knowledge about these services needs to be checked through mass awareness to cater to growing needs.

7. The state needs to depoliticise religion as an instrument of policy and privilege.

8. Mass media campaigns should be run to raise awareness about various family planning services available at public health centres, ensuring the involvement of males. Beyond focusing on the demand side, the supply side should also remain a focus in family planning campaigns, to ensure improvement in delivery of, as well as access to, services.

9. There is a need for the state to institutionalise democratic norms, and focus on strengthening peace and pluralism, ensuring freedom of speech, expression, and movement without fear of persecution by the state, or non-state actors. This would help to establish a social narrative that focuses on the protection and promotion of human rights, emphasise inclusion rather than exclusion, and act as a counter to religious forces whose consolidation of power depends on denial of rights and a policy of exclusion.

10. The state needs to address its own failings towards citizens, which has provided traction to all sorts of fundamentalisms. A major incentive for sending children to madrassas includes provision of clothing, food and shelter for children that parents are otherwise unable to provide. The intersectionalities between the state's failure to uphold its responsibilities to its citizens, and the consequent advantage this affords religious fundamentalists, needs to be understood and responded to accordingly.

11. In view of the attacks on health workers, the government must focus on safe delivery and strengthen mid-level and low-level health service mechanisms. The impact of militant attacks on health workers should be taken into account and policies and action plans should be developed to counter them.

12. On family planning, the state must adopt a human rights-based approach as opposed to the traditional utilitarian view focusing on economics.

13. The effects of militants' rigorous campaigns against crucial health services including FP and polio vaccination need to be mitigated. The impunity with which militants operate should end with effective law and order systems which clearly communicate a zero-tolerance policy. Efforts must be directed towards strengthening justice institutions and systems that are accessed by civilians.

14. Madrassas should be formalised in order to maintain a check and balance on the curriculum, as well as teaching methods, and ensure that neither is leading to indoctrination or promoting the development of discriminatory attitudes. Further, the state must actively discourage delegating religious authority, especially issuing fatwas and strict proclamations, to persons with insufficient religious educational level and knowledge. The mainstream public schooling should be made effective to control the increase of non-formal schools.

15. Service providers and intermediaries who are an integral part of FP programmes and services must be provided with security and the confidence to work in the "field" without fear of backlash; trainings should be conducted to help them reconcile what they fear as dissonance between their class-held and/or faith-based beliefs and their work.

16. When engaging religious leaders in dialogue, the state needs to do so with care that it does not lend more political or material benefit to religious groups or individuals whose underlying aim might be receiving benefits in the form of increased public clout or legitimacy, or a share in state power.

Recommendations for CSOs/Donors

1. CSOs and SRHR alliances should continue to work with relevant national and provincial departments as CSOs have continued to bridge the gap between state and citizens. This partnership should be increased particularly at the provincial level, with strong follow up mechanisms, and committees formed to continue CSOs' engagement with relevant authorities.

2. CSOs and donor organisations should ensure SRHR education and removal of religious or cultural misperceptions when working on FP and SRHR services and programmes.

3. CSOs should press the government to focus on the effectiveness of FP services and adopting a cross-cutting approach to SRHR rather than looking at religious endorsement as the overarching tactic.

4. CSOs should continue researching crucial aspects of SRHR and FP in relation to religious fundamentalism, especially with regards to examining causality between religious endorsements and FP trends and realities at grassroots level, and examining factors and contexts influencing individual choices.

5. CSOs should continue working with CBOs and the health sector actors across the country in improving SRHR services and knowledge.

6. Further detailed study is suggested to understand the relationship between the endorsement by religious authorities and people's uptake of family planning options. Exploring this causality will also serve as a gateway to probing the larger, complex issue of how people, in their everyday lives, adhere to, oppose, or negotiate with religious authorities.

<u>Recommendations based on Shirkat Gah's SRHR Work Experience</u>

1. The state is obligated to employ a human rights based approach while developing FP and SRHR policies and programs to address the inequalities, discrimination, and power imbalances in order to ensure good governance, equitable distribution of resources, and sustainable development.

2. The government needs to recognise that gender-equality and universal sexual and reproductive rights are integral to sustainable social and economic development, for which it needs to apply the human rights framework to address the stagnating SRHR indicators and proactively work to provide universal access to SRHR while upholding the rights and dignity of its citizens.

3. SRHR policies and programs must address the four crucial components i.e. access, availability, acceptability, and quality.

4. The state must invest in human resources to extend family planning services to women living in remote areas. Strategies to fulfil the unmet need for contraception must be developed and implemented. Better coordination between the health and population welfare departments is needed to provide family planning services to uncovered areas.

5. Social determinants of health that impede women's access to quality reproductive health services need to be recognised. A strong patriarchal society, deep-rooted discriminatory attitudes, violence and fear of violence, harmful traditional practices, parallel legal systems, poverty, difficulties in accessing health services, difficulty in accessing SRH services due to power imbalances within the family unit, and women's lack of decision making within the household have been identified as crucial social determinants that hinder women's access to SRHR services in Pakistan. In order to achieve universal access to SRHR, addressing these social determinants is crucial. It is hence recommended that:
    - Policies and programs be formulated to address poor and marginalised communities' SRH needs to reduce inequalities;
    - Livelihood opportunities be provided to women to empower them and to reduce the inequities within the household;
    - Effective implementation of women's rights laws be ensured to create an enabling environment for women and girls where they could freely assert their bodily rights.

6. Policymakers must replace the current vertical approach towards FP and SRHR with an integrated, multi-sectoral approach to formulate policies and programs; SRHR issues should not be viewed and tackled in isolation; socio-economic issues, political factors and religious barriers must be taken into account while developing policies and planning strategies.

7. The federal as well as provincial governments need to review school curriculum and include basic knowledge about SRHR (including comprehensive sexuality education).

8. Going forward from the study having identified sources and content of faith-based narratives against women's SRHR in Pakistan, there is an urgent need to clarify terms of the debate and identify local forms of resistance. Counter-narratives to both theologically and

politically justified obstructions to women's SRHR need to be debated openly, clearly marking the role played by patriarchy, religious interpretations and actual texts or 'fundamentals' in individual contexts. Further, there is a need to peel back on the complex and multi-layered inequalities that women face around the world (not necessarily under Muslim contexts), which may not be reducible to religion but are attributed to it in popular discourse. There is also a need to challenge the obvious contradictions or non-religious elements of the opposition to FP, particularly when they are portrayed as being rooted in the spirit or text of any religion.

9. Further to the recommendations above, discursive spaces need to be created by the state and civil society, to promote dialogue on narratives and counter-narratives which people may or may not act in accordance with, when making FP-related decisions.

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7. APPENDICES

Appendix 1. Glossary of Terms

Aalim: scholar

Azal: coitus interruptus or withdrawal method

Dawah: Islamic missionary or proselytising activity

Hadith: sayings and practical examples from the life of Prophet Mohammed (PBUH)

Khateeb: sermon deliverer

Fatwa: Islamic edict

Imam: prayer leader in Islam

Nikah khwan: Islamic marriage solemniser

Masjid: mosque

Maulana: Muslim religious leader

Maulvi: Muslim leader usually at a mosque

Pir: spiritual leader usually holding hereditary position

Purdah: segregation between men and women; also veil

Shariat: Islamic law, jurisprudence

Sunnah: the way of Prophet Mohammed (PBUH)

Sexual and Reproductive Health and Rights (SRHR):

Reproductive Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and to its functions and processes. Reproductive health therefore implies that people are able to have a satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide if, when and how often to do so (UN International Conference on Population and Development, Cairo, 1994).

Reproductive Rights which rest on the recognition of the basic right of all couples and individuals to decide freely and responsibly the number, spacing and timing of their children, and to have the information and means to do so, and the right to attain the highest standard of sexual and reproductive health. It also includes their right to make decisions concerning reproduction free of discrimination, coercion and violence, as expressed in human rights documents (UN ICPD, Cairo 1994).

Sexual Health which is a state of physical, mental and social well-being in relation to sexuality. It requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence (WHO).

Sexual Rights which uphold human rights as stated in national laws, international human

rights documents and other consensus documents and include rights of all persons, free of coercion, discrimination and violence, to the highest attainable standard of health in relation to sexuality, including access to sexual and reproductive healthcare services; access to and availability of information on sexuality, sexuality education; respect for bodily integrity; choice of partner; sexual activity; consensual sexual relations and marriage; decision to have/not to have children; and pursue a satisfying, safe and pleasurable sexual life (WHO working definition)."

Tableeghi jama'at: missionary group or party

Tafseer: commentary on the text of the Quran

Ulema: scholars (plural of aalim)

Wajib-ul-qatal: one obliged/bound to be killed for an unpardonable offence in Islam

Universal Access to SRHR: The availability of SRHR and the ability of the population to gain access to SRHR. When Universal Access is limited, there is often a need for SRHR that is not being fulfilled. For instance, in Pakistan, the use of family planning services is not widespread, which could be an indication of the lack of universal coverage, unavailability of services, or the inability to access such services, or the lack of information, or the lack of women's autonomy and agency. It also gives significance to the allocation of resources by government to make SRHR available to the population, especially the marginalised (Thanenthiran, Racherla and Jahanath 2013, 22).

Fundamentalist movements: Political movements with religious, ethnic, and/or nationalist imperatives. They construct a single version of a collective identity as the only true, authentic and valid one, and use it to impose their power and authority over their constituency (which varies from a particular community to most, if not all, of humanity). They usually claim to be the representatives of authentic tradition, and they speak against the corrupting influence of modernity and "the West" (which non-Westerners tend to regard as the same thing). However, fundamentalists are far from being pre-modern. In order to promote their project, they use all modern technological means available, from weaponry to the media. They can use sacred texts and be linked with specific charismatic leaderships; they can appear as a form of traditional orthodoxy or, as a revivalist radical phenomenon fighting against traditional corrupt leaderships (Imam and Yuval-Davi, 2004, ix-xviii).

Religious extremism: The "rigid interpretations of religion that are forced upon others using social or economic coercion, laws, intolerance, or violence. It is accompanied by non-fluid definitions of culture, religion, nationalism, ethnicity or sect, which move citizens into exclusionary, patriarchal and intolerant communities" (ICAN and AWID 2014, 2).

Religious fundamentalism: "the use of religion (sometimes in conjunction with

ethnicity, culture and nationality) by certain political and religious leaders, institutions and parties to legitimise as divine-and thereby render unchallengeable - authoritarian political power and to essentialise social control. This has particular negative consequences for women's rights (AWID 2007). Religious fundamentalisms are "political movements of the extreme right which manipulate religion ... in order to achieve their political aims" (Bennoune 2013).

Secularism: Involves the strict separation of the state from religion, religious institutions and equality of people of different religions and beliefs, within the state before the law.[11] Secularism seeks to ensure and protect freedom of religious belief and practice for all citizens. Secularism is not about curtailing religious freedoms; it is about ensuring that the freedoms of thought and conscience apply equally to all believers, including religious minorities and non-believers or agnostics alike.

[11]Adapted from http://www.secularism.org.uk/what-is-secularism.html

This research is an initiative of a regional partnership working on building the interlinkages of religion (fundamentalisms and extremisms) on Women's Sexual Reproduction Health and Rights (SRHR). The ten partners are from India, Sri Lanka, Pakistan, Bangladesh, the Maldives, Indonesia, the Philippines, Malaysia, Morocco and Egypt. The regional partnership generates evidence on the interlinkages and the effects on wellbeing and human rights as part of national and international processes to achieve sustainable development and the realisation of human rights. The research for partners from India, Sri Lanka, Pakistan, Bangladesh, the Maldives, Indonesia, and the Philippines was supported by the European Union as part of the action "Strengthening the Networking, Knowledge Management and Advocacy Capacities of an Asian-Pacific Network on SRHR" and the Swedish International Development Cooperation Agency (Sida). The research for Malaysia, Morocco and Egypt was supported by the Norwegian Agency for Development Cooperation (Norad).

ARROW is a regional and non-profit women's NGO based in Kuala Lumpur, Malaysia, and has consultative status with the Economic and Social Council of the United Nations. Since it was established in 1993, it has been working to advance women's health, affirmative sexuality and rights, and to empower women through information and knowledge, evidence generation, advocacy, capacity building, partnership building and organisational development.

Shirkat Gah (SG) was initiated as a small voluntary women's collective in Pakistan in 1975, and has evolved into a leading women's rights organisation that operates out of offices in Karachi, Peshawar, Lahore, and four field stations across all four provinces. SG's core strategies in its work with grassroots organisations in more than 20 districts, include research to generate evidence for capacity building and advocacy in the areas of sexual and reproductive health and rights (SRHR); personal status law matters; a gendered perspective in sustainable development and promotion of peace, with violence against women traversing the four focus areas. Nationally, SG has contributed significantly to the overall policy and legal framework and works with elected representatives and government functionaries to bolster an environment conducive for women to claim rights and to facilitate accountability. SG also engages regularly with international development organisations and agencies both for setting norms and standards as well as ensuring accountability on Pakistan's international obligations.

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