

REPRESENTING PAKISTANI WOMEN IN FAMILY PLANNING CAMPAIGNS: A  
CASE-STUDY OF GREENSTAR SOCIAL MARKETING AND DKT  
INTERNATIONAL

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## DISSERTATION ABSTRACT

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Title: Representing Pakistani Women in Family Planning Campaigns: A Case-Study of Greenstar Social Marketing and DKT International

Pakistan being the fifth most populous country in the world with limited resources. The demand for contraceptives is low with contraceptive prevalence rate (CPR) being 35 %. Most of the health campaigns in Pakistan focus on the supply side rather than generating demand for contraceptives. This project analyzes the family planning promotional messages and looks at how Pakistani women, gender relations, roles and reproductive health are represented by a local nonprofit, Greenstar Social Marketing and an international nonprofit organization, DKT International. Strategic communication policy of both nonprofits is compared. Development communication, culture-centered approach to health communication, Stuart Hall's system of representation and feminist theories form the theoretical foundation of this project. This dissertation takes a critical-cultural approach to health communication, a field that has predominantly been quantitative in nature. Data were collected through in-depth interviews with producers of the promotional messages of GSM and DKT International Pakistan, and critical discourse analysis of the official documents, television

advertisements and Facebook posts of DKT and GSM since 2012. GSM has launched major campaigns like *Saathi- Jeet ka Sultan* Campaign, *Nisa* Campaign, *Touch* Campaign, and *Do* Campaign, while DKT has launched successful campaigns like *Josh*, *Dhanak/Heer* and *Prudence Premium*.

The study finds that DKT International represents women in a bold, seductive way and objectifies women particularly in *Josh* and *Prudence Premium* campaigns, while GSM represents women in more passive and traditional roles. This study observes that the IUD campaigns compared to condom campaigns of DKT and GSM focus more on the women's health and happiness and glorify motherhood. This image of a modern mother is prevalent in various promotional messages of DKT and GSM. Mothers are also represented as saviors of the nation, whereby the nation state negotiates its identity between tradition and modernity anchoring women to its development. The study further observes that DKT and GSM advocate the biomedical approach to family planning rather than the traditional one, which is framed as backward. Contributions to the fields of health communication, postcolonial feminism and other areas of scholarship, as well as limitations and future research directions, are also discussed.

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## CHAPTER I

### INTRODUCTION

One pregnant housewife waiting to see a gynecologist in Mardan had a small child on her lap and a 5-year-old girl by her side. All looked weak and malnourished.

“My husband doesn’t care about my health or the health of our children. He can barely support us, but he wants more,” said Zarina Bibi, 34. She said that a doctor had advised her to take a break from childbirth for several years but that she had no choice. “My husband doesn’t want birth control.” (Constable, 2017).

Discourses like the above have a strong Orientalist undertone and present Third World men as oppressors and women as completely passive. Overpopulation is presented as a disease like a ticking bomb in developing countries like Pakistan. Reproductive health is a complex issue and is influenced by numerous factors, including poverty, gender inequality, socio-cultural norms, illiteracy, politics and religion. This dissertation looks at how women, gender relations are reproductive health is represented by nonprofit organizations.

#### **This study**

This is a comparative study of how Pakistani women are represented in family planning promotional messages by Greenstar Social Marketing Campaign, a local non-



profit organization, and by DKT, an international non-profit organization. One measure of access to sexual and reproductive health services is the extent to which a woman who wants to use a modern method of contraception has access to it. Access to family planning services is a foundational element, not just of reproductive health, but of social and economic equality, since unintended pregnancy constrains opportunities that women might otherwise have for education, civic participation and economic advancement (United Nations Population Fund, 2017).

Family planning campaigns in Pakistan aim to improve women's reproductive health and reduce maternal mortality by advocating birth spacing between children and encouraging the use of contraceptives. Insufficient public resources, lack of funds, and low priority in the health sector have encouraged Western donor financing of health projects in Pakistan. Organizations like the World Bank, USAID, Department of International Development (DFID) and DKT International work with the local Pakistani government to improve health indicators, but various campaigns like for polio eradication and family planning have met a lot of resistance from local communities as they are considered Western interventions with ulterior motives (Siddiqi et.al., 2004). It is important to consider whether foreign development campaigns consider local beliefs, values and aspirations and erase subaltern voices, as is common in campaigns originating in the West. As family planning primarily remains a women's issue, how the development campaigns represent Pakistani women, as target of health interventions or as agents of change becomes a crucial question.

## **Statement of the Problem**

The right to one's own body is a basic human right, but in many countries, including Pakistan, women's reproductive rights are controlled by her husband and her in-laws. Family planning programs in Pakistan have generally focused on the supply side by providing contraceptives rather than increasing the demand for contraceptive use. As the burgeoning population of Pakistan puts a tremendous burden on its scarce financial, educational, and environmental resources, effective communication strategies that are sensitive to the local culture and tend to emancipate women and increase the demand for contraceptives are needed.

### **Objectives of the Study**

This is a case study of a local non-profit organization, Greenstar Social Marketing Campaign and an international non-profit organization, DKT International. This study analyzes how Pakistani women are represented in promotional messages of these two family planning campaigns. It also examines how the campaigns frame messages in relation to religious, cultural, and educational contexts of women in Pakistan. Other objectives of the study are to look at how the communication strategies of these non-profits differ or are similar and how the promotional messages negotiate between tradition and modernity with regards to local culture.

### **Significance of the Study**

This research is significant as it focuses on communication and marketing strategies to generate demand for contraceptives. Furthermore, most of the research conducted on health campaigns is quantitative in nature and ignores the critical-cultural

perspective. This work addresses this void and takes a critical-cultural approach to health communication. Most importantly, this research focuses on women's representation in the development campaign and looks at gender relations and takes family as a unit. This is a rich addition to the existing literature on development communication campaigns, particularly as it places family at the center of these campaigns, yet it is sensitive to how women's voices might be erased. This research is also significant from a policy perspective. It will be a useful document for development practitioners in health, environment, and other sectors. It will provide an alternative approach to understanding population policy, generally viewed in terms of economics, by looking at the strategic communication aspect.

### **Research Questions**

The overarching questions are:

1. How and in what ways do DKT International and Greenstar Social Marketing (abbreviated hereafter as GSM) campaigns differ in their strategic communication?
2. How are women represented in the promotional advertisements of family planning campaigns?
3. How are gender relations depicted in these advertisements?
4. How do the promotional advertisements negotiate between modernity and tradition in their content with respect to local culture?

This research is a qualitative study and employs critical discourse analysis and in-depth interviews to answer the research questions. Approximately 30 television advertisements-produced by Greenstar Social Marketing and DKT International were analyzed, and discourse analysis of Facebook campaign and documents was done from 2012 to 2019.

### **Organization of the Dissertation**

The dissertation is organized as follows: Chapter I is introductory, including statement of the problem, objectives of the study, significance of the research and the over-arching research questions. Chapter II places family planning in Pakistan in a socio-cultural, political, religious and international context. The chapter also talks about the shift in international strategic communication policy of family planning and the organizational context of strategic communication. Chapter III presents the theoretical framework and reviews the interdisciplinary literature on family planning campaigns. Concepts are drawn from development communication, culture-centered approach to health communication, feminist theoretical lens and intersectionality theory. Chapter IV discusses the methods employed by this dissertation. Interviews and critical discourse analysis are used to answer the research questions. Chapter V addresses my first research question and relies primarily on the interviews with the producers of the content of GSM and DKT to finding whether and how DKT International and Greenstar Social Marketing campaigns differ in their strategic communication. Chapter VI elaborates on how women are represented in the DKT and GSM campaigns. I look specifically at use of women's sexuality, whether women are empowered and how, and representations of

intersectionality. Chapter VII works to address question two regarding representations of gender representations in promotional messages, including representations of motherhood. Chapter VIII examines how the ads negotiate between the ideas of modernity and tradition in their content. Chapter IX concludes the dissertation by summarizing the main findings and theoretical contributions of this project. Limitations of the study and future directions for research are also presented in this final chapter.

## CHAPTER II

### MAPPING THE CONTEXT

This chapter begins with an overview of family planning issue in Pakistan and then places family planning in socio-cultural context, political, religious and international context.

#### **Family Planning in Pakistan**

The latest census of Pakistan shows that the population has surged to a staggering 207.8 million exhibiting an increase of 75.4 million people in 19 years according to the 6<sup>th</sup> Population and Housing Census 2017. Pakistan Bureau of Statistics report shows an average annual growth rate of 2.4 per cent since 1998, when the total population was at 132.35 million. The annual birth rate, while gradually declining, is still alarmingly high. At 22 births per 1,000 people, it is on a par with Bolivia and Haiti, and among the highest outside Africa (Worsestall, 2017). The burgeoning population puts a lot of stress on women's reproductive health, particularly women in rural areas. Even if the birth rate slows, some experts estimate that Pakistan's population could double again by mid-century, putting catastrophic pressures on water and sanitation systems, swamping health and education services, and leaving tens of millions of people jobless and prime recruits for criminal networks and violent Islamist groups (Haider, 2017).

Pakistan's geopolitical location has been a source of conflict for several decades. The country has four provinces and a diverse landscape of approximately 800,000 km. Globally, Pakistan has had the third and second highest rates of newborn mortality and

stillbirths (Cousens et al., 2011). Pakistan did not fare well in achieving the Millennium Development Goals (MDGs), particularly goal 4 (reducing child mortality) and goal 5 (Improving maternal health), especially in reducing the maternal mortality ratio and increasing the proportion of births attended by skilled health personnel (UNDP, 2015).

The Federal Ministry of Health was dissolved in June 2011, which has put a lot of pressure on provinces to provide planning and action with regards to public health, particularly reproductive health (Bhutto et al, 2013).

### **Socio-cultural Context**

Pakistan is a patriarchal society where men constitute the primary authority figures and women are subordinate (Ali et al., 2011). Gender roles are socially constructed on the basis of traditional roles and social values in Pakistan, reflecting masculine and feminine traits of an individual members (Stewart, Bond, Zaman, Dar & Anwar, 2000). The literacy rate of women is very low with approximately half of the women lacking basic education (NIPS, 2007). Pakistani women, further, lack social value and status because of the negation of their roles as producers and providers. Preference for sons dictates allocation of household resources in favor of male members who are given better education while females are encouraged to improve their domestic skills and be good mothers and wives (Pal, 2000). Lack of skills, education, limited job opportunities, and socio-cultural and religious restrictions reduce women's chances of competing in the public arena and make them more dependent on men. However, the nature and degree of women's subordination varies across class, regions, and rural/urban divides. Patriarchal traditions are stronger in rural settings where local traditions favor

males over females, though women belonging to higher socioeconomic status have more opportunities in terms of education, employment and other arenas (Pal, 2000).

Married young women's reproductive needs are a challenge in traditional Pakistani society. The maternal mortality ratio in Pakistan remains high. Marriage, which is mostly arranged, is the start of sexual relations and childbearing (Hamid, Stephenson, & Rubenson, 2011). Family planning is not an autonomous decision by the woman only, but heavily controlled by the family. Most of the married women by the age of 20 will have given birth to one child within the first year of marriage (Hamid, Stephenson, & Rubenson, 2011).

It is also important to note that in most of the families, the wife lives with the in-laws, and her autonomy is limited with regards to decision-making and other matters. These patriarchal traditions enforce strict standards for women, expecting them to be subservient, calm, tolerant, giving, and have good housekeeping skills including caring for in-laws, husband and children (Ali et al., 2011).

Pakistan's culture places a lot of emphasis on a woman's honor. An honorable woman is one who does not dress up provocatively or show her sexuality in any way, whether it is wearing revealing clothes or speaking in a seductive way. In 1977, Zia-ul-Haq became the prime minister of Pakistan, and his aggressive Islamic regime was one of the darkest periods in women's liberation movement. The construction of womanhood and women's sexuality became a curious paradox. Women's sexuality was considered a threat to the moral fabric of society. Women were viewed in terms of highly sexualized beings whose presence caused *fitna or* disorder (Jaffar, 2005). In keeping with this



specific understanding of woman's sexuality, the government targeted television commercials and banned many commercials that showed women; just the presence of women in the ads was enough to spread obscenity, except for the advertisements that showed women as housewives. The advertisements targeted working women in professional fields like factories, sports and television, rather than poor agricultural women. Zia-ul-Haq wished to confine these professional women whom he considered "westernized" and modern posing a threat to the patriarchal system. Women who had their head covered with a hijab (veil) or *dupatta* were deemed to be virtuous (Mumtaz and Shaheed, 1987:81). *Dupatta* is a symbol of tradition and modesty. According to cultural norms, women wearing *dupatta* are considered decent and more moral than women who wear western clothes. Zia's legacy continues to this day in Pakistan whereby women who wear hijab or *dupatta* are seen to be more moral, traditional and religious than other women who do not wear a *dupatta* on their heads.

Pakistani women's external appearance ranging from wearing a veil to skin complexion is a significant part of her identity. Fair complexion has great significance in Pakistan's culture. The term "fair" is used for people who have lighter skin color in Pakistan. Both men and women desire a fair skin color (Ismail, Loya & Hussain, 2015). Women with a fair complexion have several benefits including better marriage proposals, social acceptability, and employment status, while females with a dark complexion experience discrimination and often suffer some psychological problems like depression and hypertension (Maan et al, 2009).

Pakistan separated from India in 1947. The entire Indian subcontinent, including Pakistan, was under British rule from 1858 to 1947. The British rule fueled the divisions associated with white and dark skin. During that period, most of the Indians associated fair skin with superior intelligence, higher class and power, and so lighter skin color was a way of shifting from a lower to a higher status. The stereotypical image of the British woman was that of a blonde, white woman with blue eyes, and this image has stayed with the cinema and cosmetic industry to this day (Shevde, 2008). This image is still prevalent in the media industry in India as well as in Pakistan. Having lighter skin acts as a currency as in the South Asian culture: women with dark skin are looked down upon, as beauty is synonymous with white skin (Philips, 2004).

Women's dress and physical appearance form an important part of women's identity and representation. The mediated texts in this project are considered as powerful discourse that offer a framework of telling different genders to take up roles and positions naturalized by socially constructed sexist culture.

### **Political Context**

In the 1960s, President Ayub Khan, initiated the family planning program that was applauded as a potential model for other Islamic countries as well; but the program had serious setbacks, as it mainly pertained to promoting the use of the intrauterine device (IUD), and then the program was discredited after the fall of Ayub Khan's period (Robinson, Shah & Shah, 1981). In Zia-ul-Haq's regime (1977-1988), family planning suffered a serious setback, as Zia's rigid extremist religious ideology did not prioritize family planning, and the

expenditure on it was drastically cut down, including the banning of advertisements on family planning. With regards to the next ruler, Bhutto, the family planning program was closely identified with his rival, Ayub Khan, and so once again, family planning program did not do well. However, in the 1990s, this program received support from various governments. Social marketing campaigns for contraceptives were introduced and efforts were made to collaborate with private medical practitioners. The most promising initiative was the training of literate women to provide contraceptive information to other women particularly in the villages (Shelton et al., 1999). Due to the efforts of various governments, birth rate fell from seven children per woman in the 1980s to five children for the period 1995 to 2000 (United Nations, 1999). However, despite the need to reduce the birth rate further, only 35.4% of women in the reproductive age use contraceptives while 20.1 % register unmet family planning needs. Although such problems are greater among poor women, the middle class that makes up to 40 % of the population tends to suffer similarly (Chun, 2010).

Currently, the federal government is mainly responsible for formulating national health policies, and the implementation of those policies is largely the domain of provincial and district governments. Family planning is the responsibility of the Federal Ministry of Population Welfare, but private sector caters to nearly 70 percent of the population and charges a fee-for-service. Over the past few decades, the lack of funds and insufficient public resources have been met by donor financed projects like World Bank, Asian Development Bank and (DFID) (Siddiqi et.al, 2004). US government population assistance to Pakistan was also enormous and until 2005. The U.S. Agency for

International Development's (USAID) highest level of annual population funding had been just over \$600,000 and in 2005, USAID gave \$10.6 million to Pakistan with 80 percent of funds directed to family planning activities (Hardy & Leahy, 2008). However, there has been a lot of criticism by the local population regarding Western interference on family planning programs, and many believe that the West has ulterior motives of undermining the country's sovereignty, and that family planning is a transplanted American ideology (Khan, 1996).

### **Religious Context**

Islamic interpretation regarding reproductive choice varies from one geographical region to another. The political and religious scholars stand divided on this Islamic interpretation, and political and economic circumstances further exploit religion's role in these debates (Kandiyoti 1991). In societies where "development" through capitalist or socialist pathways seems to have "failed," or in societies that have experienced rapid economic changes, conflicts have arisen between the customs and material conditions of society leading to "authentically Islamic" reproductive identity of women (Shukrallah, 1994). On the contrary, some newly independent states like Turkey have broken away from the tradition by providing "secular and emancipated" images of Muslim women (Behar 1995). In either case, discourses related to reproductive health may have deeper roots in alignment with national symbols of "modernity" and "development" (Behar 1995).

There are numerous studies that highlight the role of religion in influencing the use of contraceptives. In the case of Pakistan, a predominantly Muslim country, the

religion Islam plays a huge role in shaping people's identities and beliefs. In a study to assess people's attitudes, knowledge and practices regarding family planning, a descriptive exploratory study was conducted with married men and women between the age of 15-40 in the three provinces of Pakistan. Regarding family planning, a woman from the province of Punjab stated: "The religion prohibits it because the prophet said that the more children a woman bears the more my Ummah (Muslim brotherhood) will grow." (Mustafa et al., 2015). A study by the Pakistan National Institute of Population Studies revealed that in communities where Ulema (Muslim religious leaders) supported family planning, Muslim women were 1.7 times more likely to use birth spacing methods than women in communities where Ulemas were against family planning. Pakistan Demographic and Health Survey reported that 5 percent of women will not use contraceptives due to religious reasons (Mir & Shaikh, 2013). There are various misconceptions regarding interpretation of religious verses surrounding family planning in Pakistan (Mustafa et al., 2015).

In such a scenario, the government has gone to the extent of inviting religious leaders to present fatwas (religious opinion on Islamic Law issued by Islamic scholars) on interpretation around family planning. According to the Koran, one of the reasons for marriage is procreation but having a healthy marital relationship is equally important (Hamri, 2010). There are various Muslims scholars who believe that Islam is a religion of mercy, and it does not decree anything beyond human capacity. According to some scholars, family planning is allowed on account of birth spacing or risk to the mother's life. Even in Prophet Muhammad's period, Islamic teachings demonstrated under which

conditions family planning was permissible. However, there are variations in interpretation of Quranic verses surrounding family planning (Hamri, 2010).

Development campaigns like family planning campaigns not only need to be placed in local context but international context as well as most of the campaigns are funded by western donors.

### **International context.**

Family planning started getting attention in developing countries in the 1960s as efforts to improve child survival increased, which led to rapid population growth (Cleland et al., 2006). International funding increased from US\$168 million in 1971 to \$512 million in 1985 (UNFPA, 1988 as cited in Sadik, 2002). The UN General Assembly designated 1974 as World Population Year, and a conference was held in Bucharest; but the conference was unsuccessful owing to various arguments on gender, race and class. After Bucharest, the movement diffused. However, population control and family planning remained on the agenda of global governance. Feminists and social activists joined hands and put pressure on development aid donors to reframe family planning as a reproductive health issue. Consequently, the efforts result in success and there was a shift from population issue being treated as a mere reduction of births to women's reproductive health and rights. The "rights" approach gained more attention. By the end of the 1980s, terms such as population 'bomb,' 'explosion,' or 'overpopulation' disappeared from the discourse to give way to reproductive rights discourse (Frey, 2012). The shift from "sexual health" to "sexual rights" was an important one (Ilkkaracan, 2002).

The combination of medical and population discourse is an example of Foucault's biopower and was globalized through various UN agencies such as World Health Organization (WHO). Such an exercise of power would not have been possible without the development and marketing of contraceptive technology and, in this area, American pharmaceutical companies have taken over the international market (Newland, 2001). The production and marketing of contraceptive technology shows how rhetoric of population discourses can be used strategically for maximizing profits, and also the way Orientalist attitudes depict the Third World as a group to be regulated. In the 1970s, IUDs were marketed as safe and effective for long-term use, even though there were incidents of malpractice. For instance, Dalkon Shield was a poorly manufactured IUD and led to pelvic inflammatory disease and septic abortions. After the death of several women, Dalkon Shield was withdrawn in the United States, but two million IUDs were shipped to 79 countries through USAID with the devastating result of 306,931 cases of contra-indications worldwide (Grant, 1992). In 1992, Depo-Provera, an injectable contraceptive, was another technology that was banned for human testing in the US but was approved for use in many countries, including the US. Corporate malpractice like this shattered people's faith in trusted institutions and their advertising (Braithewaite 1985).

Often the rhetoric of family planning programs centers on family and family values and this legitimizes government intervention (Ong, 1995). Moreover, family planning programs tend to reify gender stereotypes where men are the breadwinners and women are confined to the domestic sphere. Matters of reproduction and domestic roles then are associated with women and consequently, national policy is directed to them

(Warren & Bourque, 1991). Newland (2001) argues that in the international arena there was a shift in the rhetoric around family planning discourse through programs that promote the welfare of the family. Under slogans of “the prosperous family” and "the norm of the happy family," in countries like Indonesia, the government has regulated and normalized a new Indonesian-ness for success of the nation. One of the strategies that the government has used is inclusion of various English terms into the language of development as this language symbolizes modernity of government infrastructure in contrast to the regional language.

### **Strategic Context**

The strong push for family planning programs in the international aid arena in the 1960s and the 1970s sparked numerous studies on the impact of communication programs on health indicators. Schramm’s (1971) and Rogers’ (1973) seminal work on communication interventions in the family planning programs set the stage for work in population programs worldwide (Obregon & Waisbord, 2012).

In the early decades of the 1950s and the 1960s, communication strategy in family planning involved a reliance on clinical approaches in which contraceptive services and products were advertised through the mass media and distributed to family planning clinics (Rogers, 1973). This passive communication strategy was actively replaced by an active one in the 1970s. Trained health extension agents delivered the messages of family planning to communities and homes of the couples. These agents were supported by social advertising such as radio shows, folk media performance and mobile film vans to



bridge the knowledge gap between consumers and to market the contraceptive products and services (Rogers, 1973). The incorporation of social marketing techniques in the 1970s emphasized changing an individual's attitudes, values and knowledge. This active approach was successful in creating awareness and favorable attitudes, but the adoption of contraceptives remained low (ibid). The idea of social marketing was introduced in 1971 and was defined as “ the design, implementation, and control of programs calculated to influence the acceptability of social ideas and involving considerations of product, planning, pricing, communication, distribution and marketing research” ( Kotler & Zaltman, 1971:5). Later on the definitions were extended to include : The application of commercial marketing technologies to the analysis, planning, execution, and evaluation of programs designed to influence the voluntary behavior of target audiences in order to improve their personal welfare and that and that of their society” (Andreasen, 1995:7). Social Marketing introduces various new concepts in distributing and promoting services and ideas: *market research*, *audience segmentation*, *product development*, *incentives* and *facilitation* to maximize the target audience’s response (Kotler, 1984). *Market research* involves researching about the market for that products reception, segments within the population, behavioral and knowledge traits of the audience segments, and cost-benefit analysis of reaching and influencing different groups through various communication campaigns. *Product development* involves development of a range of products for different market segments based on their specific needs. The use of *incentives* provides monetary and psychological benefits for using the product by target audience. Finally, *facilitation* requires easy adoption of the product or service by

decreasing the amount of time and effort spent by the user (Melkote & Steeves, 2015). Social Marketers view the marketing problem as one of developing the right *product* backed by the right *promotion* and put in the right *place* at the right *price*. For each audience segment, the right strategy and mix involving the four Ps is devised (Kotler & Zaltman, 1971). In addition, social marketers drawing on lessons from diffusion of innovation, recognize the importance of opinion leaders who remain influential in influencing others. Kotler and Lee ((2008) as cited in Melkote & Steeves, 2015) posit ten steps in social marketing approach: “Establish the plan background and purpose; conduct a situational analysis, select target markets, set objectives and goals; identify the competition and target market barriers, or resistance points, and influencers; craft a desired positioning ; develop a strategic marketing mix ( the four Ps); outline a monitoring and evaluation plan; establish budgets and identify funding sources; and devise an implementation plan” (Melkote & Steeves, 2015, p.144). In the 1970s, the idea of using television for behavioral change in the society appealed to development experts and administrators because of its potential in propagating useful ideas and practices. Entertainment Education (EE) represents a special strategy of promotion whereby media messages are designed to educate and entertain the population. Social ideas are entrenched in these media products form a part of a larger social marketing campaign (Melkote & Steeves, 2015).

Since the 1990s, Population Communication Services (PCS), aided by USAID, has adopted a strategic communication framework to overcome weaknesses in the past family planning programs. Strategic communication entails an operational framework

that includes previously reviewed concepts of social marketing and behavioral change models in design, execution and evaluation of strategies that are intended to persuade an individual to adopt the practice (Melkote & Steeves, 2015). Rogers and Kincaid (1981) posit that communication strategies have moved towards a convergence model where the participants create and share information to have a mutual understanding. Storey and Figueroa (2012) talk about the concept of ideation that predicts the use of contraceptives across national settings, resulting in a global model of fertility change based on psychosocial and cultural factors rather than economics or education. Ideation refers to how new ways of thinking are diffused through the community by means of communication and social interaction among individuals and groups. Nepal, Tanzania, Egypt and the Philippines have successfully used the ideational model for advancing the goals of family planning by 20-30 percent.

A longitudinal survey of married women in Bangladesh was used to study the impact of social network approach (SNA) vs. field worker approach (FWA) to family planning. The concept of social network analysis approach was based on “ideation” which is a new way of spreading information through social interaction. In the social network approach, government family planning field workers organize a focus group discussion with women at the homes of opinion leaders, while in the field worker method, trained health workers visit the woman’s house. The rate of adoption of contraceptives was twice that in SNA compared to that of FWA (Kincaid, 2000).

### **Organizational Context of Strategic Interventions**

The organizations that fund social marketing projects significantly dictate the nature of the projects. USAID, for instance, funds various projects in health, nutrition and family planning and is heavily influenced by the US foreign policy (Melkote & Steeves, 2015). Historically, the interventionist strategies of USAID have focused on persuasion of individuals rather than addressing structural issues and constraints (Wilkins, 1999). These persuasive strategies have market-based approaches that often overlook questions of culture, power and ideology (Sparks, 2007; Wilkins, 2012). Luthra (1988,1991) examined USAID's social marketing project of contraceptives that was made available to urban and rural poor. This project followed commercial marketing interventions and failed to investigate the project's social mission and women's needs. For instance, market research showed signs of error and bias as men were the prime media consumers and did the shopping, hence they should also have been the targets of campaign information. Similarly, Khamis (2009) studied a government sponsored televised family planning campaign in Egypt on how diverse groups of rural women interpreted the media messages. The government campaign was flawed on various accounts, as it reflected the dominant paradigm, emphasizing the top-down power of mass media and disregarding the input from rural women who were the primary audience. Furthermore, the project was not intersectional because it treated all women as one monolithic group. The campaign's individualist orientation ignored the collectivist nature of media use in rural communities, which was an important determinant. It is in this backdrop that the culture-centered approach foregrounds the importance of participatory dialogue that listens to the voices

of local communities as entry points for creating a behavioral change in the field of health communication.

Although success in the use of contraceptives was slow until 1990, reproductive change was established throughout most of Latin America and Asia, including Bangladesh and Nepal. Between 1960 and 2000, the use of contraceptives rose from 10 percent to about 60 percent among married women in developing countries, and the average number of births decreased from six to three (UNDESA, 2004). Many of these development programs were heavily criticized for being too coercive. The International Conference on Population and Development (ICPD) in 1994 marked a major shift in attitude towards family planning, a move away from a focus on managing human numbers and towards a concern for the rights of people and the choices they have in their lives. The alleviation of poverty was linked to the empowerment of women and universal access to reproductive health. Furthermore, there was a growing awareness that the population issue could not be looked at in isolation and was inextricably linked to poverty, health, education, patterns of production and consumption, and the environment (Cleland et al., 2006). However, since 1994, as family planning was delinked from economic development, it fell from the list of international development priorities, as many started believing that the issue had been resolved. Family planning was consequently ignored in the Millennium Development Goals (MDGs) of 2000 (Sachs & J.D, 2005).

While developed countries disregard population issues, developing countries are still experiencing high fertility levels. About 38% of the global population lives in

countries where fertility is between 2.1 (replacement level) and 4 children per woman (May 2012). The Sustainable Development Goals (SDGs) investigate the deficiency of MDGS with regards to family planning. Sexual and reproductive health are featured on the SDG agenda in Goal 3 on health and goal 5 on gender equality (Dockalova, Lau, Barclay & Marshal, 2016). Furthermore, the London Summit on Family Planning in 2012 has raised the issue of family planning, producing a global partnership, FP2020. Twenty governments came together to pledge their support for the rights of women and girls to decide when, whether and how many children they want to have. FP2020 works with governments, civil society, multilateral organizations, private donors, research and development organizations to enable 120 million more women to use contraceptives by 2020 (FP2020, 2018).

The government of Pakistan made its FP2020 commitment at the 2012 London Summit on Family Planning and updated its commitment in 2017, including specific policy, financial, and program and service delivery pledges, to meet their family planning goals. Since then, the government has provided annual updates on the progress made and challenges faced in pursuing its commitment (FP2020, 2018).

## **CHAPTER III**

### **THEORETICAL FRAMEWORK AND LITERATURE REVIEW**

In this chapter, the researcher discusses theoretical perspectives on development communication, culture-centered approach to health communication, post-colonial feminism, intersectionality, Naila Kabeer's concept of empowerment and Stuart Hall's theory of representation. One theory is insufficient to explain the dynamics between a local and a global health campaign. These campaigns are a site for negotiation between development, demographics and feminist goals. This chapter also reviews literature from public health, communication and feminist journals. In the process, some empirical studies were also discussed. After this review, I revisit four central research questions having grounded them previously in relevant theories.

#### **Development Communication**

The practice of development communication began in the 1940s and was mainly dominated by the modernization theory. Modernization paradigm based on neoclassical and neoliberal political theories became popular after the end of World War II. Modernization paradigm assumes a set of interrelated processes: capitalism, industrialization, surveillance of society, and control of the means of violence. This paradigm has had a significant role in shaping the discourse of development since the 1940s (Melkote & Steeves, 2015). Everett Rogers (1976) posited four arguments in this view of development: Economic growth was a result of industrialization and accompanying urbanization; Western science would produce technological development that would be capital intensive rather than labor intensive;

planning would be centralized and in the hands of economists and bankers; and underdevelopment was due to issues within developing countries (Melkote & Steeves, 2015).

Modernization is thought of as a process that started and ended in Europe and was spread to different non-Western regions. Mitchell (2000) argues that modernity was a result of interaction between West and non-West where the sites of interaction were to lie in the East-Indies, Caribbean or Ottoman-Empire. In South Asia, like other regions, the “modernity-as development” notion embeds in diverging political and socio-economic projects, supported by government, nonprofits, reform movements and developmental theorists (Khilnani, 1997).

Modernization theory came under a lot of criticism by the dependency and world-system theorists as they observed the failure of capitalism in many parts of the world. Dependency theorists came up with the notion of a world system of exploitation where the core or developed nations exploit the periphery or less developed nations with the assistance of elite groups within periphery nations (Galeano, 1971). Frank (1969) argued that the development of *underdevelopment* in Third World nations was attributed to the development of First World, North America and Europe which marginalize the Third World to fuel their economic growth. Frank (1969) posited several arguments as follows: In contrast to the development of the world metropolis, which is no one’s satellite, the development of periphery societies is limited due to their satellite status; the satellites will experience greatest development once their ties to metropolis are severed; and the most underdeveloped regions are the ones with the closest ties to the metropolis.



Critical cultural scholars and postcolonial scholars argue that development policies were imperialistic tools that perpetuated underdevelopment of the South by creating distinct categories of underdevelopment (Escobar, 1995). The paradigm was criticized for the Eurocentric perspective of “modernizing” traditional people and for failing to consider the influence of structural constraints on an individual's choices and actions (Melkote, 2003). Furthermore, Western standards were used as benchmarks against which the progress of the south was measured, which reinforced Western hegemony (Escobar, 1995). The traditional strategies of development programs in the Global South did not truly understand women’s situation and considered them as passive recipients particularly in communication in development (Steeves; Boserup, 1990).

### **Culture-centered Approach to Health Communication**

Health communication theories that originated in the West have focused on mainstream quantitative research perspectives for about four decades. These theories are borrowed from fields of psychology and social psychology, which stress on cognitive and behavioral change at intrapersonal, interpersonal and group level (Malikhao, 2016). Health campaigns have been conceived based on dominant paradigms of development driven by the belief that health interventions like family planning and aid created at the center would be the ideal health solution. Various health campaigns in the past decades have been initiated in nation-states at the center (US and UK) and have targeted periphery countries (India, Pakistan, Nepal, Mexico, etc.). These center/periphery locations are based on positions of power, access to resources and the geographical and colonial

history. Economic development of peripheries entails following the path of modernization. In this sense, health interventions like immunization and family planning can be viewed as indicators of development and modernity (Dutta & Souza, 2008).

Malthus (1766-1834) viewed population growth as leading to a vicious cycle of underdevelopment as agricultural output would increase in arithmetic progression ( a sequence of numbers such that the difference between consecutive numbers remains constant) while population would increase in geometric progression(a sequence of numbers where each term after the first is found by multiplying the previous one by a fixed-non zero number called the common ration) (Melkote & Steeves, 2015). In other words, population growth would outstrip the natural and economic resources. In the modernization discourse following World War II, most economists using the Malthusian hypothesis blamed the underdevelopment of the countries in the South on overpopulation. (Braidotti et al, 1994). Women became the targets of numerous projects that technologically controlled their fertility (Jaquette and Staudt, 1985). Maria Mies and Vandana Shiva contend that women's health, in particular, South Asian women, has been treated as 'aggregated uteruses and prospective perpetrators of overpopulation; where Women of the South are increasingly reduced to numbers, targets, wombs, tubes and other reproductive parts' (Greene, 2000, p. 28).

Until the 1970s, communication models in family planning and other health related areas viewed women receiving the technologies as passive recipients. Communication campaigns used had a top-down approach with the belief that the effect would occur as soon the recipient was exposed to the message (Rogers, 1973).

Dominant paradigms like modernization and dependency theory have been accused of increasing health disparities, ignoring questions of power and ideology and questions of culture (Escobar,1995). Proponents of dependency theory analyzed the economic and political aspects of social processes at the cost of cultural and ideological determinations. Culture was perceived to be integral to capitalist accumulation process only. Categories such as “gender” and “race” were often ignored and if used were reduced to economics (Grosfoguel, 2000. )A report published by the United Nations (as cited in Escobar, 1995) argued that economic progress came at a cost, “ ancient philosophies have to be scrapped; old social institutions have to disintegrate; bonds of caste, creed and race have to burst; and large number of persons who cannot keep up with progress have to have their expectations of a comfortable life frustrated” ( p.5).

Modernization theorists from Karl Marx to Daniel Bell have argued that economic development brings pervasive cultural changes. However, there are others from Max Weber to Samuel Huntington that assert that cultural values have a strong and enduring influence on society. Despite globalization, the nation remains the main unit of shared experiences and beliefs, and its educational and cultural institutions shape everyone’s values (Inglehart & Baker, 2000).

Culture is often described as an obstacle to the success of development in projects like family planning. Historically health campaigns considered traditions and local beliefs as problematic and backward and offer an alternative way of life, a modern approach that is synonymous with Western values and ideals. Dutta & Basnyat (2009) cite an example of a family planning program description from Radio Communication Project (RCP) design

document that demeans the traditional way of life of Nepalese people and makes a case for modernity: “She asks them to change their old ways of thinking.” Or a character is described in the following way: “Sher Singh’s oldest son Gopi is not educated; he is ignorant of the well-planned family. Because he is old fashioned, he does not practice planning the family and keeps on having daughters in the hope of getting a son...His children are suffering from malnutrition and a lot of diseases” (ibid.). In Nepal, women negotiate their identity between traditional and modern women as mass media floods them with ever-changing images and objects of Western culture (Liechty, 2001). This discourse emphasizes replacing the traditional and incorrect beliefs with the new modern beliefs without considering the cultural and structural barriers that constrain individuals from incorporating new beliefs. Most health communication models believe that people will act once they have new information. The E-E campaigns rest on the assumption that Nepalese people who do not practice family planning are old fashioned and ignorant and devoid of agency. Poverty is equated with larger families and burden shifts on the individual rather than seeing the structural barriers. These campaigns fail to consider the daily lived realities of Nepalese people (Dutta & Basnyat, 2009). Although the Radio Communication Project (RCP) is an example of participatory approach in the Entertainment Education (E-E) program, Nepalese people’s identity was constructed in terms of absence. It was assumed that people would appreciate the information and change their behavior without exploring the possibilities through dialogue with participants. The message diffused through mass media was predetermined rather than forming through dialogue. The result is a lack of empathy for underlying causes of

poverty of the subaltern class, which is portrayed as making the voluntary decision to live in perpetual poverty. These RCP programs are presented as new alternative to the older one-way model of diffusion of innovations and are considered more participatory, but in fact they still tend to colonize subaltern spaces of Nepal using modernist agendas disguised behind the rhetoric of a culture-centered approach to health communication (Dutta & Basnyat, 2009).

Responding to this top-down approach to dominant paradigms of development campaigns that ignore culture, the critical-cultural approach makes culture central to planning, implementation and evaluation of health communication programs and this approach empowers communities to initiate change within the community (Airhihenbuwa, 1995). The critical-cultural approach, while criticizing the modernist framework, states that Western theories and models do not translate well in other cultures as they do not focus on the voices of the subaltern (Dutta-Bergman, 2004).

According to Closser (2008), the critical-cultural approach to health communication reconsiders health and development, whereby health is no longer a mere absence of disease and development is no longer synonymous with modernization. This approach criticizes modernist assumptions underlying health communication and offers an alternative paradigm of reflexivity that criticizes autonomous health campaigns that undermine local cultures. The idea of reflexivity applied to health campaigns makes the planners continuously aware of their positions of power and ideologies they serve in the process of planning and executing campaigns. Reflexivity is therefore a tool that

encourages the planner to critically examine the campaign and question himself how the campaign reflects modernist paradigm (Dutta & Souza, 2008).

Health communication primarily developed from public campaigns in Europe in the 18<sup>th</sup> and 19<sup>th</sup> century (Thomas, 2006). Over the years, scholars have come to realize that health communication, which includes delivery of information, education and communication materials through local media channels, may not have a substantial impact on human behavior (Murphy, 1998 as cited in Taylor & Shimp, 2010). In this respect, the behaviorist model of health communication emphasizes that the dissemination of information is bound to influence the attitudes and behaviors of individuals (Schiavo, 2005). This means that the assumption that health communication has a strong correlation with change in attitudes holds but research suggests this is not the case (Keller & Lehmann, 2008). According to Taylor & Shimp (2010), the evolution of health communication in campaigns like global Polio Eradication Program may provide valuable insights for health communication in terms of a shift from mass awareness and behavioral approach to an ecological understanding of the campaign reality in local contexts. Moreover, in health communication scholarship, there is now an increasing emphasis on culturally situated assumptions about human identity, behavior and values underlying social scientific theorizing (Dutta, 2006; Dutta & DeSouza, 2008; Dutta-Bergman, 2005).

### **Feminist Theoretical Framework**

This section grounds the research in postcolonial feminism, intersectionality and notion of empowerment.

## *Postcolonial Feminism*

Postcolonial feminism is critical of Western forms of feminism, notably radical feminism and liberal feminism and their universalization of female experience. Postcolonial feminist theory is primarily concerned with the representation of women in once colonized countries and in Western locations. Postcolonial critiques reflect upon forms of domination within and across cultures and which have their roots in colonial and imperial history. According to Shome & Hedge (2002), postcolonial scholarship theorizes the geographical, geopolitical and historical specifications of modernities within which other forms of power – such as race, sexuality, culture, class, and gender -- are located. Postcolonial feminism contends that by using the term “woman” as one similar group, differences in class, race, ethnicity are erased. Likewise, Mohanty (1991) in her essay, “Under Western Eyes: Feminist Scholarship and Colonial Discourse” criticizes Western feminism, claiming it is ethnocentric and ignores the women in the “third world.” She argues that women in the Global South are represented and treated as one monolithic group and as victims of masculine control. These women are portrayed as traditional and backward and in need of being saved from brown men. Mohanty contends that the only remedy to better recognize cultural, class and geographical differences.

Mohanty's analysis of the representation of women in an earlier generation of development texts states:

This average third world woman leads an essentially truncated life based on her feminine gender (read: sexually constrained) and her being 'third world' (read: ignorant, poor, uneducated, tradition-bound, domestic, family-oriented,

victimized, etc.). This, I suggest, is in contrast to the (implicit) self-representation of Western women as educated, as modern, as having control over their own bodies and sexualities, and the freedom to make their own decisions. (1991, p. 56).

In contrast to the image of Third World woman as oppressed, a new image of an empowered woman has emerged since the 1990s. described as "the feminist modern" (Greene, 1999, p. 226). This woman has far more agency to change her life conditions than one finds in population discourses from the 1960s to the 1980s. According to Greene, "Thus, what marks the feminist modern as modern is the emphasis on women as subjects capable of performing on their own, or with the help of experts, particular techniques to improve their health and welfare" (1999, p. 227).

Crush (1995) argues that postcolonialism offers alternative ways of conceptualizing development. The texts of development are written in a language of metaphors, images, and illusions that create and perpetuate stereotypes producing misrepresentation. Postcolonialism seeks to remove such stereotypes. Power relations are clearly implied in various interventions and certain forms of knowledge become more dominant while others are excluded. Furthermore, the texts of development may silence certain actors (Crush, 1995). Hence, it becomes imperative to ask who speaks for whom, who is silenced in the process and why.

According to Van Zoonen (1992), cultural feminist media studies seek to understand gender as discourse and are interested in construction of meaning. The question of gender in media studies is a constant discursive struggle and negotiation. The



gendering of content may also be studied at the point of construction as gatekeepers of the media are mostly men. However, it is important to remember that context is important and dynamic. The codes that confer meaning onto the signs of femininity are culturally and historically specific and will never be completely unambiguous or consistent. Furthermore, there is a strong relationship between gender and communication, but it is also the mass media that leads to much of the observable gender identity structures in advertising, film and TV (Van Zoonen, 1992). Tuchman (1978) looks at how the US mass media portrays women. She suggests two notions “Reflection Hypothesis” and Symbolic Annihilation.” The reflection hypothesis states that men and women learn their gender roles through mass media. Media omits, trivializes and objectifies women – symbolically annihilating them. Corporate culture characterizes women as passive objects. This needs to be examined in the context of promotional advertisements of family planning.

While postcolonial feminism is essential to understanding development discourse surrounding reproductive health in South Asia, critical perspectives like postcolonial theory were in search of alternatives to the concept of a static identity. Intersectionality tries to fit into this project of multiples and shifting identities (Knudsen, 2006).

### *Intersectionality*

Intersectionality has its roots in Black feminism and critical race theory. The intersectionality framework highlights how individuals locate themselves in various social categories like gender, sexuality, disability, race, class, etc. (Collins, 1990). The intersectionality framework rejects analysis of any single category as the main source of

differences. Inequity is the result of numerous factors considered together rather than one. Crenshaw (2001) describes intersectionality as what occurs when a woman from a minority group tries to navigate the main crossing in a city where the main highway is racism road, one cross street is colonialism, other is patriarchy and the road signs are forms of oppression and so there is no one form but blanket layers of oppression. In this approach, gender is understood within a context of power relations embedded in social identities. These social identities influence our beliefs about and experience of gender (Collins, 1990). Therefore, our perception of and understanding of feminist issues relates to our social location and background (Collins, 1990). Intersectionality become important when examining how multiple factors influence and form the practices and discourses of reproduction in a society.

While intersectionality is most often associated with US Black feminist theory and the political project of theorizing the relationships between gender, class, and race, it has also been taken up and elaborated by a second important strand within feminist theory. Feminist theorists inspired by postmodern theoretical perspectives view intersectionality as a welcome asset in their project of deconstructing the binary oppositions and universalism inherent in the modernist paradigms of Western philosophy and science (Phoenix, 2006). Critical perspectives inspired by poststructuralist theory, postcolonial theory (Mohanty, 1988; Mani, 1989), diaspora studies (Brah, 1996), and queer theory (Butler, 1989), are all in search of alternatives to static conceptualizations of identity. Intersectionality fits neatly into the postmodern project of conceptualizing multiple and shifting identities. It overlaps with Foucauldian perspectives on

power that focus on dynamic processes and the deconstruction of normalizing and homogenizing categories (Davis, 2009).

### *Gender and Empowerment*

The term "empowerment" is a much-contested word in feminist literature and has been used loosely by various development organizations and academic scholars. Paulo Freire introduced the word "empowerment" in *Pedagogy of the Oppressed* in the 1970s. He attempted to describe how the poor could be empowered, and so this term was not developed in the gender context. When the term "empowerment" entered WID, and GAD approaches, the perspective changed, and it was seen in terms of empowering women. The International Conference on Population and Development (ICPD) held in Cairo in 1994 was one of the first UN conferences to give the concept of empowerment international visibility. Though the conference was not specifically focused on women, the action plan adopted in Cairo identifies women's empowerment and gender and sexual rights as central to population issues and marks another critical moment for the entry of empowerment term in the discourse on women and development (United Nations, 1995).

Empowerment as a construct has a set of main ideas and may be defined at different levels: from micro to macro level of individual, organization, and community and be operationalized in different contexts (Parpart et al., 2002; Rowlands, 1998). There are several definitions of the term "empowerment." Fawcett et al. (1984: 146) explains it in the following way: "Community empowerment is the process of increasing control by groups over consequences that are important to their members and to others in the broader community." Rappaport (1987:121) describes empowerment as "a psychological

sense of personal control or influence and a concern with actual social influence, political power and legal rights. It is a multilevel construct applicable to individual citizens as well as to organizations and neighborhoods; it suggests the study of people in context.” For this project, I use Naila Kabeer’s concept of empowerment.

Kabeer (1999) defines empowerment as a process by which those who have been denied the ability to make life long strategic choices gain such knowledge. Kabeer sees empowerment as a process from disempowerment to empowerment. According to her, empowerment is viewed incorrectly by various scholars as a predictive and static outcome rather than an ongoing process. The ability to make a choice incorporates three interrelated dimensions: agency, resources, and achievements. Agency is the ability to define one's goals and act upon them. Resources act a catalyst or an enabling factor in the empowerment process, so resources foster empowerment. Hence, individuals are agents of change (Kabeer, 1999). Kabeer's 2001 essay on empowerment draws from Sen's concept of agency. For Kabeer (2001), agency is the essence of empowerment, and resources and achievements are enabling conditions and outcomes respectively. She further expresses her concern about measuring empowerment because resources, agency, and achievements are not easy to separate when developing empowerment indicators. Kabeer gives an interesting example of the process of empowerment. In South Asia, the mother-in-law acquires a certain kind of agency as she moves from the status of daughter-in-law in her early life cycle period (where she has less agency) to mother-in-law where she controls her son's wife. Such agency of the mother-in-law reinforces gender inequities and patriarchy. Although the mother-in-law has gained agency, as she

has more rights to control her son's wife, we do not see this as empowerment because her agency negates agency in a broader sense (Kabeer, 2001).

Melkote and Steeves (2015) suggest that empowerment should be seen as a mechanism by which individuals, organizations, and communities have control over their social, political, and economic conditions, as well as democratic participation. It also includes the possibilities of individuals to have control over their stories. Melkote and Steeves (2015) argue that scholarly works on local people do not often give voice to local people themselves. Local people's stories consist of narratives about their own lives, histories and experiences and values. The problem is that like many other resources, the power to create and tell stories is often controlled by elites through their organizations, networks and agents. The elites also have control over the media and information channels, and therefore minorities, women, the poor and local communities do not have control on the right to tell their own stories. For Melkote and Steeves, people's right to tell their stories should be central to participatory strategies that lead to empowerment.

Prata et.al., (2017) suggests that the relationship between women's empowerment and family planning is complex and depends on how empowerment is conceptualized, and how family planning outcomes are examined. Empowerment is linked to increasing the use of contraception in the future, future intention to use contraception and spousal communication related to family planning. However, associations between empowerment and current contraceptive use have been inconsistent. Empowerment is hard to measure as it is a process, is multidimensional and operates at various levels (Alsop, Bertelsen & Holland, 2006).

## Representation

Stuart Hall describes *representation* as the process by which meaning is produced and exchanged between members of a culture through the use of language, signs and images which stand for or represent things (Hall, 1997). Hall sees media representations as having a relationship with power structures and social forces at work in the real world. In his encoding/decoding model, Hall (1973) offers a theoretical approach to how media messages are produced, disseminated, and interpreted. His model argues that TV and other media audiences are presented with messages that are decoded or interpreted in different ways depending on an individual's cultural background, economic standing, and personal experiences. In the encoding and decoding model, messages are viewed in terms of production, circulation, use and reproduction. The encoder encodes the message sent to the decoder who decodes it according to his skill, culture and knowledge. The decoding may take three forms: dominant, oppositional, and negotiated. In the dominant-hegemonic position, the consumer takes the actual meaning directly, and decodes it exactly the way it was encoded. Here, both the sender and receiver have the same cultural biases. In negotiated reading, the consumer broadly accepts the message of the text but adjusts certain aspects to reflect their own position and experiences. In oppositional reading, the reader understands the dominant message and rejects it. In contrast to other media theories that disempower audiences, Hall advanced the idea that audience members can play an active role in decoding messages as they rely on their own social contexts and might be capable of changing messages themselves through collective action (Hall, 1997). With regards to promotional advertisements, the message is decoded

in different ways by the audience based on various factors including their socio-economic status, education, gender etc.

Representation may be conceptualized as the construction of modern selfhood. On one hand, the world as a picture needs a viewer, a subject for whom the social world exists as a view to be observed and deciphered. In contrast, Dipesh Chakrabarty argues that the modern spectator came to be defined as one who would hold the position of disembodied observer of the world (Mitchell, 2001).

In the field of advertising, the producers of the message do not necessarily intend to belittle women, but as historical subjects, they unconsciously reinforce the dominant ideologies at play that render women inferior: "Ideology is a function of the discourse and the logic of social processes, rather than an intention of the agent" (Hall 1982, p. 88). The production of visual texts takes place within dominant ideological structures, and so texts can reproduce or resist dominant cultural discourses about gender, race, ethnicity, class and age (Shields, 1990).

Western media critics argue that erotic images of women in advertising encourage female consumers to be subjects and objects of a desiring gaze. Robert Goldman (1992) describes this as "commodity feminism." The women have predominantly been represented as young, beautiful, slim and fair (pale/white skin-tone). They appear to be the "objects of gaze" (Mulvey, 1984).

Collins (1990) described how hegemonic domains of power and privilege exist within practices and institutions, which can produce multiple forms of oppression.

Hegemonic powers refer to dominant cultural ideologies that shape and justify policies in structural domains (Hooks, 1992). These dominant ideologies influence how members of different social groups are perceived in society and the expectations associated with these perceptions (Chin & Humikowski, 2002). In the contraceptive campaigns targeted to a high-class segment of the market, there is this image of a beautiful, fair, westernized woman who has a very loving husband. Such narratives become dominant ideologies and suggest ideals and aspirations on constitutes beautiful modern woman who would be swept off the feet by that caring man and taken to exotic destinations.

The next section examines relevant empirical studies, while pointing out the gaps in the literature that the dissertation seeks to address.

### **Literature Review**

This section is subdivided into the following titles: Women and reproductive health, media and gender roles, effectiveness of media in family planning, other related studies, advertising the birth control pill, Pakistan's case study and research questions. The literature review begins with an overall discussion on significance of family planning for women's health and empowerment. Other major themes discussed under "media and gender roles" explain show media naturalizes certain gender roles like motherhood and perpetuates traditional or modern roles based on cultures. Under the sub-section of related studies, the extent to which family planning programs are successful is discussed in Thailand/Philippines, Tunis/Algeria, Zimbabwe/ Zambia and Bangladesh/Pakistan.



‘Advertising the birth control’ details how advertising campaigns have framed birth control. The section concludes with Pakistan’s case study and research questions.

### **Women and Reproductive Health**

Family planning is imperative to gender equality and women’s empowerment and a major factor in reducing poverty. In many developing countries, approximately 214 million women who want to avoid pregnancy are not using contraceptives due to several reasons, including lack of knowledge about contraceptives, lack of access to and fear of side effects of contraceptives, and lack of support from their partners. Other barriers to the use of contraceptives include logistical problems like difficulty in commuting to health care clinics or supplies running out at the clinics. Women in rural areas have less access to family planning services. Furthermore, certain groups including urban poor, sex workers, unmarried people, and the rural population face greater barriers to family planning, and so particular attention must be paid to promoting their reproductive rights (UNFPA, 2017).). The contraceptive revolution brought about by family planning programs is one of the major reasons for fertility decline in many nations and regions. Family planning programs lower the market costs by providing free information about birth control and giving subsidized contraceptives to consumers (Easterlin & Crimmins, 1985). Lapham and Mauldin (1985) show that family planning programs have been successful in countries that lagged in economic and social development indicators. Family planning program efforts have negative effect on population growth. The greater the family planning program effort, the slower the population growth. A woman’s ability to opt for birth-spacing has a direct impact on her health and well-being. Family planning

prevents unintended pregnancies and enables women to limit the size of their families. Evidence suggests that women who have more than four children are at an increased risk of maternal mortality (WHO, 2018).

Women's empowerment affects national development and global welfare and therefore needs to be a key consideration in population policies (Pandey & Singh, 2008). The emphasis on empowerment argues for treating women as equal and active agents in the decision-making process of development and population policy and not simply as means to reduce fertility. The stance that each woman should be able to decide for her own self about matters governing her body, sexuality and childbearing as become well established (Boland et al., 1994). Greene (2000) argues that the concepts of women's empowerment, reproductive rights and maternal health make up a government stance called feminist modern, a woman-centered approach to the governing of reproduction. The bipolar model of power considers population apparatus as a threat to the interests of Third World women deeming them as powerless. Hence, this model gives authority to First World women to speak on behalf of the women in developing countries (Mohanty, 1991). It is Third World women that are most likely to be used in the clinical trials and who are recipients of products banned in the West (McKie 1986), and the pharmaceutical industry targets women worldwide (Schneider & Schneider, 1995).

Health programs dealing with fertility and population control are based on preconceived notions about the sexual and reproductive body. Planned by experts in the fields of public health and development and placed within the context of national governments and donor-government and NGO relations, these programs are tools of

social reform and become a part of mundane activities of education and service delivery. Some of the activities intervene in the social sphere such as increasing the minimum marriage age or promoting birth spacing between children, while other activities involve changes to the body like getting an IUD inserted. These endeavors form part of larger historical processes, which involve internationalizing biomedically based knowledge and technology by set of institutional networks in diverse locations (Pigg, 2005).

It is well known that in most family planning and AIDS prevention programs, receiving information alone cannot change behavior. In various public health discussions, it is generally perceived that fertility control and HIV prevention constitute a collective endeavor and so efforts to improve sexual and reproductive health becomes an effort to shift collective understandings. Sexual and reproductive health consequently end up as projects of empowerment and social change (Pigg, 2005). In most the health programs targeting individuals or society, science becomes the supreme authority and the “scientific view of sexuality” via biomedical knowledge is considered as an elixir to change people’s consciousness. Yet biology and culture can never be totally separated and are mutually constituted in any society (Pigg, 2005).

Generally, dominant approaches to health communication have been top-down and have considered women as targets of interventions (Dutta, 2006, 2008; Dutta & Basnyat, 2008). Voices of marginalized women who are poor, unemployed, economically disadvantaged are erased (Dutta, 2008; Nussbaum, 1995). For instance, in a family planning campaign in Nepal, the Radio Communication Project (RCP) was executed with a top-down framework of development looking at Nepali women from a Eurocentric

perspective (Dutta & Basnyat, 2008). Alternatively, a critical view argues that women's reproductive health must be understood within a broader context of healthcare culture (i.e., sanitation, housing, clothing, food etc.) and societal oppression (i.e., patriarchy, sexism, ethnocentrism) that affect the overall quality of (Amaro, Raj, & Reed, 2001; Dixon-Mueller, 1993; Nelson, 2005). Another study in rural Bangladesh by Schuler, Bates, Islam, and Islam (2005) found that most families preferred daughters-in-law that were submissive to the husband and the family, and so women's autonomy was looked down upon. Therefore, the notion of reproductive health in such contexts is entirely different from dominant discourse of reproductive health that focuses on individual choice in decision-making.

In West Bengal, India poorer women balance tradition and modernization in their choices to use birth control. Traditionally, the role of Indian women has been a housewife and a doting mother, as children are extremely important for women in this framework. Various women were interviewed to investigate how these women negotiate fertility control decisions. Many poor women wanted to have smaller families, and one of the reasons was that they wanted to be modern and progressive. They stated that today's world was different from yesterday's and having smaller families would not only benefit them but the nation-state (Mookerjee, 2005).

Although modernization is influenced by Western values through globalization, expanding capitalism and scientific reasoning, modernization in many countries, including Indonesia, is not the same as westernization (Brenner, 1996). The relationship between westernization and modernization is complex. Young people's interpretation of

what is modern is constructed at a local level, not in cultural vacuum. The meaning of modernization evolves from an intersection of religion, customs, individual beliefs and the state (Herrera et al. 1998). In Indonesia, modernity is related to development, and accepting family planning is contributing to the development of nation. This hegemonic discourse is instilled in the citizens, though with some resistance from certain individuals (Bennett, 2005). Modernity is linked with patterns of consumption and materialism in Indonesia where the state construction of modern family is small, wealthy and prosperous (Bennett, 2005).

Similarly, in Malaysia, which is another Islamic country, Jolly (1998) argues that Malay modernity is a combination of Islamic values and Western ideals. Islam plays a central role in creating identity of “modern mothers” and obedient children coupled with the appeal of a commodity culture which creates a modern consumerist identity. Modernizing maternity meant presenting mother’s love in a new light. Whereas the traditional way of mothering was religious and sacred, now it is all about surveillance of the new mother and child and biomedicalization of pregnancy and motherhood. How many times a baby is supposed to be fed, what is the right pre and post pregnancy diet, and other health issues all suggest that traditional forms of mother love were irrational and sloppy; but since the colonial period, new forms of “rationality” were applied to maternity.

People in Western countries often perceive Greece to be caught between East and West, so therefore traditional yet modern at the same time. Therefore, these are the subjects of daily conversation and contestation among Greeks, and gender roles,

reproductive choices and family size become a part of these. Imported discourses are brought into dialogue with what it means to be a “modern” woman (Paxson, 2004).

Chatterjee (1989) argues that women in South Asia have battled to construct a modern identity while maintaining their local femininity that is at risk of being tainted by Western influence. Middle-class Nepali women struggle to claim modernity that distinguishes them from those “below” on social scale while trying to resist foreignness and consumer excess (Liechty, 1999). Johansson (2001) examines images of women in Chinese magazines that construct a “modern Chinese woman” where “modern” equals investment in beauty, and ‘Chinese’ signifies emphasis on Oriental femininity. In the first years of advertising in two official Chinese magazines *Chinese Women and Marriage and Family*, values were associated with Western consumer culture like individualism, luxury, pleasure, happiness, modernity, beauty, etc. Hence, appearance and dress code became more significant than moral values.

In a study conducted how Indian women portray themselves on matrimonial websites in India, it was observed that women used seemingly contrasting attributes to describe their personality, like being a smart, modern woman with traditional values. These narratives give rise to the concept of the “New Indian Women,” who is independent but traditional. Hence, the media’s constructions of femininity find their way into such narratives (Titman, 2013). Media producers such as advertisers and television producers are aware of these new concepts of femininity and have accordingly started to enlarge the range of feminine subjectivities to increase consumption.

## Media and Gender Roles

Critical scholars have described Western domination of media industries that tend to trivialize women's roles (McLaughlin, 1991; van Zoonen, 1994). In the global development processes, women tend to be the most neglected group. Steeves (1993) emphasizes that among other areas, research is needed on women's roles and representations in Third World development communication projects. Issues of women may be investigated by exploring discourse of development institutions (Wilkins, 1999).

Dogra (2011) analyzed public fundraising and advocacy messages of international development NGOs (INGOs) to look at representations of women worldwide. Universal messages of motherhood depict it as a common and universal condition. Oxfam's advert titled 'After the earthquake—a struggle to survive winter,' shows a woman from South Asia wearing traditional dress, which is *Shalwar Kameez*, and her head covered by Dupatta standing outside a camp with five children and boys in an outdoor class. In Orientalism clothes, or their absence, were considered a sign of "difference" and "distance" (Lewis, 1996), as the woman at first glance looks "different" by virtue of her traditional dress. She teaches children in the camp about praying, hygiene and other knowledge. This narrative then presents her as "sweet" and in "need" due to having too many children and no male support (Dogra, 2011). In another Oxfam appeal, called 'Trade talks are key to tackling poverty,' (Metro, 7 December 2005, p 37) the woman is shown with her family working on a cane sugar plot in Zambia, and she is once again portrayed as a nice-god-fearing religious woman (Dogra, 2011). Mohanty (2005) explains that Third World women are represented as religious to imply that they are not modern,

and men are portrayed as “the problem.” Concern, a humanitarian organization, produced a supplement on Millennium Development Goals in the Guardian with 39 images, with only one male image of a teacher in Uganda. Either the father is missing in a photograph to invoke a “paternalistic impulse” (Clark, 1997) or men are represented as violent by INGOs when representing Global South (Dogra, 2011). The majority of the world’s men appear in developmental activities without the image of a woman standing next to him so the majority women are depicted as “different” through gender segregation as in Orientalist discourse. In INGOs’ messages, there are contradictions. Women without men signify the “traditional” nature and the nurturing role of a mother and family values, and so this makes them “traditional” and not “deviant.” Yet men through their absence and violence are represented as “deviant” (Dogra, 2011). In another Oxfam appeal in the 1970s, one sketch is of a woman from India wearing a sari and holding a child in her lap while the other five children are standing behind her and the father is missing in the image. The narrative is of the need for family planning. In the second contrasting image of a happy nuclear family, the white man is sitting on a sofa with his wife sitting on the sofa arm while their two children are playing on the floor. Images like these glorify men of the developed world, while the majority of the world’s men are demonized and women become virtuous (Dogra, 2011).

Wilson (2015) also analyzes the orientalist attitude prevalent in development discourses that are consistent with needs of global capital. Neoliberal ideology controls not only women’s labor but, also their fertility. The “poor woman” of the Global South is represented as a more efficient neoliberal subject who works harder, has better loan



repayment rates and spends her earnings on children's well-being compared to the man of Global South who wastes most of his money on alcohol and drugs. McRobbie (2008) is critical of representation of sexuality of the "global girl" who presents herself as a sexual subject ignorant of inequalities of class and race while the sexuality of the "localized" girl of global South is represented as a danger to the economic system due to her "excessive fertility" (Switzer, 2013). These development discourses surrounding gender norms and relations constantly render a need for critical development thinking particularly within postcolonial feminism.

Gender norms—social expectations of appropriate roles for men and women—are among the strongest social factors influencing sexual and reproductive health. The Navrongo experiment, a community-based family planning program in Northern Ghana, met considerable success in changing contraceptive practice, but activated tension in gender relations. Data from focus-group discussions between 1994 and 1996 with men and women revealed that women feared using contraceptives due to the threat of losing their husband's affection, especially as men can easily remarry. In a society where payment of bride-wealth is indicative of the requirement of women to bear children, practicing contraception signaled to men that women might be unfaithful. Men felt loss of control over women who used contraceptives against their wishes secretly or without consulting them (Bawah, Akweongo, Simmons & Phillips, 1999).

In Indonesian media, women are confronted with ambiguous and contradictory messages. On one hand, they are encouraged to actively participate in modernity by contributing to the economic activities, but on the other hand, women are expected to be

passive and docile in heterosexual relationships. On one hand as advice columns and articles for women emphasize the significance of purity and virginity, the product advertisements and career advice represent women as affluent and ultra-modern with successful careers. Generally, the successful career women are presented as highly sexualized while housewives are represented as more domesticated, modest mothers and faithful wives. More attention is drawn to the fashion sense, sexual politics in office, and double burden of domestic and paid work rather than the credentials and dedication to work. While professional men are represented as innocent, the professional women are portrayed as dangerous temptresses who uses their sexuality to get favors and success at workplace. Representations like these reflect that the culture still does not accept women in the public sphere on par with men (Bennett, 2005). The interplay of globalization and modernization has led to an influx of sexualized ideologies that are against the teachings of Islam. Cable television and the internet are inundated with highly sexualized images of women, although the Indonesian censorship laws are conservative, the frequency of sexual innuendos in the visual representation is very high. Regardless of the public interest in having modest and pure images of Indonesian women, women's magazines and advertisements are representing female bodies as sex objects (Bennett, 2005).

Women have long been responsible for the double reproductive task in their countries: as carriers of the nation's children and culture. In health communication, narratives like these put the entire responsibility on the woman's shoulder. Dutta (2009) emphasizes the need for a culture-centered approach to health communication. The culture-centered approach emphasizes the interaction among culture, structure and

agency and it is at this junction that the local meanings make up the transmissive and transformative elements of local cultural discourses (Airhihenbuwa, 1995; Dutta, 2008; Dutta-Bergman, 2004a, 2004b). The culture-centered approach particularly looks at the traditionally invisible spaces and subaltern voices that have been silenced by dominant discourses of health by placing those voices within their cultural contexts and by actively interacting with those voices with the aim to disrupt hegemonic discourses that dominate the field of health communication (Basnyat & Dutta, 2012). Dutta & Basnyat (2009) examined the Radio Communication Project (RCP) in Nepal that aimed to educate people about family planning. In such programs, the responsibility of health shifts to the individual, leaving out the culture and context in which the actions are placed. A culture-centered approach to health communication is essential as voices of the locals is important. The formulation of the objectives of RCP already assumed a lack of inter-spousal communication and intra-family communication in the population. This embodies a colonialist assumption that the modern sender can teach the local population, which is considered as always lacking something (Dutta-Bergman, 2004, 2005).

The motherhood arena around reproduction and reproductive rights gained a lot of attention in the second-wave feminism. Feminist interests in motherhood in images and myth are particularly apparent in studies of state-formation and policy making (Ross, 1995). In Iran, family planning decision-making is tied to women's socio-economic status in society and their security within conjugal bonds. The contradiction between government's demand for smaller families and its favorable attitude towards polygamous and temporary marriages puts women in a difficult situation. Since women are frequently

younger than their husbands, a lot of them became widows at a young age. In addition to this, they have fewer opportunities to enter the labor market. Consequently, most prefer having sons and, in this process, tend to have larger families. In 65 percent of all the divorces that the interviewees knew of in this study, it was found out that fathers were granted custody of the children and mothers were denied visiting rights. In the face of such threats, women in Iran tend to have larger families and so conform to gender roles due to political and economic realities of Iran (Hoodfar, 1994).

Khamis (2009) conducted a feminist ethnographic study in an Egyptian village, Kafr Masoud, to find out how rural women construct and negotiate their identities as wives and mothers while making meaning of messages in a televised governmental family planning campaign. Many women resisted traditional reproductive roles entrenched in the social fabric of Egyptian society, the dominant figures in their own families, and the dominant family planning ideology of the government. Women who had a higher socio-economic status in the society did not favor the “self-sacrificing” mission of motherhood and stressed that, although being a loving and caring mother was important, it should not come at the cost of one’s emotional and materialistic well-being. Hence, they had a more “individualistic” orientation towards motherhood. While none of them opposed the idea of “motherhood,” women were gradually “transforming and translating” their identities by offering alternative views on motherhood that challenged the notion of a selfless mother (Gillespie, 1995). For most of the women who had a lower socio-economic status, the reproductive role acted as a weapon which these poor women could use against their husband’s economic superiority. Some women, despite being poor and uneducated, came

up negotiated readings of the message and said that it was acceptable to do family planning as long there was good enough a reason to do it. But despite different ideologies of motherhood, which varied between poles of collectivism and individualism, most women adhered to the traditional ideology of motherhood (Khamis, 2009).

During the British rule in India, colonial administrators gave a lot of weight to girls' education by arguing that good education makes better wives and mothers, hence "ideal" Indian woman as believed by Indian nationalist leaders (Loomba, 2005). Puri (1999) explains the significance of motherhood in India by explaining that "good" girl status is attained through marriage, which is primarily a woman's responsibility. The woman is expected to give birth within a short time after marriage. Women's security depends on her marital status and motherhood, and so activities related to mothering and household care take on great significance. In Bangladesh, the case is similar. Motherhood is a woman's basic duty and nature, and the sacrificing image of mother is highly valued. The socialization process encourages women to be patient and calm with male members of her family and later her husband (White, 1992; Chowdhury, 2004; Nahar, 2012). Pakistan has a culture similar to India and Bangladesh, as it shares a common history with India.

Some researchers criticize the media's representation of the naturalization of motherhood in women's lives (Hadfield et al., 2007; Sha & Kirkman, 2009; Douglas, 2005). Even in the UK and America, media's representations of motherhood tended for many years to be the same, where the media was still fixed on normative cultural discourses associated with motherhood, which was considered a woman's natural and

normal desire. After 1970, American media began presenting a new version of motherhood that occupied a “higher moral ground” (p.12) and encouraged mothers to compete with other mothers. Magazines also emphasized celebrity mothers and communicated messages like celebrity women’s lives being complete once they have children (Douglas, 2005). Malacrida and Boulton (2012) argue that discourses of motherhood not only impact child rearing but advise pregnant mothers on how to maintain a healthy body and mind for a safer pregnancy. Sha and Kirkman (2009) contend in Australian media that motherhood is represented as a natural and normal necessity of women’s lives, and link motherhood to national duty.

In Indonesia, the cultural value of marriage, motherhood and children is extremely significant. This is consistent with the high respect and value placed on mothers in the Quran and hadith (hadith is Prophet Muhammad’s teachings). Women are mainly responsible for raising a child that elevates her social status. Barren women are pitied upon and infertility often becomes the reason for divorce. Hence, marriage and motherhood are key signifiers of women’s social identity. Women gain respect and prestige after becoming mothers (Bennett, 2005). In the 1980s, African American feminists described the lives of mothers and formulated positions on the importance of motherhood. African American women were generally stereotyped in motherhood categories and even at workplaces were found in mothering jobs compared to Caucasian women (Ross, 1995).

Mass media is an effective tool for changing people’s behavior and reinforcing gender roles as indicated in many empirical studies. Feminists all over the world believe that the

media can either challenge or perpetuate existing constructions of gender (Sharda, 2014). Effectiveness of media campaigns is discussed in the following section of the literature review.

### **Effectiveness of Media in Family Planning**

Media campaigns have been used in various communities to change health behavior. Most campaigns communicate their messages through television, radio, billboards, posters and print media to a wide variety of audiences. Exposure to such messages is passive resulting from a secondary effect of routine use of media. Campaigns nowadays incorporate new technologies like the Internet, mobile phones and social media (Wakefield, Loken & Hornik, 2010).

Media campaigns on family planning have the potential to increase people's awareness, knowledge and behavior with respect to the use of contraceptives. Exposure to mass media family planning campaigns has been found to be associated with the likelihood of contraception practice in Tanzania (Jato et al., 1999) and Kenya (Westoff & Rodriguez, 1995), discussions about contraceptive methods in Tanzania (Jato et al., 1999), contraceptive knowledge and use in Mali (Kane, Gueye, Speizer, Pacque-Margolis, & Baron, 1998), and awareness of contraceptive methods and attitudes toward family planning in the Gambia (Valente, Kim, Lettenmaier, Glass, & Dibba, 1994). In Tanzania, data from a nationally representative sample of 4,225 women who participated in the demographic and health survey were used to assess the impact of mass media family planning campaigns on contraceptive behavior. Women who were exposed to media sources were more likely to use contraceptives. Women who remembered six

media sources were 11 times more likely to use contraceptives than women who could not recall a single source. There was a higher probability of women discussing family planning with their spouse and visiting a health clinic when these women recalled family planning messages (Jato et al., 1999).

Most health communication programs rely on mass media to disseminate their messages to the public about family planning. While direct exposure to these mass media programs has been associated with the use of contraceptive methods (Piotrow et al., 1997), the indirect effects arising from the diffusion of program messages through interpersonal communication channels are also important in changing behavior (Valente, 1995; Valente et al., 1994). In Nepal, a study was conducted on women ages 15-49 to examine the role of indirect exposure in the use of contraceptives. Half of the respondents were indirectly exposed to the program's message increasing the programs outreach from 50 % to 75 %. Nepalis who had direct exposure to the radio program had strong social networks, allowing them to serve as a channel for these messages into a wider community. While direct exposure to mass media influences family planning knowledge, indirect exposure is strongly correlated with contraceptive use like the two-step flow model (Boulay, Storey & Sood, 2002).

UNFPA-sponsored population related project in Ghana is also a strong evidence of the effectiveness of interpersonal communication in changing beliefs and practices around family planning. UNFPA funded various projects in Ghana since the 1990s that involved collaboration of NGOs and religious organizations. The projects' aim was to improve reproductive health of the woman and emphasize women's and girls' education.



As religious leaders were opinion leaders and extremely influential in Ghanaian community, their collaboration was a necessity. Muslim leaders, Islamic scholars and teachers were invited in 1990 to talk about family planning in the community. The initiatives for these discussions came from the local community rather than UNFPA which was unlike many other top-down projects. The meetings talked about misperceptions and misinterpretations of the Quranic verses in Islam regarding family planning. These Muslim leaders then would further discuss these among members of their own constituency groups. This project was significant as it took religion into account when considering cultural and community context. Religion was understood here as an important part of individual and community identity. Such egalitarian dialogues at the grassroots prove to be effective in development communication projects (Melkote & Steeves, 2015).

Health communicators often have a difficult time understanding diverse audiences and equate culture simplistically to race and ethnicity. The Institute of Medicine argues that culture has been poorly understood in the context of health communication and needs significant exploration. Health communication campaigns address issues of diverse audiences in three ways: by developing a communication campaign with a common message relevant to the target audiences, by developing a unified campaign with slight variation in the common message for different audience segments, and by developing distinct messages for each audience segment (Institute of Medicine, 2002). Resnicow & Braithwaite (2001) argue that health communication interventions mainly address the surface structure of a culture by matching messages and channels to observable

characteristics of a culture like food, familiar people, etc. It is imperative to address the deeper characteristics of a culture like social, psychological, environmental, and historical factors that affect health for a minority community. Although addressing surface structure increases receptivity and acceptance of a campaign, addressing deeper structure conveys true salience to the community it is targeting. Public health professionals should expand their use of health communication strategies to implement effective policies that eliminate health disparities.

### **Other Related Studies**

The link between quality of family planning services and the use of contraception has been studied in many countries. The extent to which family planning programs are more effective at reducing fertility remains a major debate among population scholars. One study did a comparative analysis of four pairs of low-income countries: Thailand/Philippines, Tunisia/Algeria, Zimbabwe/Zambia and Bangladesh/Pakistan. The study found out that countries that were successful in controlling fertility had formed a strong coalition among policy elites, spread the policy risk, and invested in institutional and financial stability (Lee, Lush, Walt & Cleland, 1998). In Thailand and the Philippines, external donor agencies were mainly responsible for initiating the family planning activities. In Thailand, high-level consultations were held among policy elites and this manifested in a collaboration between different stakeholders from public and private sector despite changes in government (Lee, Lush, Walt & Cleland, 1998). However, in the Philippines there was great disunity among the coalition of policy elites, and so policies could not move forward. In Zimbabwe, the strength of a policy coalition of elites brought together opinion leaders including religious leaders,

NGOS, senior civil servants and businessmen and mass media. In Zambia, President Kenneth Kaunda's efforts to build 'one nation' during the 1960s did not include high-level support for family planning. UNFPA stepped in the mid-1980s and supported Zambia's need to limit population growth (Hopkins and Siamwiza, 1985; Kalumba, 1994). In Tunisia, the formation of a supportive coalition of policy elites had occurred earlier compared to Algeria. For instance, in Tunisia, newspaper coverage of family planning increased from ten articles per year between 1963-1965 to an average of one article per week by the mid-1970s. In Algeria, the coalition was weak and there was a lot of disunity among political constituency and within government. However, by the mid-1960s, many women activists joined hands which led to the setting up of first "birth spacing" center in Algeria and a fatwa (religious edict) supporting the voluntary use of contraception (Kouaouci, 1994 as cited in Lee, Lush, Walt & Cleland, 1998).

With respect to the case of Pakistan and Bangladesh, during the mid-1970s, the opposition from religious parties was undermined by their political marginalization when they joined Pakistan, as Bangladesh separated from Pakistan (Mahmood, 1994). Pakistan had a series of governments that had different viewpoints regarding family planning. Furthermore, the opposition by religious parties would not allow a strong coalition of the elites. The overall conclusion of the study was that how and who makes the policies are equally important, not just the content of the policy matter (Lee, Lush, Walt & Cleland, 1998).

Another study was conducted in Bangladesh between 1989 and 1991. Surveys were conducted among 3,497 women over 30 months to evaluate the services provided

by female fieldworkers. Non-contraceptive users and contraceptive users were highly likely to initiate and increase the usage of contraceptives respectively when care services were of high quality (Koenig, Hossain, Whittaker, 1997). Bangladesh has had relative success with a family planning project with the launch of MATLAB in 1977. The results of a 1990 knowledge, attitudes, and practice survey in MATLAB, Bangladesh, indicate that contraceptive prevalence has risen to 57 percent in the maternal and child health/family planning project area (Koenig, Rob, Khan., Chakraborty, & Fauveau, 1992). It challenges the view that population problems can be solved with the provision of commodities, facilities or services. It argues that a social system for the provision of services needs to exist in the face of constraints. Hence, demand for contraceptives can be increased in societies even if levels of current contraceptive practice are low and prevailing social and economic conditions are not improving (Phillips, Simmons, Koenig, & Chakraborty ,1988). Luthra (1988, 1991) however, found considerable evidence that the contraceptive social marketing project ignored women's needs in Bangladesh. Furthermore, there was evidence of error and bias in market research since men in Bangladesh shopped for contraceptives and should then be the primary targets of the social marketing campaign. The market research also failed to acknowledge the significance of informal media in reaching the women. Mass media despite their low penetration among target audience was overused.

In Mali, a 1993 mass media campaign intended to affect changes in contraceptive knowledge, attitudes and practice. An integrated multimedia campaign featuring family planning messages saturated the city of Bamako, Mali for three months during the spring

of 1993. With traditional theatre and music, family planning messages were broadcast on radio and television with information about modern contraceptives, health and economic advantages of family planning, need for male sexual responsibility, the need for communication between spouses and messages that Islam does not oppose family planning. After the prolonged exposure to these messages, there was a favorable attitude towards the use of contraceptives and the misconceptions about the religion, Islam, were reduced to quite an extent (Kane, Gueye, Speizer, Margolis & Danielle, 1998).

The Malawi Government has taken concrete steps to promote that contraception can help women avoid early, late, and too frequent pregnancies and has collaborated with religious leaders including Catholic and Muslim clerics. The main reason for success of family planning in Malawi is creating a culture of acceptance for family planning at the community level. Malawi's government works with NGOs, health sector and civil society organizations to increase the demand for contraceptives among married women (Ministry of Economic Planning and Development, 2012). The Ministry of Education, Science and Technology could further promote the importance of girls staying in school, which also has the benefit of delaying marriage and decreasing early pregnancies (Government of Malawi, 2015).

In Indonesia, throughout West Java, there are various billboards advertising family planning and many signs promoting the use of IUDs. Family planning has been framed within the rhetoric of prosperity; there are signs that directly state that "two children are enough," and this slogan is stamped on shopping bags. The discourse around family planning is not only on limiting the number of children anymore but normalizing

reproductive practices within a certain style of disciplinary power. This positioning of a prosperous family in Indonesia is like positioning of sexuality, which Foucault applies to nations grouped as Western. Many of the principles taken up by the Indonesian government are from the Western deployment of sexuality where the policy to increase the marriage age, have two children only, and emphasize women's health and education and regulate population are primary examples (Foucault, 1990)

### **Advertising the Birth Control Pill**

Anderson (2002) argues that advertisements that connect sexuality with commodities, particularly the ones that promise that sexual pleasure along with the product, eventually disappoint the user. Sexual gratification is mixed up with possession of the object. The attempt is to substitute the “state of being with the promise of having” (Haineault & Roy, 1993). These advertisements have a different commercial agenda and are created to sell the products. “Such advertisements are artifacts of market relationships; in essence they are manifestations of the political economy of late consumer capitalism” (Anderson, p.223, 2002). Many images of women's sexuality in advertisements reconstruct patriarchal representations. In the consumer culture, a woman's power is the ability to attract by looking beautiful and sexually enticing. As women have been hindered from achieving socioeconomic power equal to that of men in patriarchal culture, women have found their dominion of achievable power in the domestic, interpersonal, and consumer spheres (Anderson, 2002).

Haug (1987) presents sexuality as a form of general exchange value. In Western societies, there is a strong association between sex and commodities and most of the sexualization of commodities targets the female body, which is seen as the object of sexual stimulation in advertising (Shields, 1990).

One of the most significant shifts in advertising in the last decade or more has been the construction of a new figure: a young, attractive, heterosexual woman who knowingly and deliberately plays with her sexual power and is always 'up for it' (that is, sex). This figure has become known in some advertising circles as the 'midriff'. Midriff advertising has four central themes: an emphasis upon the body, a shift from objectification to sexual subjectification, a pronounced discourse of choice and autonomy, and an emphasis upon empowerment (Gill, 2008, p.41).

Media now represents these women as active, free, playful and autonomous beings who are in charge of their sexual lives. Women now do not wait to seek a man's approval, but they are "empowered" to please themselves. The construction of such agency in midriff advertising is flawed, as evidenced by numerous similar images of slim, white, curvaceous, hairless young women in the advertisements. This is an advanced form of exploitation because women internalize this sexual subjectification in the name of agency and empowerment. This further layer of oppression serves the male gaze and patriarchal interests (Gill, 2008).

Mazzarella (2003) theorizes that the practice of advertising can be conceived as "public cultural production, centered on a distinctive form of commodity production, the

production of commodity images" (p. 4). Using the example of the famous contraceptive *KamaSutra* campaign in India, he argues that this campaign combines two antithetical concepts: aspirational luxury consumption and public service (pp. 97-98). This strategy allows advertising to enhance its image as "as a universal language" on the basis of eroticism and family planning (p. 100).

The birth control pill was a million-dollar industry in the 1960s. Images in family planning advertisements presented the pill as safe and reliable, and users were represented as moral. The women were portrayed as generally mothers, white, and middle-class and so morality was emphasized in order to remove the fear of birth control pill leading to promiscuity. The Oracon contraception campaign presented the pill as an extension of nature. The packaging had an image of the pill resting on leaves of daisies and showed the image of a woman with soft curls. The pill was associated with nature and the imagers of the advertisement assured the user that pill is natural. The association of the pill and nature was done intentionally to show that the pill would not disturb the menstrual cycle and mimic the "natural" state of menstruation (Molyneaux ,2011). Rath and Simonds (2010) did a study on how oral contraceptives were advertised on websites. They concluded that on condom websites there was popular music, it was more catchy, heterosexual couples were making out, and overall the website was glamorized and made sexy. In contrast, the websites for other non-prescriptive contraceptives were much less sexy. The couples were wearing modest clothes and smiling, and slim women were shown holding the product box under their arm.



Looking at women's representation in Canadian Medical Journals in the 1960s, there was emphasis on female sexuality, but the sexual revolution did not translate into sexual freedom and premarital sex was frowned upon (Molyneaux, 2011). Foucault (1998) contends that increases in discourses on sexuality failed to remove taboos around sex. In the 1960s, the institution of marriage was stressed upon by doctors, engineers, journalists and other professionals. John G. Searle, chairman of the G.D. Searle Company framed the pill as a solution to overpopulation, illiteracy, poverty, poor housing, and so it was imperative to control population and not to empower women in reproductive health and freedom (Molyneaux, 2011).

In Egypt, overpopulation is one of the issues hindering the country's progress, and many governmental media campaigns have highlighted the severity of the issue. Therefore, the Egyptian government has relied on various types of media since the 1980s, particularly televised announcements, to promote family planning among the masses. The campaign used various celebrities, cartoons and slogans to spread the message (Khamis, 2009). Abu-Lughad (2008) argues that television "may be one of the richest and most intriguing technologies of nation building in Egypt, because it works at both the cultural and sociopolitical levels, and it weaves its magic through pleasures and subliminal framings" (p. 9). She explains that this impact led to two roles. The first role was of preserver of the status quo, whereby the television contributed to maintaining the disparities and inequalities and pulling the audience into the concept of nationhood but without suggesting how they can be a part of more equitable society. The second role was that of the "agent of public information and education" (p. 10), which was prevalent during Nasser's rule, as he

deployed media to educate the public and spread the dominant ideologies through efforts to “create loyalty, shape political understandings, foster national development, modernize, promote family planning . . . or . . . entertain” (p. 12). Abu-Lughad (2008) looks at these mediated texts as sites of struggle for accepting, rejecting and negotiating these hegemonic ideologies of the elite who produce the content for imagined audiences and subalterns who decode the messages contingent on factors like age, gender, social structures and their daily lived realities.

The exposure to these mediated texts has a strong impact on reproductive attitudes and behavior of individuals as revealed by national analyses of survey data (Olenick, 2000). The next section elaborates on the effectiveness of media campaigns on family planning in Pakistan.

### **Pakistan’s Case Study**

Media campaigns can help increase the demand of contraceptives, but such campaigns have been historically uncommon in Pakistan and when present have been hampered in many ways (Ministry of Population Welfare, 2007). Rather than focusing on communication and marketing strategies to generate demand for contraceptives, family planning programs focus on the supply side by providing contraceptives (Hakim & Tanweer, 2000). Furthermore, when communication assessments have occurred, the studies have been more concerned about how the public comprehends family planning messages (Hakim & Tanweer, 2000; Sheraz, 2008) rather than on media effects on health attitudes and behaviors (Hakim & Tanweer, 2000). There is a dearth of literature of media effects on reproductive health attitudes in Pakistan, with only one study by

Westoff & Bankole (1999) that only talks about how the exposure to media may affect the use of contraception. For instance, 45 % of women exposed to messages on radio, television or print media were using contraception in 1994-2005, according to a survey conducted in Pakistan. Likewise, in another study on the evaluation of Touch condom media campaign and its effects on people's behavioral intentions, married men and women were surveyed between ages of 15-49 in urban and rural areas of Pakistan. Approximately, 15% of urban married were aware of Touch advertising. After controlling for a range of other variables including daily television viewership, advertising the contraceptives was associated with a positive attitude towards buying contraceptives, and its effectiveness, and reduced embarrassment in purchasing contraceptives (Agha & Beaudoin, 2012).

The analysis of media effects for Pakistan is based on data from the National Demographic and Health Survey of 1990- 1991 and the Pakistan Contraceptive Prevalence Survey of 1994-1995. From the 1994-1995 survey, it was revealed that 58 percent of women exposed to three forms of media said that they would practice contraception in the future, while 52 percent of women who were exposed to the message on both the radio and television intended to use contraceptives. Overall exposure to media had a significant positive effect on all reproductive attitudes and behaviors but had significant effects on all seven of the attitudes and behaviors measured in 1994-1995. Exposure to such messages on television followed a similar pattern (Olenick, 2000).

The information, education and communication strategy developed in the 1990s with the support of UNFPA maintained focus on birth limitation and family size. The

communication strategy was implemented through expensive electronic media, but the role of interpersonal communication was ignored. Furthermore, communities in rural areas could not be targeted so only urban areas were targeted. A social marketing approach, which includes private health providers, drug stores and retail outlets, generally targets lower-middle and lower-income households and is an effective communication strategy. However, in Pakistan, social marketing is dependent on external funding and has maintained a supply-oriented approach which has not generated the desired results. Social mobilization is weak and efforts by Greenstar Social Marketing campaign were short lived (Ahmed, 2013).

Most of the studies conducted around advertisement and family planning have ignored the role of gender and power relations. This research investigates those questions of power relations. Furthermore, with regards to behavioral change messages in health campaigns like family planning, culture is ignored, as most of these campaigns have a top-down communication strategy where the voices of the marginalized are erased. This research takes that into account and examines the advertisement messages from a critical-cultural perspective. The research questions are as follows:

### **Research Questions**

1. In what ways and whether DKT International and Greenstar Social Marketing campaign differ in their strategic communication?

This question is mainly based on in-depth interviews of the communication employees of GSM and DKT. As GSM started its operations in 1991, one see's a change in their

communication strategy over the years, particularly after DKT stepped into the market in 2012. The change in communication strategy is representative of the changing political, economic, social and cultural milieu of Pakistan over the last two decades. The change also resonates with the historical shifts in the development discourse with regards to family planning.

2. How are women represented in the promotional advertisements of family planning campaigns of DKT International Pakistan and Greenstar Social Marketing (GSM)?

- a) To what extent does the use of women's sexuality for marketing contraceptives serve patriarchal or feminist interests?
- b) To what extent are women symbolically annihilated versus empowered in these advertisements?
- c) To what extent are the promotional messages intersectional in terms of ethnicity, socio-economic class, religion, culture?

The second research question is grounded in the premises of theories of intersectionality, feminist theories, Kabeer's concept of empowerment and Hall's system of representation. Critical Discourse Analysis provided an extensive study of the promotional messages of DKT and GSM for this project. Women's representation in development campaigns of Global South is a significant research area. It is critical to understand the nature of development discourses in order to examine whether and if women in the processes of development become the targets of intervention or a participant in the production of these health communication projects. I grew up watching Pakistan's National Television Network (PTV) that would show GSM's advertisements frequently. On one hand GSM's

messages would promise women's empowerment and a healthier future for the mother but on the other hand, I saw contradictory messages where women's roles were trivialized to that of a passive housewife. DKT's entry into the market stirred up a lot of controversies. DKT's advertisements were being called as cultural invasion and defamation of Pakistani woman by the Western powers. These messages were known to present women as bolder, more confident and sexually liberated. There were rumors that DKT advertisements were banned. The rumors (which proved to be untrue once I interviewed the producers of DKT) warranted further research into women's representation by DKT.

3 a) How are gender relations depicted in these promotional messages?

b) How is motherhood represented in the promotional messages?

Media has a strong influence on people's opinion and behavior and is an effective tool for changing people's behavior and influencing gender roles. Hence, these promotional messages may reinforce certain gender roles in an already patriarchal country like Pakistan. In these development texts/promotional messages, I seek to analyze how these development organizations construct and reinforce women's roles and gender relations. Culture-centered approach to health communication and feminist theories inform the third research question.

4 a) How do women negotiate their identity between modernity and tradition?

b) How does the nation state negotiate its identity between the notion of modernity and tradition in the globalizing economy?

c) How are the promotional messages negotiating between the notion of traditional and biomedical approach to family planning?

Women in Pakistan are subservient to men, traditions and honor. Pakistani women are often caught between the battle of tradition and modernity. Being traditional is understood as preserving one's culture but over the years the in the age of new media, there are various discourses that present women as modern yet patriotic and working in their country's development and welfare. Family planning is often equated with modernity. However, there are many factions in Pakistani society that resist foreign intervention in terms of development projects and media content. This chapter addresses the fourth research question on the dichotomy between tradition and modernity on micro and macro level. The findings of this chapter are grounded in modernization theory, postcolonialism and culture-centered approach to health communication. The next chapter elucidates on the type of methodology used in this project and the rationale for using it.

## CHAPTER IV

### METHODOLOGY

This chapter explains how I conducted case study of two non-profit organizations involved in family planning in Pakistan. I used qualitative methods to analyze the promotional messages of the family planning campaign and the social implications of these messages. The previous chapter made a case for the necessity and feasibility of this analysis of the promotional messages grounded in health communication theory, feminist theory, representation theory and intersectionality and further tied it to the role of discourse in international development, as well as related studies. This chapter explains the specific methods used to complete the case study. This study combines critical discourse analysis and qualitative in-depth interviews to understand how the promotional messages represent women and how the development narratives embedded in the messages frame reproductive health.

In any research design, the nature of the questions, presented in the previous chapter, determines the methodological choices that are made to delve into the subject of inquiry. My research addresses issues of health and behavioral change in a social context and the role communication plays in addressing the issue. In terms of methods, therefore, based on the questions and the central subject being investigated, a qualitative approach is appropriate. Words and texts have great significance in critical scholarship, which generally makes use of qualitative methods. McCracken (1988) contends that there is a tradeoff between precision of quantitative methodology and the complexity-capturing ability of qualitative methods. As the research questions dig deeper into the dominant and



hidden meanings of the family planning messages, qualitative research methods are more suitable.

### **Case Study Non-Profit Organizations**

GSM and DKT International are the major social marketing organizations of contraceptives in Pakistan in private sector and have conducted various mass media campaigns to promote their products (Bill & Melinda Gates Foundation & Population Council, 2016). These two organizations were specifically chosen as they have the highest number of TVCs produced over the years and aired on the Pakistani television and the greatest visibility in terms of market penetration. The advertisements of DKT specifically have attracted a lot of controversies over the years and the narrative in the commercials are humorous yet educate the public about use of contraceptives.

### **Sample Pool**

The research setting for this project is tied to a geographic location, Pakistan. For the interviews, ten participants were selected, five from each nonprofit organization, DKT Pakistan and Greenstar Social Marketing (abbreviated as GSM from here onwards). All the participants who were related to the conceptualization, production, and dissemination of the promotional messages of the campaigns were contacted. The sample was selected through snowball sampling. Choosing sample (participants) in this case was a crucial process of interview. Lindloff and Taylor (2011) recommend purposive (snowball) sampling in order to save time. Heckahorn (2007) gives numerous benefits of snowball sampling when time and resources are limited (in my case), and the sample pool

is specific. I contacted those involved in producing and disseminating the promotional materials of the nonprofit organizations, DKT International and GSM through emails. I first contacted the headquarters of DKT International based in Washington, D.C. by calling an employee who worked in the communications department. He gave me the contact of the CEO of DKT International Pakistan. The CEO not only provided me with the short- and long-term goals of DKT International but referred me to other employees of DKT involved in the production of the materials. Finding the producers of the GSM promotional materials was a challenge, as GSM is a more government based non-profit organization and less approachable. All the respondents were emailed the consent forms before the interviews.

With regards to the sample size, Englander (2012) recommends that three is ideal in phenomenological tradition. However, McCracken (1988) states that "less is more" and suggests that eight is an ideal sample size. Therefore, I interviewed ten officials of these nonprofit organizations. Although the sample size may be considered small from a quantitative perspective, if the research goals can be addressed with a small sample, then qualitative methods fare better than quantitative methods (Englander, 2012). DKT employees interviewed were the CEO of DKT International, marketing head, business head and lady health workers known as Community-Midwives involved in the dissemination of the promotional materials. GSM employees interviewed were communication managers, marketing managers and lady health workers known as Lady Health Visitors.

For the critical discourse analysis, the promotional materials analyzed included press releases, posters, brochures, pamphlets, newsletters and reports produced by DKT International Pakistan and GSM. They were downloaded from the website and analyzed from 2012-2019. The content uploaded by GSM and DKT International on their Facebook pages was examined by purposive sampling from 2012-2018. For example, GSM has all the major campaigns like *Touch*, *Nisa*, *Do+* on Facebook. The Facebook content included images, advertisements, and short, animated videos. Also, textual analysis of 20 advertisements produced by DKT International from 2012 to 2019 was done. A textual analysis of nine advertisements produced by GSM from 2012 to 2019 was done. The frequency of producing TVCs by GSM has significantly dropped from 2010 onwards, and so finding more than ten TVCs was not possible. DKT International has successfully launched the following campaigns in six years: *Josh* (condom campaign), *Dhanak/Heer* (IUD campaign), and *Prudence Premium* (condom campaign). GSM has launched the following campaigns: *Saathi- Jeet ka Sultan* Campaign, *Nisa* Campaign, *Touch* (delay) campaign, and *Do* Campaign.

Lupton (1992) argues that various studies in public health generally use content analysis for studying public health messages, but the drawback of this method is that only superficial meaning is acquired. To find deeper meanings, more interpretive models of communication processes are preferable to quantitative methodologies. Gross (1986) contends that it is important to be aware of the sub-textual meaning of discursive accounts of health and illness to fully understand the context of how health beliefs are formulated and expressed. As Gross (1986, p. 201) says, “particular interests are served

by every theoretical position and in any textual or discursive system.” To understand how cultural hegemony is established, the identification of such interests is necessary. Hence, this project relies on a discourse analysis of promotional health messages.

### **Interview Design**

Interviews are described as "Conversation with a purpose" (Rubin & Rubin, 1995, p.20). Lindloff and Taylor (2011) view interviews as an opportunity for an individual to express his philosophy or cultural logic. For this study, long interviews of 45-60 minutes were used. The interviews were semi-structured, as I wanted the respondents to elaborate on how women, gender relations, and reproductive health are represented in the promotional messages. McCracken (1988) advocates that the interview should be non-directive, i.e., should not impose one's ideology and one's assumptions on the informant. Even before the interviews, I obtained background information on the people I interviewed from the website, which enabled me to ask questions according to the knowledge and experience of the respondents (Englander, 2012). The respondents were contacted via emails in order to secure and schedule the interviews.

Telephone interviews are useful when respondents live in geographically remote areas (Musselwhite, Cuff, McGregor, & King, 2007). Furthermore, phone interviews are cost- and time-effective compared to in-person interviews and are therefore popular in opinion and social policy research (Smith, 2005).

With regard to the questions (see Appendix B for the list of interview questions) I asked, it was imperative that the questionnaire offered freedom to the respondent. The

questions should not prevent the open-ended nature of the interview (McCracken, 1988). The opening questions should be simple, more biographical in nature, informational and non-directive. They should not just elicit responses like "yes "or "no," but give the respondent an opportunity to explore and talk about his/her experience (McCracken, 1988). Therefore, I started my interview with biographical details like about their work experience, designation, and moved on to other questions, for instance: what is the dominant and underlying theme of the campaign? what do you think about how the advertisements portray women? How do they impact women? How do you describe the success of the campaign? What gender roles are or are not being reinforced?

Furthermore, McCracken (1988) warns against active listening and keeping an obtrusive/unobtrusive balance, so I avoided reading in between the lines and asking questions like "Is that what you mean?" or "I think you said something like?" McCracken (1988) posits that it is essential to take notes during the interview and after the process. It is important to remember that the questions should not be sensitive or disturbing to the respondent. The interviewer should be respectful, sensitive and polite when taking the interview and should not direct the interview (McCracken, 1988). I observed all these rules during the interview process. I asked a total of 10-15 questions. After the interviews were transcribed, I identified themes and put important observations under those themes. Major themes included motherhood, caring man, and sexual objectification.

Another essential thing to consider in the interview process is whether the investigator is an outsider or insider. Being an insider means that one has the same

background, gender, ethnicity, etc., and so being an insider has various benefits like participants can easily connect with you, may be more open towards you, and you may have a superior understanding of the issue (Bonner & Tolhurst,2002). In this case, I considered myself as an insider when interviewing officials in Pakistan. I have been raised in Pakistan. And as a woman, I have seen how the culture and other socio-economic conditions may silence the women's voices; therefore, I am in a better position to relate to gender issues. However, when interviewing these producers, my status was more of a student researcher, and therefore an outsider. Being an outsider could be problematic in the sense that the producers might not give detailed and honest information regarding the subject matter. On the other hand, my outsider status means I am less invested in outcomes.

While interviewing provides critical insights into the lived realities and perceptions of participants, researchers have identified several limitations of this method. Lindlof (1995) pointed to the uncertainty of participants' representations of reality and the limitations of the interview to understand the situated use of language. However, due to the interactive and intimate nature of interviews, cooperation between the researcher and participant is central: "Interviewees may be unwilling or may be uncomfortable sharing all that the interviewer hopes to explore, or they may be unaware of the recurring patterns in their lives" (Marshall & Rossman, 1999, p. 110). In order to protect themselves, participants may not tell the truth and deceive the researcher. Additionally, the quantity of data produced from interviews may be overwhelming. Similarly, Marshall

and Rossman (1999) note that cooperation between researcher and participant is critical, requiring interactivity and intimacy.

There have been debates regarding the researcher doing research in her own culture versus in a different culture. McCracken (1988) offers the idea of "manufacturing distance," which suggests that researchers should go to another culture to prevent issues of researcher bias. Another concept closely associated with this is reflexivity. Each researcher starts research with his/her preconceived notions, beliefs and orientation towards the issue. It is imperative that researchers try to distance themselves from predetermined beliefs and explore their assumptions (Hammersley & Atkinson, 2002). Another good idea is to make a reflexivity journal. So, for instance, I made a journal in which I wrote my biases, for instance, that foreign nonprofit organizations like DKT International might look at women as passive and in need of help. Intersectionality was also crucial in this context because having an intersectional approach would allow me to curb my preconceived notions.

My study uses two types of triangulation: methodological triangulation and investigator triangulation to improve its trustworthiness (Lincoln & Guba, 1985). Interviews complemented with information from critical discourse analysis provide additional richness to the study, and this methodological triangulation ensures not only validation but a deeper understanding of the issue (Denzin, 1973). Ten semi-structured in-depth interviews lasting up to one hour each were conducted, five from each nonprofit organization. Interviews were conducted on the phone because most of the respondents

were in different cities. Interviews were audiotaped with the permission of the respondents. All interviews were conducted in English and transcribed later verbatim.

### **Critical Discourse Analysis**

According to Green and Thorogood (2004), qualitative approaches are ideal for questions that require an understanding of participants' views, observing a process in depth, and addressing the meaning given to phenomena. Also, qualitative research is grounded in exploratory work and oriented towards discovery rather than validation. This gives room for the researchers to discover new phenomena, and patterns, and so qualitative research is preferable to quantitative research in finding hidden meanings (Deshpande, 1983). Most importantly, qualitative research methodology has a lot to offer feminist research, as there are complex, evolving relationships of class, race, and sexuality. Considering these justifications, the study, thus, utilizes discourse analysis which is the study of talk and text.

Critical discourse analysis examines relationships between text, discursive practices (production and consumption of text) and sociocultural practices. Critical discourse analysis accounts for power, ideology and discursive practices in producing and reproducing hegemony and unequal power relations. Questions in critical discourse analysis (abbreviated as CDA from here onwards) include the connections between texts, producers, consumers and their social environment in which the texts are produced (Fairclough, 1995). Critical discourse analysis also examines how ideology is embedded in the text and questions the power deployed through relations. CDA consists of “a three-dimensional framework where the objective is to map three different forms of analysis



onto one another: analysis of (spoken or written) language texts, analysis of discourse practice (processes of text production, distribution and consumption) and analysis of discursive events as instances of sociocultural practice” (Fairclough, 1992).

Fairclough uses this analysis at micro, meso and macro levels to understand how discourse reveals patterns of inequality. At micro-level, text analysis gains significance, so for instance, what actors, events and entities are represented and how are they represented? At meso-level, analysis of context in terms of discourse practice becomes important, so why are these actors and events represented and why in this way? Who is involved in the discursive practices around text and in what role? At macro-level, social context is analyzed, so why are these actors and entities represented and why in this way? What ideologies are relevant? (Fairclough, 2010). This model moves from bottom-up and as language and society are seen as constituting each other via discourse, the analysis returns to text level to explain how its text producers are not only influenced by contexts but in turn influence them, constructing, reinforcing and negotiating identities and social relations via use of language (Vine, 2017).

I analyzed 30 television advertisements produced by GSM and DKT about family planning campaigns. Greenstar social marketing produced 10 while DKT International produced 20 from 2012 until 2019. As there are more advertisements produced by DKT than GSM, a comparison of exact number of advertisements in the same period (2012 to 2019) is not possible. These are publicly available on YouTube and Facebook pages of these nonprofit organizations and can be downloaded easily. Each advertisement is approximately 40 seconds – 60 seconds long.

Using Fairclough's approach in examining the videos, I looked at how metaphors, words, adjectives, tones /undertones were used in the messages. How ideology is constructed, specifically, how are women being portrayed in these advertisements? How much time is given to the female protagonist in the ad? Are they considered as agents of change or passive victims? Whose agenda the advertisement serving. What are the themes associated with this video? Whose interests is the ideology in this video serving. Are the voices of the marginalized included? Who is funding this campaign? All of this was considered while analyzing the promotional messages.

Foucault (1972) argues that discourse is about the production of knowledge and concepts through language, as language is a collection of statements that work together to construct knowledge. He explains that statements can include images as well, but some statements are received as more authoritative than others depending on the source. Therefore, we can argue that information and language around fertility medicine constitute authorized statements with regards to discourses about the body, and specifically about gendered bodies. Foucault (1981) also states that discourses limit the way truth is constructed. Societies generally control, select and redistribute the production of discourse via specific procedures to sustain state control. These discussions have prompted me to examine images in addition to textual material concerning discourses of family planning. The Foucauldian approach to discourse analysis, in combination with Fairclough's approach will allow me to examine how these nonprofits represent discourses around reproductive health.

The next chapter presents the findings of the analysis of the promotional materials of DKT International and GSM campaigns. It addresses the first research question and looks at the different communication strategies of the two nonprofit organizations.

## CHAPTER V

### STRATEGIC COMMUNICATION OF DKT AND GSM

Greenstar Social Marketing and DKT International are two of the main players in the family planning arena in Pakistan and one of their main aims is social marketing of contraceptives. GSM has been in this field for more than two decades while DKT is still a new player. Both these nonprofits have different communication strategies to address the issue of overpopulation in Pakistan. This chapter addresses the following research question: How and in what ways do DKT International and Greenstar Social Marketing campaigns differ in their strategic communication?

I relied mainly on the interviews with the communication team of DKT and GSM to answer this question and this was complemented by discourse analysis of the promotional messages. In this chapter, I also examine how the communication strategy for both these organizations has evolved over time to reflect the changing needs of the society. However, a brief introduction to GSM and DKT is essential before detailing their communication strategy.

#### **Greenstar Social Marketing**

Greenstar has laid the foundation for social franchising of private healthcare services and provides family planning methods and supplies of a range of contraceptives. GSM programs include information on grooming, health, and hygiene to the couple. The GSM campaign aims to remove misconceptions regarding family planning methods. The

promotional messages of GSM cover all aspects of sexual and reproductive health and include family planning methods, prices of the contraceptives, statistics of maternal mortality, HIV infections, children's vaccination, facts on pregnancy, and an ideal diet of a pregnant woman. GSM also raises awareness about women's empowerment and the importance of women in society through the promotion of #nomenwithoutwomen digital campaigns (GSM, 2016). GSM is more famous for its contraceptive campaigns like *Saathi-Jeet Ka Sultan*, *Nisa*, *Touch*, *Do* and *Sabz Sitara*. This dissertation looks at these campaigns of GSM.

The logo of GSM is a man in orange who is the key decision maker, and the woman in green is the heart of the brand. The couple is enclosed in a star. The five points of the star represent five areas of operation; the star's changing shades of green represent evolution, and each point of the star represents energy, dynamism, focus, and precision. The motto written beneath the Greenstar logo reads health, prosperity, and future (GSM Report, 2013). The producers remarked that GSM's team is committed to serving *Sitara* (star represents the woman in the logo) (Interview A, 2018).

Greenstar started its operations in 1991, and since then, it has strived to give Pakistani woman a traditional image, but over the last few years we see a change in the woman's representation as she moves from a more conventional role to that of a professional, working woman. The theme of the messages shifts from a docile, subservient housewife to that of a working woman, having the autonomy to consult her husband and take the decision of adopting a family planning method. Traditionally, in advertising discourse, women have been shown as successful housewives confined to the

private sphere (Ehrenreich & English 1979; Thompson 1996). Over the last few decades, as more and more women enter the public sphere to be acknowledged as working professionals, feminist critiques of domestic roles have entered the social discourse. Eventually, the expectations and representation of women have changed as well with the stereotypical image of a weak woman now being replaced by a strong and autonomous one (Kates & Garloc, 1999).

Greenstar Social Marketing has various foreign donors although it works in partnership with Government of Pakistan. Department for International Development (DFID) is a major donor. The Department for International Development (DFID) is a United Kingdom government department responsible for administering overseas development aid. The goal of the department is "to promote sustainable development and eliminate world poverty" (GSM, 2019). KFW Development bank is a German bank and assists many developing countries to improve their health, education and energy infrastructure. Population Services International (PSI) remains the major US-based donor. Other US-based private foundations that are donors include David and Lucile Packard Foundation, United States Agency for International Development, Maternal and Newborn Health Programme Research and Advocacy Fund (RAF) and the Global Fund. In an interview with the GSM communication manager, it was found that PSI dictates the content of GSM to some extent (Interview A, 2018).

Greenstar producers believe that family planning is not an individual's decision and involves the couple and mother-in-law. The promotional messages are family-oriented, and women are portrayed as conservative. Almost all the participants in my

research agreed that GSM has worked to represent women's identity in relation to their family. A family is a significant unit, and whatever decisions are made the aim is to keep the family unit intact. As most producers gave similar answers, adding new interviewees was not necessary, and so, it can be concluded that a saturation point was reached. GSM aims to eradicate misconceptions around family planning rather than producing funny advertisements. The producers believe that although the message of female autonomy is useful, it does not serve the purpose. The *Jeet ka Sultan* campaign was reported to be the most successful campaign as seen by the increase in the number of calls to the helpline (Interview A, 2018).

### **DKT Pakistan**

DKT Pakistan started its operations in 2012 with the aim to serve the poor and marginalized population with higher unmet need and lower contraceptive prevalence rate (CPR). DKT's main strategies to reach women is through social marketing of condoms and other contraceptives and by establishing clinical networks of the Dhanak (dhanak translates to rainbow) Health Care Centers, which are managed by midwives. DKT Pakistan uses two main methods to reach consumers: in rural villages, DKT operates mobile units that use street theatre and shows to educate people about Dhanak health center; and DKT also conducts community mobilization activities such as door to door visits. DKT further produces various advertisements (DKT, 2012). DKT's team decides the content of the advertisements under the supervision of DKT's CEO (Interview A, 2018). DKT International does have various donors but unlike GSM, they do not dictate the content. Some of the various donors of DKT include: Bill & Melinda Gates

Foundation, Children's Investment Fund Foundation (CIFF), David and Lucile Packard Foundation, Department for International Development (DFID), Embassy of the Kingdom of the Netherlands, Embassy of Sweden etc.

There is a union of two paradoxical discourses in the discussion of DKT campaigns: one of a public service message and the second, of aspirational luxury consumption. DKT ends up provides a model for how achieve a "world-class" or "aspirational" status, and yet at the same time Pakistani contraceptives can lead to simple happiness as implied in the messages. These findings are consistent with Mazzarella's (2003) analysis of the contraceptive KamaSutra campaign in India.

In interviews, producers of DKT Pakistan proudly remarked that their campaign's slogan is "pleasure with purpose," and they wanted to make the products look fun. The CEO of DKT remarked, "It is not only about family planning-it is about sex. Pleasure appeal works more in this case. We do not want to scare people. We also want to fight the taboo around sex and push cultural boundaries" (Interview A, 2018).

The producers of DKT Pakistan further emphasized that they wanted to represent Pakistani woman as bold and confident. The CEO of DKT commented:

Mathira asks for condoms with confidence. It is all about confidence, and so if Mathira can ask with confidence so can we. We are trying to tap into people's inhibitions. We want to say that women can choose; she has a choice. We are not into women's rights, but we believe that it is about love and care and so if you take care of her, she takes care of you (Interview A, 2018).



Women's representation in three major campaigns of DKT Pakistan are explored for this dissertation: *Josh* campaign, *Heer/Dhanak* campaign and *Prudence Premium* campaign. The next section discusses the main campaigns of GSM and DKT.

### **Objectives of DKT & GSM**

The three critical goals of DKT are: to increase availability and affordability of modern birth control methods; to strengthen supply chain to increase availability of contraception and increase demand and adoption of contraceptive practices through advertising and educational campaigns (DKT, 2012). *Josh* has been the most famous campaign, but other well-known campaigns are *Heer/Dhanak* and *Prudence Premium* (Interview A, 2018).

GSM's main goal is to increase quality of reproductive health and reduce maternal mortality. The key objectives are: to improve quality of health service provision training franchise providers in antenatal family planning counseling; to improve access of quality reproductive health and maternal health services in low socio-economic class of urban and rural areas and increase access to affordable reproductive health and maternal and child health (GSM, 2016).

### **Audience Segmentation**

Different brands have different target population. In the interview with the producers of DKT and GSM, the promotional messages target different audience according to the brand type of contraceptives. These campaigns solely target married couples.

## **Greenstar Social Marketing Products**

In the last five years, most of the donor-funded programs of GSM target urban areas but many campaigns in the past have focused on the rural areas (Interview A, 2018).

### *Touch* Condoms

In 1996, GSM launched *Touch* – an upscale brand meant to target the Pakistani urban consumers. It is the second highest selling brand. This brand is imported and is constantly revitalized by improving its quality and range of choices for serving middle and higher socio-economic class. This brand of condoms mainly targets men (GSM, 2016). The strategy adopted by *Touch* campaign for its upper middle-class consumers is that it shows women in a progressive role. Women wear western and traditional clothes, have the agency to make their decision yet conform to traditional gender roles like taking care of the children and showing interest in household work. This campaign shows many foreign tourist locations as honeymoon spots and is targeted to the wealthy and upper-middle socioeconomic class.

### *Saathi* Condoms

*Saathi* Condoms are GSM's top-selling brand of condoms with market share of over 70 per cent. It is an economical option and mainly targets rural men and lower socio-economic class of urban areas. It is government-registered and is a low-cost brand.

*Saathi* condoms are imported and WHO approved having passed through stringent quality checks (GSM, 2016). *Saathi* had to undergo a strategic shift in its positioning in 2013 as it faced tough competition from *Josh* condoms. Women from being represented

as too passive were shown to be opinion leaders and having more agency to take decisions after DKT stepped into the field. But overall, as this brand caters to rural women, most women are shown conforming to gender roles, wearing traditional dresses and appear to talk and argue less, as compared to the TVCs of DKT ( Interview A, 2018).

### *Do Condoms*

In 2017, GSM launched Do brand of condoms which was a premium brand conforming to the highest international standards and is targeted towards affluent urban class particularly men. It is a high-cost brand for commercial purposes. This brand has been extensively advertised on Facebook (GSM, 2018). Women have been presented as bold, wearing western dresses and there is a lot of sexual innuendos in this campaign which maybe because *Do* campaign's main target audience are social media users.

### *Sabz Sitara Campaign*

*Sabz Sitara* (sabz means green and sitara means star) campaign is one of the Greenstar Social Marketing campaigns. It promotes the *Sabz Sitara* franchise clinic where women come to meet the female doctors and talk about family planning methods, particularly, IUDs. This campaign targets married women in rural areas. *Sabz Sitara* franchise offers IUD placement advice and emergency contraceptive pills. *Nisa* campaign is an extension of *Sabz Sitara* campaign. Both these target women in urban and rural areas. Women of all socio-economic classes are targeted for these campaigns. However, most of the protagonists shown in this campaign belong to rural areas, wear traditional clothes of Pakistan and conform to gender roles.

## **DKT Pakistan's Products**

### *Josh Condom*

*Josh* condoms is a mid-range brand and targets rural and urban youth, men particularly. It is DKT's most popular brand and targets rural as well as urban men. *Josh* is imported and WHO certified. *Josh* competes with GSM's *Saathi* brand of condom (Interview A, 2018).

### *Prudence Premium Condom*

*Prudence Premium* is a high-range brand of condoms and targets urban class men. The campaign targets the upper-class segment of the market and generally young, educated couples. This luxury brand of condom has *Do* condom as its main competitor (Interview A, 2018).

### *Heer IUD*

Heer's core target audience consists of married women of reproductive age between 15-45 specifically the ones who live in remote areas. "We focus on the poorest of the poor," says Khalid, adding that Heer provides such a wide range of IUDs, women from all income groups are consumers of the brand" (Chaudhry, 2019). These IUDs are high quality and imported with a colorful, feminine visual identity. Heer is advertised via DKT's Dhanak clinics as the objective of the communication is to encourage women to visit the clinics before purchasing the product. *Heer's* main competitor is Nisa but DKT has given GSM a tough competition. As a part of cost-cutting initiative, dhanak health clinics have midwives who are trained to offer advice in reproductive health. GSM's clinics, *sabz sitara* employ female doctors which makes it an expensive venture for GSM. DKT believes in task-

shifting so what can be done by a midwife should not go to a doctor. In partnership with the government, *dhanak* health centres have been set up in hard-to-reach rural areas of Pakistan in all provinces. There are more than thousand clinics with 5000 providers that work like *sabz sitara* (Interview A, 2018).

### **Producing the TVCs**

GSM has Population Services International (PSI) as one of its main contributors/donors, so the creative content of GSM is dictated by PSI to some extent, but PSI allows a lot of innovation as well. *Sabz Sitara* is more family-oriented, hence the family unit is emphasized (Interview A, 2018). In contrast, DKT Communication Manager informed me that the communication team agrees on the basic narrative of the TVC and then meets with the CEO and country director. Different DKT brands have different target populations, so the narrative is decided based on the brand of contraceptives. External donors do not drive the main theme of TVCs (Interview A, 2018). The TVCs are also shown on B+ channels which are low budget channel that are aired in regional languages in interior Sindh and Punjab provinces. For youth aged 17-22, social media is a better platform for disseminating messages. DKT collaborates with midwives and doctors so that remote areas of Pakistan are also accessed. The CEO of DKT commented “We need to foster a culture that promotes family planning rather than resist it” (Interview A, 2018).

### **Evaluating Social Marketing Campaign**

In the interviews, producers of Greenstar Social Marketing emphasized that almost the impact of every campaign is assessed and conducted as part of a social marketing

program on. For instance, *Touch* campaign was assessed for its effectiveness in urban areas while *Saathi* campaign was assessed in rural areas (Interview A, 2018). The four *P*'s of the social marketing: product, promotion, place and price were incorporated in the evaluation of the campaigns. The product *Saathi* was introduced in 1987 as the first major brand of condoms under GSM with the tag line that “two children are the best.” *Touch* campaign was introduced in 2006 with the aim to give more options to the consumers. With regards to price, *Saathi* was at the lower end while *Touch* was imported and targeted middle-class. *Saathi* continued to rely on national and regional distributors until 2005. By 2009, distribution through the national or regional distributors reached retail outlets in more than 400 out of 480 cities in Pakistan. With regards to *Touch* condoms were, they were to be available at outlets serving middle income neighborhoods, data from the national distributor showed that there was considerable overlap between outlets selling *Touch* and *Saathi* condoms. Most of the urban medical stores carried both *Sathi* and *Touch* condoms. The promotion of both brands was at retail level initially as mass media advertising of condoms was not permitted in the early 1990s. It was later in the 2000s that these condom brands were promoted on mass media (Agha & Meekers, 2010).

DKT CEO remarked that before the campaign is launched, market research is done to find out the needs of the audience for brand positioning (Interview A, 2018). Ministry of Health plays an important role in setting the price of high and low- end contraceptives. DKT gives subsidized rates and bears the compensation. Furthermore, DKT places a lot of emphasis in product promotion. A “chai” community health access

initiative was launched last year's where the "chai" mug was given to women who came for consultation at *dhanak* clinic with a complementary pack of condom variants. This was a huge success in promoting DKT products (Interview A, 2018). When deciding where to set up the healthcare clinic, *Dhanak*, a survey is done to identify where to setup the clinic which is generally in a remote area. This matter is then discussed with Government of Pakistan. Medical officers then train Lady Health Visitors (LHVs) who constantly have to upgrade their knowledge ( Interview A, 2018).

Hence, both the nonprofits claimed that meticulous research was done and all steps of social marketing, i.e., the four P's were looked into as mentioned earlier (Kotler & Zaltman, 1971).

### **Measuring Success**

The success of social marketing programs is essentially measured by the increasing cost recovery ratio. The cost of one year of contraception (couple years of protection- CYP) is an important parameter to measure the efficiency. CYP represents the number of contraceptives one couple will use for a year to prevent pregnancy.

DKT is result-oriented and is one of the largest providers of contraception. DKT calculates CYP by assigning CYP value based on the expected amount of time the woman will use the contraceptive such as IUD before replacing it. In 2019, CYP was 47.8 million across 57 countries. For Pakistan, CYP was around 2 million in 2018. As seen from table 1, CYP for Pakistan has increased since 2012. Contraceptive Prevalence Rate (CPR) is another way DKT measures its success. CPR as defined by World Health

Organization (2019) is “the percentage of women who are currently using, or whose sexual partner is currently using, at least one method of contraception, regardless of the method used. It is usually reported for married or in-union women aged 15 to 49.” DKT’s CPR was 20 per cent in 2019 for Pakistan compared to 10.5 per cent in 2018. In addition to this, number of pregnancies, child deaths, unsafe abortions and maternal deaths averted are also an important part of DKT’s results (DKT, 2019). The goal of DKT has been to reach 50 per cent with regards to CPR by 2020 (Interview A, 2018). Another measure of the success of a campaign is the number of people visiting information camps during DKT camp exhibitions at various places. The cost-recovery becomes less as hard-to reach rural areas are penetrated but Pakistan’s government collaborates with DKT to ensure that the cost remains efficient. DKT prefers to focus on condom advertisements as they bring more money . To see the effectiveness of the advertisements, DKT gets agency report from media house which enables the organization to see group viewership (Interview A, 2018). Latest annual report of DKT (Purdy, 2020) shows that operating cost is recoverable via sale of the contraceptive products, but marketing costs are only recoverable through donor funding. Hence, profit maximization is not the main objective of DKT although DKT’s sales have been considerably high since it started its operations in Pakistan.

Greenstar Social Marketing also uses CPR and cost per CYP to measure the success of the campaigns. Number of pregnancies, maternal deaths, child deaths, abortion and unintended pregnancies averted are the impact measures for GSM. GSM had 2 million CYP in 2018 (GSM, 2018). Programs implemented in urban areas are more



efficient compared to rural areas where there is reduced cost recovery due to longer distribution routes, lower purchasing power of the rural population and slowly increasing degree of acceptance of family planning (GSM, 2018). The donors prefer below the line (btl) campaigns which includes number of people who are aware, number of people interested, number of people who attend, number of phone calls received at the *sabz sitara* clinic and increase in sales of products. Below the line (btl) campaign allows the donors to see the effects of the campaign immediately. In addition to this, GSM now focuses more on advertisements and promotional materials that revolve around advertising condoms as that is more profitable and covers the cost (Interview A, 2018). Although it wasn't stated directly that generating profits is the main objective of GSM, it was still significant as implied by previous statement in the interview.

The marketing objectives and the number of couple years of protection are clearly the intended targets for both GSM and DKT. The project's efficiency has considerably improved since the start of the program, which is mainly reflected in the cost per CYP, which is very low in international comparison (see table 1).

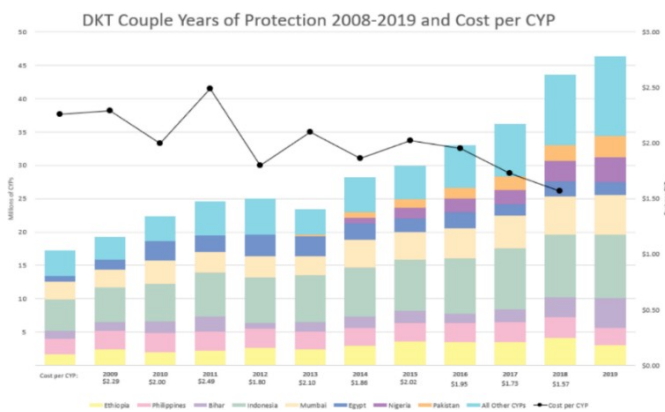


Table 1, Source: DKT Pakistan, 2019

## Women's Representation

The communication team of GSM said that they wanted to produce TVCs that would show women conforming to cultural norms. As most messages target families in rural areas, women are shown to be dressed conservatively and wear the traditional dress of Pakistan. The choice to use contraceptives is a couple's choice and not solely a woman's choice. Women are not shown in autonomous roles, as most TVCs target rural areas where the familial bonds are strong and decisions like whether to place an IUD is a family's decision. The Communication Manager of GSM further commented that GSM was a service-driven organization and does not intend to change norms or talk about feminism. The main emphasis of GSM was on interpersonal communication rather than behavioral change, as donors realized that TVCs are not effective in changing behavior (Interview A, 2018). For instance, in the low-priced condom campaign, "*Saathi*" women were represented as traditional housewives. The campaign targets women in rural areas and some of the urban areas in Pakistan. The producers were conscious that bold messages might not be accepted in rural areas, and so the *Saathi* campaign generally depicts rural women wearing traditional clothes in an agricultural setting.

The CEO of DKT believes that culture needs to be changed, but that one must stay within norms. The main aim of DKT is to show that women should have the autonomy to use contraceptives, so the messages are presented in an exaggerated way. TVCs communicate that there are several options for family planning. In Pakistan's culture, women are not the decision-makers in families, and so pushing cultural boundaries becomes one of the main aims of the communication strategy. DKT wanted to

show women not conforming to the norms and making decisions independently. The team also wanted to show that inter-spousal communication is essential for family planning and that educated couples are the ones who communicate, so in most of the messages of the DKT, the couple discusses using contraceptives, often in a playful way particularly in the *Heer* IUD campaign (Interview A, 2018). Women's representation will be discussed in detail in the next chapter.

### **Core Communication Strategy**

DKT's CEO remarked that their main strategy is to create awareness. The communication strategy of DKT is to change behavior by being consistent in disseminating the core values in the messages and keeping the messages simple. The main point is that the commercial gets discussed and the interest is created. Whether there is more awareness about contraception as an outcome of DKT messages remains open to criticism. As people do not register the message instantly, the communication strategy is to keep it playing for a longer time and keep the message simple. Most messages of DKT have the common thread of humor, pleasure and "enjoy life." DKT's strategy is purpose driven with a main theme of not being shy in asking for condoms in most of the TVCs (Interview A, 2018). Another communication employee narrated:

DKT penetrates the hard-to-reach areas. Married men of reproductive age-the ones who are about to get married are targeted for campaigns like *Josh*. Our overall objective is to make family planning look fun and so it is not only about birth control-it is about sex too. Pleasure appeal works more than fear-appeal. We

also work on dispelling myths that using condom decreases pleasure. In this way our TVCs will create a behavioral change (Interview A, 2018).

GSM's main communication strategy since 2015 has been to dispel myths surrounding family planning by focusing on below the line (btl), which involves doing more work on the ground like having camps and talking to people about family planning rather than changing norms or expectations around gender roles. They also train LHWs for effective interpersonal communication. Hence, the emphasis has shifted from producing TVCs to communicating directly with people (Interview A, 2018).

The strategic focus of GSM as given on their website is as follows:

Investing its resources in advocacy given the enhanced provincial autonomy to set FP/MCH priorities in post devolution scenario. The broader goal is to influence development partners, policy makers, media and the community. This is also intended to create primary demand and establish FP/MCH as major health intervention for impacting the Government health care indices. GSM strategic advocacy is focusing on establishing FP and MCH as primary health care intervention among: Government, Media, Development Partners and Community (GSM website, 2019).

## **Change in Communication Strategy Over the Years**

Greenstar Social Marketing

*Sabz Sitara* TVCs have generally been family oriented. The Communication Manager remarked that for past 25 years, the family planning messages were based on fear appeal, so, for instance, if couples did not adopt family planning, the mother would die. In the earlier years of GSM, the main slogan was “Two-children are good enough” and this was the jingle till 2000. There was some religious opposition regarding the slogan, so now the focus is on birth spacing rather than stating that a family size of two is ideal. Now, family planning messages are about the woman’s welfare, happiness and prosperity (Interview A, 2018). After 2015, the communication strategy of GSM underwent a major shift. The narrative has been made more interesting, but without changing cultural norms and without compromising on traditional gender roles. It is now focused on women’s health, prosperity and happiness, gender relations and emphasizes that men should not shy away from asking for condoms. The strategy acknowledges that humor is essential to the campaign to make it more interesting and appealing (Interview A, 2018). *Saathi- Jeet ka Sultan* is the most famous campaign of GSM. Other health issues like maternal and child health have also been incorporated in the campaign. Furthermore, women who recently gave birth and women with problematic pregnancies are also addressed. A vitamin D campaign has been also introduced as well. Lady Health Workers (LHWs) constitute a major tool to address family planning issues and these LHWs work with GSM on a behavioral communication change model which has the following stages: pre-awareness, awareness, trial and adoption. GSM is focusing strongly on training LHWs who go to different rural areas to talk to clients (Interview A, 2018).

DKT's entry into the field in 2012 has had a substantial impact on the way GSM conveys its messages. Over the years one sees a shift in GSM's strategy. From producing informative TVCs that show a monotonous conversation between the doctor and the couple and traditional women, one sees slight humor and strong sexual undertones in the GSM messages particularly the *Do* campaign. This shift to a humorous narrative is similar to DKT's narrative. One of the communication team members of GSM commented that DKT's campaigns were impacting GSM and giving it a tough competition. Sometimes people cannot differentiate whether the TVCs and advertisements on billboards are of DKT or GSM. Sometime people would call the helpline of GSM and show their anger for producing 'immoral' TVCs. The team member further asserted that GSM's communication strategy is better and more family oriented, as it does not make people uncomfortable. As GSM has been influenced by its competitor, GSM launched the DO+ campaign, a high-end condom brand in response to DKT's campaign. But senior management did not whole heartedly approve of it. The team member commented "There is a fine line between educating community and making them uncomfortable" (Interview A, 2018).

Although DKT and Greenstar pursue the common objective of increasing contraceptive usage, they adopt opposite approaches to the challenge. GSM's Senior Brand Manager explained that *Saathi* was the market leader until *Josh* campaign started competing with it, and so there was a strategic shift in *Saathi*'s positioning in 2013. According to Adeeba Khan, Chief Creative Officer of GSM's agency, "*Saathi* campaigns have traditionally focused on women assuming the responsibility of family planning to

ensure the well-being of their families. We wanted to shift the onus of contraception to the “man of the house” and hence the new ad shows the husband declaring, “*Mera faisala Saathi*” (my decision, my partner) (Shaikh, 2014).

The major shift in communication strategy of GSM was a result of entry of DKT into the market, requiring adjustments to make the ads more appealing to audiences.

#### DKT International

According to Juan Garcia, the Country Director of DKT International when DKT entered the market with *Josh* campaign in January 2013, most of the animated images wore *Shalwar Kameez*, but this traditional approach failed to generate conversations within the target audience. Six months later, *Josh*'s second campaign featuring the scandalous Mathira was launched promoting condoms as “an instrument of pleasure.” There was a lot of public uproar against overtly suggestive sexual themes, as this was against Islamic teachings, but Garcia believed that “all publicity is good publicity” (Shaikh, 2014). In the interviews with DKT officials, it was also acknowledged that contraceptives are a taboo subject and so creating awareness through advertising is not enough to bring a behavioral change. Mass media campaigns must be complemented with community-based outreach efforts, promotional events and peer education (Interview A, 2018). DKT is still a relatively new player in the field and continues to have the same communication strategy since 2012. When DKT started its operations in 2012, one sees more messages and images with explicit sexual connotations but over the years one observes fewer images with explicit sexual connotations but images with more implicit sexual hints.

Both GSM and DKT are striving to increase the contraceptive prevalence rate (CPR) and increase demand for reproductive health products and services through TVCs, educational programs, strong presence on Facebook, expanding clinic networks, engaging Lady Health Workers or Mid-wives, and text messaging. However, despite the efforts of DKT and GSM and other nonprofit organizations, the increase in use of family planning in Pakistan remains low. Pakistan's culture places a lot of emphasis on marriage and motherhood which is a marker for a woman's security in a patriarchal society like Pakistan. Hence, women prefer having children as soon as they get married. In the interviews, religion was not cited as an impediment in family planning, but religion becomes so intertwined with the culture that it is hard to separate the two.

This dissertation will further explore how women are represented in these campaigns. The next chapter addresses the second research question and relies primarily on discourse analysis of promotional materials.



## CHAPTER VI

### REPRESENTING THE PAKISTANI WOMAN

This chapter presents an in-depth analysis of how women are represented in the promotional messages of DKT and GSM. Using critical discourse analysis and interview techniques detailed in Chapter IV, I look at how women are represented in terms of sexuality, intersectionality and empowerment. The chapter begins with the argument on how texts can reflect or reproduce dominant cultural discourses, Next, it introduces the campaigns of DKT and GSM. It then presents findings on the first research question on women's representation in promotional TVCs and discusses the representations of Pakistani women in these campaigns.

As discussed in Chapter III, Hall sees media representations as a reflection and reinforcement of power structures and social forces at work in the real world (1997). Jhally (1987) building on Hall's work argues that the social role of advertising involves many interconnected relationships--"those between person and object, use and symbol, symbolism and power, and communication and satisfaction" (p. 22). Hence, advertising is to be viewed in the context of cultural expectations. Hall (1997) explains the concept of "shared meanings" by highlighting that participants of the same culture give meaning to people, objects and events in a similar way, and so advertising messages need to be produced with this "shared meanings" as a part of it (Jhally, 1987). As a socializing agent, these powerful visual images and nonverbal symbols may impact our attitudes, beliefs, and perceptions (ibid). Komisar (1971) asserts that one can never know the actual reality of women's lives by looking at the advertising images, which portray women as

sex objects, with their permanent place being in the laundry or the kitchen. Hence, for my case study, the cultural meanings encoded by the GSM and DKT International in their promotional messages are viewed less as independent determinants but more as a part of an ongoing discourse that is articulated, negotiated, opposed and received. It is important to remember that those in power can legitimize the discourse as 'Those who produce the discourse also have the power to make it true – i.e., to enforce its validity, its scientific status' (Hall, 1992: 295). The messages in the TVCs, brochures, digital campaigns, interviews, and other documents were analyzed to address the following questions:

2. How are women represented in the promotional advertisements of family planning campaigns?
  - a) To what extent does the use of women's sexuality for marketing contraceptives serve patriarchal or feminist interests?
  - b) To what extent are women symbolically annihilated versus empowered in these advertisements?
  - c) To what extent are the promotional messages intersectional in terms of ethnicity, socio-economic class, religion, and culture?

This chapter addresses this question by analyzing women's representation with reference to sexuality (2a), empowerment (2b) and intersectionality (2c). Although campaigns of DKT and GSM were mentioned briefly, the main content of promotional messages in these campaigns is examined in detail.

## Campaigns of Greenstar Social Marketing Pakistan

### *Sabz Sitara* Campaign

The *Sabz Sitara* campaign has worked to eradicate misconceptions and myths regarding family planning methods. The messages in this campaign are family-oriented and mainly target rural women (Interview A, Communication Personnel GSM, 2018). The woman in this campaign is generally shown to be wearing a *dupatta* (loose veil like clothing covering the head) and has the role of a housewife who is an excellent cook and a great mother.

The Facebook page of GSM advertises *Sabz Sitara* clinic as follows: “*Sabz Sitara* clinics offer a multitude of facilities for you and your loved ones to avail. Visit our website [www.greenstar.org.pk](http://www.greenstar.org.pk) and learn how you can benefit from visiting a Sabzsitara clinic today. #Greenstar #Poocho #Sabzsitara” (*Sabz Sitara*, February, 2019) . *Sabz Sitara* clinics advertisements generally have the "Poocho"(translates to ask) helpline information embedded in their messages. *Poocho*, which is a 24/7 helpline, offers free consultation on family planning and sexual health matters. In almost all the promotional messages, *Sabz Sitara* is synonymous with welfare and happiness. The campaign further emphasizes that *Sabz Sitara* clinic health facilities are available in every nook and corner of Pakistan for all the couples.

*Sabz Sitara* TVC (2012) shows the wife bringing lunch to her husband in the fields of a village. The narrative is that of the couple going to a local clinic for family planning consultation. The mother-in-law is shown to be living with the family which

consists of two children, husband and a wife. The attire is that of traditional clothes of Pakistan, *shalwar kameez*. In one of the GSM TVCs released in 2014, the woman is shown speaking to her husband, but the camera solely focuses on the female protagonist and the husband's face is not shown. The woman expresses her deep concern about her under-eye circles, failing health, and that her husband "does not even look" at her anymore. She wishes to practice birth-spacing but is afraid that the husband would be angry at her. The narrative in this TVC is detrimental to women's representation. The circulation of such messages reinforces stereotypes of masculinity and femininity and places complete power in the hands of the male, who is the breadwinner of the family. In this campaign, women are either shown to be wearing a *dupatta* and the traditional dress of Pakistan. In many TVCs of GSM, women who wear *shalwar kameez* appear shy and passive. Attire is not correlated to women's boldness, autonomy or her passivity. As discussed later (p.142), dress does not symbolize tradition/ modernity or forms of patriotism. There are various feminists who wear *shalwar kameez* and western clothes in Pakistan. Although traditional dress supports culture, some women may wear *shalwar kameez* and defy cultural norms. Hence, attire is not linked to one's core ideology and beliefs.

In another TVC of *Sabz Sitara* (2016), a baby boy is born to a woman who lives in a village. Her friend comes to greet her, advises her on birth spacing, and asks her to visit *Sabz Sitara* clinic. The woman, who is wearing a traditional dress with her head covered by a *dupatta*, visits the clinic with her husband and they ask the female doctor about misconceptions related to birth control pills. The wife is seen to be taking an active

role in having a conversation with a female doctor with the husband showing concern as well. The female doctor, who is also wearing a traditional dress and *dupatta* on her head, clears up the misconception and suggests biomedical methods by emphasizing the welfare, prosperity and happiness of the family. Although women who are doctors are treated with a lot of respect in Pakistan and are considered empowered, cultural norms expect women to wear traditional dresses and appear traditional. Honorable women are the ones who conform to traditions. Chapter VIII elaborates on the relation between dress and tradition/modernity debate. In the interview with GSM employees, one of the communication managers remarked that as *Sabz Sitara* caters to rural areas, female protagonists in the TVC were advised to wear traditional dress to maintain their credibility and respect. Also, rural women could relate more to the characters wearing traditional clothes (Interview A, 2018).

#### *Saathi-Jeet ka Sultan* Campaign

*Saathi-Jeet ka Sultan* (*Saathi* means partner while *Jeet ka Sultan* translates to king of victory) is a famous campaign of GSM. Most images of this campaign show the couple in open fields or in a village-setting. This brand caters to economically poorer segments of society, and so rural women and men are shown in this. Most of the messages of this campaign are in Pakistan's native language Urdu.

The Communication Manager remarked, "Greenstar is service driven, so we are not into feminism; as an organization, we have to give services. We do not prefer to change norms" (Interview A, 2018). In a *Saathi* TVC (2016) produced by GSM, the husband wearing traditional dress starts his day by having breakfast, which is brought to

him by his wife. The wife has her head covered with *dupatta* and wears traditional clothes. As soon as the newborn baby cries, the wife rushes to pick the baby from her mother-in-law's lap. The husband tells the wife that he is going to work. The wife nods submissively. The husband owns a small grocery shop. In the commercial, some men come to his shop and ask for *Saathi* condom, and one man says that this is the reason for his family's welfare and happiness. The husband comes home and talks to his wife about family planning and she smiles at him. In the whole scene, the wife does not speak and just nods her head. The decision maker is the husband and wife's role is trivialized.

Generally, the predominant theme of *Saathi* is that couples should use birth spacing after visiting the clinic. In this narrative, women and men conform to gender roles. Almost one-fourth of the images have women covering their head with *dupatta* (shawl-like-scarf). *Dupatta* symbolizes that the woman is religious, modest and adheres to the cultural norms of the society. Most women wearing *dupatta* are portrayed serving tea to their husbands, which signifies that they are good homemakers and subservient wives. Mayer (2002) argues that for a nation to maintain its identity, it needs to separate itself from the West and does so by regulating sexuality and presenting women as pure and traditional. Hence, women's sexuality is repressed and there emerges a strict distinction between their women and ours (Mayer, 2002). Chapter VII elaborates on this argument in detail.

### *Nisa* Campaign

The word "*Nisa*" means woman. The slogan of this campaign is "Be *Nisa*, Be More," meaning that "Be a woman and be more." The logo of the campaign shows an

animated image of a woman's head enclosed in pink flower petals with the word "*Nisa*" written underneath the image. *Nisa* campaign launched by GSM aims to educate women about sexual and reproductive health. The campaign has a strong presence on Facebook.

Most of the images are animated and colorful showing working women, mothers, housewives and sporty women. The myths regarding family planning and contraceptive use, particularly IUDs, are addressed. In other images, the *poocho helpline* is advertised. There are various images of women who are blonde, wearing Western attire and consuming a Western diet. There is one particular image of a woman wearing a *burka*, locked behind bars with the caption "Free yourselves from the war within! #SayNoToOppression." Images like these ones are detrimental to the feminist movement as they tell a single story of oppression where wearing a *burka/dupatta* is synonymous with oppression, backwardness, and patriarchy. Images like these will be further discussed in a later section in this chapter.

*Nisa* campaign shows women from all walks of life—career women, housewives, students and farm women working in the fields. It targets all aspects of women's lives from looking after reproductive health to eating a balanced diet. Women are dressed elegantly; some wear traditional clothes and some wear western clothes. Dell (2008) argues that modesty and chastity are important concepts to Indian nationalists who claim that their women are far purer and superior to Western women. Similarly, in Pakistan, this concept is stronger because of its Islamic culture. This campaign does not sexually objectify women and its dominant theme is agency and empowerment. Overall, *Nisa*

campaign strikes a beautiful balance between the notions of tradition and modernity, which will be discussed in Chapter VIII.

### *Touch Campaign*

The media campaign of *Touch Delay* condom was launched with the tagline *Pyar main jaldi kaisi* (what is the rush in love), and the radio advertisements were aired on leading FM stations in 2009. The campaign's target audience was young middle- or upper-middle- class. In 2009, the campaign produced a very touching song, *Suno Zara*, meaning listen for a moment, which shows a young couple meeting in an elite college, falling in love and getting married with the parents' consent (Agha & Meekers, 2010).

The *Touch* campaign now has a strong presence on Facebook. From initially showing the woman as passive and modestly dressed, the messages have now evolved to show women as sensual and more autonomous in their decisions about their future. Most of the images show couples in romantic poses smiling and holding each other's hands. Overall, this campaign has minor sexual undertones and tries to present women as modern.

### *Do Campaign*

The *Do* digital Campaign aims to enhance brand visibility among youth. *Do* is a digital campaign that promotes the use of male condoms and is targeted to a slightly more affluent class. It was launched via various platforms including Facebook, Instagram, its website, and a mobile phone app. Pre-campaign hype was created by releasing behind the scenes video and a *Do* advertisement. The video received 822, 000 views, 5400 reactions and 450+ shares (GSM, Raabta 2015). The campaign has the logo, "Do what you love,"



suggesting using condoms during sex. The *Do* campaign produced an advertisement that was shared on Facebook and received huge backlash by the audience for corrupting moral values. The TVC (2019) shows a young couple watching a cricket match in their living room. During the match, the woman implies that she wants to make love and then the focus is shifted to a portrait of a woman's painting while the cricket commentary adds to the sexual innuendo. This TVC was the first of its kind produced by GSM and follows DKT's *Josh* campaign with regards to sexualizing the content of the TVCs and Facebook (*Do*, 2019).

The *Do* campaign has messages in English and has strong sexual connotations. In an interview with the communication manager, it was mentioned that GSM had to face intense competition from its competitor, DKT and so *Do* campaign was launched in response to the *Prudence premium* condoms (Interview A, 2018).

The *Do* campaign has numerous images of young couples indulging in promiscuous actions. There are a few highly sexualized images, for instance, an image that reads: "Makes you a beast within sheets" (see figure 1, *Do*, September 3, 2017), This ad shows a woman blindfolded, biting her red, pouty lips. Another image worth mentioning has the caption "intense lovemaking" (*Do*, October 17, 2017) with the man's bare back and woman's nails digging deep into his flesh. Such strong sexual connotations objectify the women who are shown to be luring men into bed. *Do* campaign's presence on social media caters to younger individuals and is visually provocative compared to other campaigns of GSM.



Figure 1

Source: *Do* Campaign, Greenstar Social Marketing, September 3, 2017

In most of the digital images of the *Do* campaign, the women are shown to be seducing men to sleep with them and act as "objects on which an action is to be done." In images like this, the determining male gaze projects its fantasy onto the female who is styled accordingly, and so women are simultaneously looked at and displayed (Mulvey, 1984).

## **Campaigns of DKT Pakistan**

### *Josh* Campaign

*Josh* campaign uses bright colors, shades of orange and red, which resonates with the title *Josh*, meaning passion. The model Mathira is the ambassador for *Josh* condoms. Mathira is seen wearing traditional clothes of Pakistan in the TVCs, but her appearance suggests that she belongs to the rich or upper middle class. The campaign uses the slogan *Hosh Mein Aao, Josh dikhao* translated to "come to your senses and show passion." The

promotional messages are in Urdu and English, and so the campaign is for a broader audience. Words like “sensational pleasure, happiness, convenient, easy accessibility, user friendly., ISO certified and WHO approved” are used repeatedly in this campaign.

The woman in the *Josh* campaign appears to be generally bold, empowered, confident and having a voice in sexual matters. In one of the TVCs (2017), Mathira goes to a shop and asks for a pack of condoms confidently. In this campaign, Mathira exudes confidence and has this seductive appeal in her demeanor. The campaign is addressed to heterosexual men, and so the weight of its erotic power comes from a striking female model. The creators have positioned the brand as the sexy condom, "for the pleasure of making love." In another TVC (2018), a waiter serves lunch to a couple in a hotel suite. The wife opens the door and lets the waiter in. Mathira who plays the wife is seen in a nightgown and appears to have just come out of the shower. Mathira opens her handbag to take out cash for waiter's tip and numerous packs of condoms fall on the floor. She smiles and remarks that the couple are meeting after ten days. This commercial has strong sexual connotations. In these *Josh* commercials, condom is marketed as if it were an aphrodisiac.

DKT Pakistan relaunched *Josh*'s dotted variant campaign as an extension of *Josh* campaign in 2019. In one of the TVCs, based on an extension of *Josh* campaign, DKT *Danedar* (*danedar* means dots), Mathira is shown as a working woman who is getting late for work. Her maid asks her if she wants to be served tea. Mathira tells her that the maid can drink that and goes to the bedroom with her husband. Mathira's attire is that of a Western working woman belonging to an upper-middle class. This TVC takes advantage

of the most cherished relationships for many Pakistanis – the unbreakable bond between them and their morning cup of tea. In another TVC (2018), the woman wearing traditional Pakistani clothes is playing scrabble with her husband. During the game, she expresses her desire for sex and for the husband to use condoms. She radiates confidence while doing this. This is in stark contrast to the narrative of GSM where any hint to sex is very subtle.

Looking at the *Josh* campaign's Facebook page, there are countless images of half-clad couples clutching each other in a variety of urgently passionate poses. The aesthetic parameters seem to be derived from the visual repertoire of Western magazine photoshoots. There are few images of women from rural areas of Pakistan, some of working women and some of the housewives. The Communication Manager of DKT asserted that the TVCs do not show intimacy or the act of sex, and the focus is not on the woman's body. The focus is on building a concept via the script. The script talks about a situation, and exposing the woman is not the objective and not the result (Interview, Azhar, 2018).

#### *Heer/Dhanak* Campaign

The *Heer/Dhanak* program by DKT Pakistan is being implemented in rural Pakistan using midwives as essential service providers to improve family planning and the maternal and reproductive health of women in rural communities of Pakistan (DKT, 2018). This campaign is associated with *Dhanak* Health care center. *Dhanak* means rainbow, so the logo for this campaign is a rainbow, which is associated with happiness in Pakistan.

The tag line for this campaign is *Khushion kay Rang, Dhanak kay sang*, which translates to colors of happiness go along with a rainbow. *Heer* campaign is associated with words like “peacefully sure, absolutely sure, steadily sure, convenient, safe;” hence, trustable, maximum protection is associated with this campaign. In this campaign, there are various tag lines like "it's your choice; your decision," which puts women at the center of decision making. Bright colors are used in this campaign (DKT Newsletter, 2017).

In a *Heer/Dhanak* (2013) TVC, a couple is shown speaking to each other lovingly about the choice to have two or three children. They go to the *Heer/Dhanak* clinic and consult the doctor. The woman’s attire is that of traditional clothes, and the appearance of these clothes signifies that the couple belong to the middle and upper middle class. All actors in this campaign have a smile on their face. None of the women cover their head or veil themselves. The campaign addresses the myths regarding the use of IUDs and shows all options available in IUD. Another TVC (2015), shows two actresses talking to each other with regards to IUD. Both are educated and belong to an affluent class. The older one advises that IUD is safe for women's reproductive health and takes her to the *Dhanak* health care center to get more information from the doctor.

This campaign shows women from different walks of life and all socioeconomic classes. Some images are of women dressed conservatively, wearing the traditional dress, i.e., *shalwar kameez* and covering their heads while other women are shown to be wearing jeans, skirts and more Western clothing. The women exhibit extreme confidence and various messages in the campaign state that women are the architects of their future.

*Heer* campaign is all about women's empowerment, and this aspect of the campaign will be discussed in detail under the empowerment section later in this chapter.

#### *Prudence Premium Campaign*

*Prudence*, DKT International's premium condom brand was launched in 2012, but the campaign gained attention after a TVC was produced in 2015. Words like “freshness, high quality, modern packaging, ISO certified and WHO approved” are associated with this brand.

The TVC (2015) pictured a song titled, “Let the good times roll,” showing a woman wearing jeans and *kurta* (loose shirt that slightly ends above knees) and strolling on the beach. She is modestly well-dressed and is seen to be wearing makeup and jewelry. The husband opens the car and takes out a gift, and a *Prudence* pack is seen in the background. He sneaks up and surprises the wife by wishing her happy wedding anniversary and putting a necklace around her neck. The song is being played in the background and the couple are running and splashing water on each other on the beach. The song implies that the use of this brand of condoms increases love and leads to a happy marriage.

The messages of this campaign are in English. This brand sells the notion that sex is safe, fun and desirable to high-income individuals. The central themes of the campaign are fire, passion and extreme sexual desire. The campaign is full of images and messages with strong sexual connotations and denotations. Almost half of the images have explicit sexual connotations. Most of the pictures of women are bold, where the woman is shown

to be wearing a dress revealing her skin. Some images show the silhouette of naked women. One-half of the images are of Western blonde women hugging their partners. Only some of the images have romantic undertones where the couple is holding hands in an exotic location like the Bahamas.

### **The Object of Your Affection**

This section addresses research question 1a: To what extent does the use of women's sexuality for marketing contraceptives serve patriarchal or feminist interests? The major campaigns of GSM and DKT are analyzed to see how the messages encode women in terms of sexuality. In campaigns like *Saathi*, *Nisa*, *Heer/Dhanak* and *Sabz Sitara*, almost half of the images show women wearing *dupatta* and *Shalwar Kameez*. Most women wear clothes that completely cover their body. The focus is hence shifted from their body to a narrative that focuses on their gender roles. These campaigns also, show women to speak less, lower their gaze and conform to traditional gender roles. Various images in *Prudence Premium*, *Josh* and *Do* show women revealing their skin and enticing men for sex. Hence, these images encourage implicit and explicit male gaze. For instance, in figure 2, from the women's silhouette, she appears almost naked and enticing the man to come and have sex. The caption of the figure reads, "play it wild" and so the entire focus shifts on sexual objectification of the woman and the "Do" brand of condoms becomes associated with wild sex .

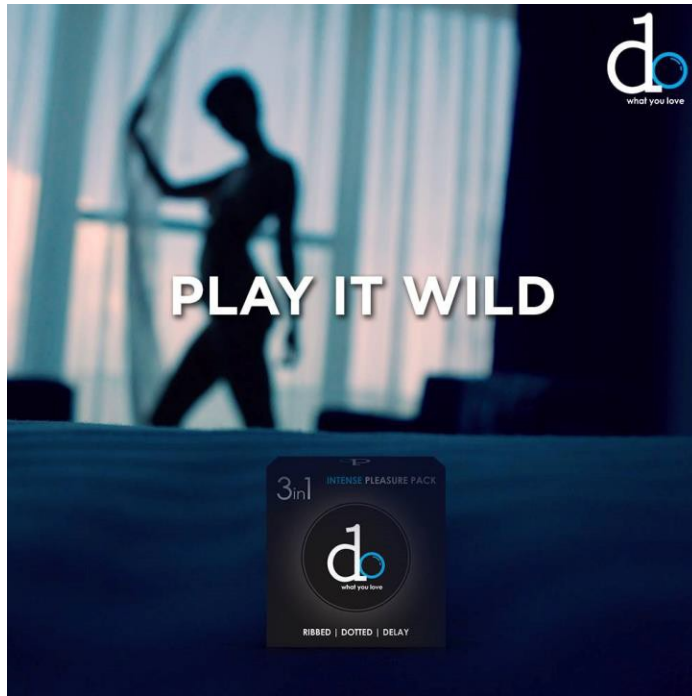


Figure 2  
Source: *Do* Campaign, Greenstar Social Marketing, 2018

In the Josh TVC (2016), an ordinary man marries supermodel Mathira who is shown to walk and talk seductively. Rather than being an equal partner to her husband, the wife is framed as someone who can be “tamed” if the man uses Josh condoms and satisfies her sexually. Although the woman is shown to be career-oriented, when it comes to household chores and duty to her husband, the woman is shown subservient and always available for him. The man assumes the role of a master here. This advertisement is a lewd description of how one can secure a woman’s affection through sex. In *Josh* campaign, there are various images where one of the body parts of the female is highlighted, for example in figure 3, Mathira’s red lips are pouted as if she is going to kiss and so a body part of female assumes significance rather than the individual’s identity.





Pouty lips of *Mathira*

Figure 3

Source: *Josh* Campaign, DKT International

In the *Do* campaign of GSM, sexual objectification of women emerges as a dominant theme. One of the producers of GSM commented that the *Do* TVC created a heated argument within the GSM—some officers were in favor, but generally the older generation was against sexually objectifying women (Interview A, 2018).

Campaigns like *Josh*, *Do*, and *Prudence Premium* represent women as sexually liberated and have a voice to express their sexual desires. However, at the same time, the women run the risk of being sexually objectified. Most of the women in the campaigns are represented as trying to seduce men. The model that was chosen for DKT International advertisements was ‘Mathira Khan,’ who is regarded as a sex symbol in the showbiz world and is known for her beauty. In a conservative society like Pakistan, wearing clothes like that in figure 4 (see next page) contradicts with the cultural values that expect women to uphold their honor, integrity and respect. For instance, in most of the TVCs, Mathira generally talks with pouted lips (wearing red lipstick) and walks

seductively. Mathira's representation in this campaign created an uproar, and one of the journalists expressed her frustration in the following words:

Maybe Mathira thought she was doing a great service to women by perhaps preventing them from enduring the pain and suffering of multiple births, but I wonder if she realizes that by agreeing to be part of this ad, she has thrown women a hundred steps back. She has made us look like mere objects that can be controlled by sex. She has, in just 50 seconds, reducing a lifetime of work done by remarkable women like Fouzia Syed and Sharmeen Obaid to empower women, to make them more than just their sex (Muhammad, 2013).



Model *Mathira*, Brand Ambassador of *Josh*, DKT

Figure 4

Source: International Campaign, *Dawn News*, July 2013

Objectification theory assumes relevance in this case. Objectification theory postulates that women will tend to acculturate to internalize the viewer's perspective as the main view of their self. Women's identity is reduced to body or bodily parts and this

self-internalization can harm women's self-esteem (Fredrickson & Roberts, 1997). Second, sexually objectifying gaze also occurs in visual media that depict interpersonal and social encounters with men. Goffman (1979) argued the importance of visual meaning of advertising in portraying gender roles and his work is of paramount importance in that regard. He believed that simple gestures were sources for understanding relations between genders, and his model for decoding focused on different body parts, such as hands, eyes, knees, facial expressions, head postures, positioning and placing, head-eye aversion, finger biting and sucking. The analyses of gender relations in these advertisements of DKT and GSM revealed that women were objectified.

Similar arguments have been made by Mulvey (1984) in her article "Visual Pleasure and Narrative Cinema". She explains that the gendered gaze by dividing the pleasure of looking between active/male and passive/female. The controlling male gaze projects its fantasy onto the female figure, and so women in their traditional display role become an object to be looked at with their appearance coded for erotic and visual pleasure.

From the postfeminist perspective, however, many women see the use of sex appeal as empowering and believe they have equal rights to express their sexuality. Postfeminists advocate that women are using their bodies as a form of liberation and that they control how their image is projected (Carty, 2005). Postfeminism is a set of ideologies, strategies, and practices that combine liberal feminist discourses like independence, individualism, freedom and choice into a variety of media, consumer

participation and marketing. Postfeminists focus on a woman's body as a site of liberation (Gill, 2011). According to Angela McRobbie (2009), postfeminism is best understood as a “process by which the feminist gains of the 1970s and 1980s are actively and relentlessly undermined” (p. 11). Lazar (2006) contends that the global discourse of popular postfeminism include feminist signifiers of emancipation, empowerment and the popular postfeminist notion that the struggles of feminists have ended and equality for all women has been achieved. Popular (post) feminism is a consumer-oriented discourse, particularly a media-friendly one (Gamble, 2001 as cited in Lazar, 2007) elucidates three features of postfeminism that fit within marketing and advertising practice: postfeminism 1) as critical of women represented as passive and oppressed in any walk of life, 2) as supporting liberal ideology which can be molded according to one’s desire, 3) and having men in the space thereby reinforcing heterosexist ideals. In the DKT International advertisements and some of the messages of GSM campaigns, we can see the postfeminist approach where the woman uses her sexuality confidently. In many of the ads, it is the woman who expresses her desire for a condom, particularly the ads of DKT.

Midriff advertising, hence, builds on the assumptions of postfeminism that women are free and independent and in sexual control of their lives. Looking at various images of women in the campaigns of DKT and GSM, we see evidence of midriff advertising (see literature review for further explanation) as women have been sexually subjectified in the name of boldness and agency. The DKT officials in the interviews remarked that their women are bold and confident and that they do not objectify women (Interview A, 2018). This inherent contradiction between their views and the visual

images and narratives in the campaign highlight the fact that patriarchal ideology is so ingrained in the minds of producers that they too become a part of the system that oppresses women. Gramsci (1971) explains this further in that cultural hegemony guided by social, cultural and economic power becomes a commonsensical way of thinking.

*Prudence Premium, Josh and Do* campaigns have a strong presence on social media. This platform compared to television commercials has allowed the producers to present the women as sexually aggressive revealing a lot of skin. In most of the images women appear as These campaigns appear to look at women through the lens of postfeminism and consider women's sexuality as an important part of her agency; however, in doing so there might be a risk of sexual subjectification in such narratives. Nowadays, most advertising takes place on social media. It is important to see how the digital environments construct the subject and object of interactivity, i.e., who is interactive and who is interacted on (Nakamura, 2007). "The potential of the Internet as a site is an uneasy balance between the viewer and viewed, ethnically marked and neutral, producer and produced, commodity and a gift, and user and used ...these differences might be intensified rather than blurred." Individuals can experience more or less interactivity or representational power, representing what they are doing on the Internet and how long they are doing it and whether and how they are served offline in relation to it (Nakamura, 2007). These minor details change the dynamics of representation and signify power relations.

The definitions of empowerment and agency sometimes vary from one feminist lens to another and so the concept of empowerment in particular is extremely contested.

The next section attempts to investigate whether women appear as empowered or symbolically annihilated in family planning campaign.

### **The Empowered Woman of Today**

This section addresses the research question 2 b: To what extent are women symbolically annihilated versus empowered in these advertisements?

Empowerment in this section is discussed with reference to the veil and the notion of “smart economics.” The section then elaborates on why the representation of empowerment is flawed in these ads. These campaigns have many images and messages of presenting women as empowered enough to control their lives and make their own decisions. However, the notion of ‘empowerment’ may be a relative term so one needs to have a thorough understanding of the context before deciding whether messages of these nonprofits empower women or not.

In the *Sabz Sitara* campaign, the woman is generally shown as passive and attentive to her husband's needs. In most of the advertisements, she is shown consulting the entire family before she decides to get an IUD inserted and she does not have any expressions on her face. The male protagonist generally speaks more in the TVCs of *Sabz Sitara*. One can conclude that *sabz sitara* campaign does not show women in empowered roles.

The digital campaign of *Heer* is full of messages with recurring words like hope, optimism, career, progression, freedom, empowerment, etc. Some of the messages from the Facebook campaign are as follows: “In your opinion, how has *Heer* empowered

women to live their life to the fullest by perusing their dreams and experience the joys of a happy family life?" (Heer, March 08, 2018). "*Heer* empowers you to chase your dreams and lead in positions of power as an example for women around the world, Find your courage and strength to fight for the impossible with *Heer!* #LovingWhoYouAre." (*Heer*, November 27, 2017). "*Heer* plays a role in empowering women and give them the courage to go for their dreams. #EmpoweringWomen #HeerFreedom" (*Heer*, November 26, 2017). "Women who are empowered to make choices about childbearing are more likely to seize economic opportunity and invest in their children's education" (*Heer*, December 3, 2016).

In the *Heer* TVC (2015) by DKT International, the scene shows two women who are actresses by profession. The younger actress is shown to be consulting the older actress regarding use of IUD for family planning. The older actress takes the younger one to DKT health center known as *Dhanak* where they consult a gynecologist. In this TVC, the women are shown to make decisions independent of men, as the younger actress consults a woman rather than her family about using IUD. One of the pictures with the following message, "Your pleasure is for a moment; I suffer for nine months" (*Heer*, February 16, 2017), however, represents pregnancy in a negative way. Such messages show that the pregnancy was forced and represents women as victims rather than the empowered women in this campaign. Overall, using IUDs to empower oneself is the dominant theme that emerges from the *Heer* campaign.

The *Nisa* campaign has the dominant theme of empowerment where women are urged to take control of their lives, careers, and bodies. The overall theme of the

campaign is to look after one's health both emotional and physical. The campaign repeats various messages like, " You have the right over your body," "Family planning ensures healthier moms, happier families!" "The greatest health is wealth. Take good care of it. #PressForProgress," and "Break gender stereotypes and take charge of your life. HEER IUDs empower women to be who they want" (*Heer*, March 4, 2017).

The GSM Facebook page has various messages on women's empowerment, some of which are as follows: "The queen should be as fit to rule as king" (GSM, January 1, 2017); "GSM aims to provide the best family planning support by empowering young mothers and making them more serious about their reproductive health" (GSM, April 14, 2017); "Providing contraceptive method choices meets needs of women, empowers them with greater education & economic opportunities!" (GSM, January 14, 2017); "Women empowerment is key to a growing society.#NoMenWithoutWomen" (GSM, January 05, 2017); "Women empowerment is the first step towards a modern society.#NoMenWithoutWomen" (January 02, 2017).

Other digital campaigns of GSM on their Facebook page include campaigns like: "# No men without women," launched in January 2017 (GSM, January 2, 2017) and "#my superpower is? that I'm a woman" highlight that women are the creators of their own destinies. The page features many success stories of women who carved out their lives despite domestic abuse and many other hurdles. Also, there are various success stories of women who followed their dreams, stories of acid victims, and women who rose from poverty and escaped domestic abuse. These messages look at empowerment as an ongoing process and so according to Kabeer's (1999) conceptualization of



empowerment, women are getting empowered to make their life choices. However, many of the family planning messages link empowerment merely to use of birth control methods. Empowerment is not a one-step process, and so reducing the concept of empowerment to the use of family planning methods is flawed. While empowering women to control their fertility is seen as a new mantra, it is imperative to resist the urge to treat women's empowerment as a magic bullet ( Kabeer, 2005) or as one-size-fits-all solution (Do & Kurimoto, 2012) as we see in various promotional messages of DKT and GSM.

However, there are certain images (see figure 5) and messages that have represented third-world women as oppressed and this Orientalist attitude is detrimental to women's empowerment, as such narratives represent women as victims without any agency. Postcolonial feminists strongly critique such forms of representation that present women of Global South as victims.

Women are the only oppressed group in our society that lives in intimate association with their oppressors. #womenoppression # SayNo #StandforYourself #Heer #Heeriuds # Long-term\_reversible\_spacing #Family\_Planning" (Heer, May 10, 2017).

In such messages, the men from developing countries are represented as oppressing women. Such messages have strong neoliberal undertones whereby women of developing countries are waiting to be freed from misery from women of developed world.



Figure 5

Source: *Heer* Campaign, DKT International, May 10, 2017

In the next section, empowerment is discussed with regards to veiling of Muslim women. The veil has been a much-debated issue in the modern, globalizing world. Some consider veil as a symbol of oppression in Muslim societies, while other Muslim women regard it as a symbol of honor and empowerment.

### **The Religious Woman**

In GSM's *Nisa* campaign, there are images on the Facebook page that show a woman in a black veil with tears in her eyes. In the *Nisa* campaign, images of women who have their head covered appear more passive and their head droops down compared to women who do not have their head covered. Unveiled women appear more confident, with their chin up and head high. In one of the messages, the caption reads "When men are oppressed, it's a tragedy, when women are oppressed it's tradition" (*Nisa*, February 26, 2017).

In *Nisa* and *Sabz Sitara* there are more images of women wearing a *dupatta* compared to other campaigns. There are some images which represent hijabi/veiled

women as housewives having no voice, but on the other hand, there are also images of women who wear hijab and are shown to be working and making their own decisions. However, in most of the promotional messages of GSM and DKT, women wearing a *dupatta* are represented as subservient and confined to the private sphere which is their home. Although, there are no explicit messages/Facebook posts on the link between empowerment and veiling, it can be inferred in other ways that whenever women are wearing *dupatta*, they are seen in passive and in subservient roles, usually as housewives. Lila Abu Lughad (2002) argues that the veil, which has been much contested as a symbol of disempowerment by Western feminists, cannot be seen by itself as an indication of agency. So, for instance, not veiling does not liberate women or empower them, which was seen in the historic case of Afghani women. After US troops left Afghanistan, some women choose to wear a burqa (veil) as they attached it to honor and resistance.

Similarly, during the 1979 Islamic revolution in Iran, women wore a veil in support of their sisters, and the veil became synonymous with agency. In Pakistan, during the regime of the military dictator in the 1970s, Zia-ul-Haq, women were forced to be confined to their homes and cover their heads. The veil then was perceived to be robbing women of their agency (Jafar, 2005). Lughad (2002) argues that by criticizing the veil, Western feminists disparaged a culture that needs to be saved. Islam is linked to oppression and seen as robbing women of its agency. Bernal (1994) posits that Muslim women are not to be seen only as Muslim women, but their identities and experiences need to be situated in history and according to social and cultural context. The transformation in the lives of Muslim women is overlooked and misunderstood and seen

solely in terms of religion. Hence, reflecting on the cultural significance of *dupatta* or hijab, it may or may not empower women, as this entirely depends on the context and the woman's exact reason for wearing hijab.

In a nutshell, what is seen as a symbol of oppression by one woman is seen as a symbol of empowerment by another. Agency and empowerment are relative terms subject to a woman's political, economic, social, religious and cultural location. There are clear signs of 'symbolic annihilation' in many of GSM and DKT's messages. When shown in careers, women appear confident and discuss the possibility of family planning with their husband and so we see certain degree of agency, but these same women often wear slightly exposing clothes, and walk seductively and so sexually objectify themselves. In the Post-Cairo and post-Beijing environment, "women's reproductive health" emerged as a site for negotiation between development, demographics and feminist goals. As these strategies were elusive and often conflicting, struggles over interpretation rose with implications for women's empowerment (Richey, 2002). The term "empowerment" was also used frequently by international organizations and linked to economics. The next section explains how family planning projects become a site of struggle for feminists and international development organizations as women become investment tools in the neoliberal system.

### **The Smart Woman**

*Nisa* campaign has various promotional messages that link women's empowerment to economics. Some of the messages are as follows:

If half the population can avoid unplanned pregnancy after having one and is free to be more productive, local and national economies can eventually benefit.

Smaller families require lesser resources, paving the way for a more sustainable world. (*Nisa*, May 4, 2018)

Investing in voluntary family planning would also increase productivity for girls and women, developing a more sustainable world. Contraception saves lives and improves health of not just women, but of men as well. (*Nisa*, May 5, 2018).

For every rupee invested in family planning, at least Rs.6 is saved for other uses. Families with fewer children can invest more of their income in each child as well as in improving their personal lives and communities with additional education, vocational training, land, and housing, or business ventures.[#Nisa #Poocho #Helpline #Health #WomenHealth #HealthCare #FamilyPlanning #BirthControl](#) (*Nisa*, April 2, 2018).

When people have the option, they can delay having children until resources are more readily available for adequate food, health care, and education, and eventually contraception helps make the world a better place.[#Nisa #Poocho #Helpline #Health #WomenHealth #HealthCare#FamilyPlanning #BirthControl](#) (*Nisa*, March 30, 2018).

GSM's goals align with that of family planning goals of Pakistan's government which is to space out birth so women can enter the labor force. These goals are a result of decades of modernization influence of the western world and neoliberalism that influence citizens

to contribute in economic growth. Women have the double responsibility in this: to have smaller families so that they are not absent from labor market for an extended time period and work alongside men to contribute to the GDP of the country. The Greenstar Social Marketing Facebook page has numerous messages that correlate economics with empowerment: “Family planning represents an opportunity for women to pursue additional education and participate in public life, including paid employment” (GSM, February 12, 2018); “Planning your family can help you save money for the future!#GreenFamily #Greenstar “( GSM, January 28, 2018); “Family planning is key to slowing unsustainable population growth and the resulting negative impacts on the economy, environment, and development efforts” and “Did you know, smaller families allow for more investment in your standard of living?” (see figure 6, GSM, February 23, 2018).

Transnational campaigns for girls’ and women’s empowerment and education adopt the language of women’s rights and girls’ protection to advance market logics (Moolji, 2015). Girls and women were considered as "untapped resource" by the World Bank in its development report in 2006. "Gender Equality as Smart Economics” was the new slogan meant to promote gender equality by including the women in the labor force and the public sphere for higher return on investment in the form of economic growth (Moolji, 2017). Women’s worth was equated to contributing to the Gross Domestic Product of the economy. The fact that many women might choose not to enter labor market was disregarded. The role of mother and a housewife is completely disregarded and everything is looked at from a monetary lens.



Figure 6  
Source: Greenstar Social Marketing, February 23, 2018

Development organizations framed women as a reliable and safe bet to invest in for the welfare of the future generation. Investing in women was the fastest way to meet various developmental ends (Cornwall, 2014). Batliwala (2007) criticized development agencies that use empowerment in terms of economics as a buzz word for neo-liberal policies. He defines empowerment as how much influence people have over external actions that matter to their welfare. In the GSM and DKT campaigns, family planning messages focus on smart economics and stress on smaller families to increase women's productivity in the labor market and ultimately empower them. Chant (2012) raises a very important question that does empowerment end when women cannot be a part of the productive labor force in case when they age or go beyond their reproductive years? And where are men in the picture? Is it that development institutions are only looking at economic investment as enough rather than social, economic or political change? Is the

'returns to development' on males less than that of females and if this is the case, does that absolve men from their responsibility? Here, we once again see that not only the burden of reproduction falls on women but economic burden as well.

Here, we once again need to turn to postcolonial feminist thought to re-contextualize gender relations and to counter such discourses as 'gender equality as smart economics.' The neoliberal policies have given undue weightage to economics over other development dimensions and so it is imperative to reflect on how postcolonial feminism criticizes the implied instrumentalization of women in the name of economics.

Returning to the research question of whether women have been symbolically annihilated in these advertisements or empowered enough to make their own life choices, depends on how we look at empowerment. The analysis of the promotional messages of DKT and GSM support the concept of feminist modern, which was explained earlier in the literature review (p.35). The feminist modern is portrayed as an autonomous woman who makes her own decisions free from societal pressures. This message resonates in almost all campaigns of DKT International and GSM. Hartmann (1995) is concerned that a narrow interpretation of the word "empowerment," a lack of investment in public health (caused by IMF and World Bank's restructuring programs) and dwindling investment in family planning programs may harm the feminist agenda by reinventing the wheel of patriarchy and oppression camouflaged with words like empowerment. The question of empowerment is a delicate nuance and is much contested. Empowerment doesn't have to be visible in structure of ways in which western feminism has directed us to think so empowerment might exist though we may not have the language or ways to cognize it.



The promise of Malthusian modern, as previously mentioned in the literature review, is of economic mobility (Greene, 2001). Smart economics aligns with this concept to some extent where women's lives are used to serve the economic system. In opposition to the coercive Malthusian modern, feminist modern frames family planning as a women-centered empowerment approach. Hence, both Malthusian or feminist modern viewpoints support the neoliberal agenda of governing women's bodies for the broader interest of the government and the economic system (Greene, 2001).

If one follows the argument of feminist modern, then women may be considered empowered and not symbolically annihilated in the promotional messages. The messages encode the autonomous woman as having the power to govern her own body, but a deeper level of analysis reveals that the "empowerment" game is a part of the neoliberal agenda that serves economic interests rather than her own as family planning is centered on women's participation in the market system.

### **The Quest for Intersectionality**

This section delves into the question of whether the promotional messages are intersectional in representing Pakistani women. The question is as follows: To what extent are the promotional messages intersectional in terms of ethnicity, socio-economic class, religion, culture?

As elaborated in the literature review, an intersectionality analysis allows us to understand how individuals locate themselves in various social categories like gender, sexuality, disability, race, class, etc. (Collins, 1990). By using an intersectionality approach, one can avoid treating social categories as independent variables of identity

and better recognize the multiplier effect of oppression (Bowleg, 2013; Crenshaw, 1991; McCall, 2005). Inequity is the result of numerous factors, not just one. Crenshaw (1991) argues that intersectionality mediates the tension between assertions of multiple identities and the ongoing necessity of group politics, while at the same time it provides a basis for reconceptualizing a single character as coalition, e.g., race as a coalition between men and women of color. Bilge (2010) criticizes intersectionality for not always considering religion as a key social division. In my analysis of the two campaigns, religion is a fundamental factor. Additionally, intersectionality has been used in the medical field to provide a deeper understanding of healthcare access and practices in the area of women's health inequities, and religion is a central consideration in health decisions and access (Fahlgren, 2013; Mehrotra, 2010).

I analyzed whether the messages considered women's ethnicity, socio-economic class, age, and religion. *Saathi* campaign is more intersectional in terms of representation. It shows women from all walks of life and all socio-economic classes. There are ten ethnic groups in Pakistan with Punjabi, Pakhtun, Sindhi, Balochi, and Muhajirs being the dominant ones. All these ethnic groups have their languages in addition to Urdu being the national language of Pakistan. The Punjabis are the majority, comprising 48 per cent of the population. Ethnic conflict is a major issue that threatens the sovereignty of the country from within. Pakistan faces a lot of hurdles in satisfying the divergent needs of these ethnic groups (Hurst, 1996). The promotional messages of *Saathi* campaign are in Urdu and do not address any particular ethnicity. The images in this campaign do not consider the different ethnic groups. However, the Lady Health Workers (LHW) go door-

to-door to different cities of Pakistan to speak to women about family planning in their ethnic languages. The interviews with these LHWs revealed that these visits to different households are incredibly useful in disseminating the message of family planning, particularly, in those areas where the television viewership is low (Interview A, 2018).

*Sabz Sitara's* promotional messages tend to target rural women; hence this campaign is not inclusive. On the one hand, the messages encourage couples of all socio-economic statuses and ethnicities to visit the clinic, yet the prevalent theme of this campaign is that it is for families in rural areas.

The *Do* campaign and *Prudence Premium* condom campaign have their messages in English and solely target affluent, young couples and have a Western feel to them. Hence, both campaigns are not intersectional in terms of class, ethnicity, and age. The campaign has been produced for a set audience that is educated, belongs to a higher socio-economic class and is between the ages of 20-35.

In 2012, when DKT started its operations, the images posted were Caucasian and sexually explicit. However, over the years, DKT Pakistan has tried to be more inclusive. *Josh* campaign addresses couples of all socio-economic backgrounds. Women wearing Western clothes and traditional Pakistani clothes are seen in this campaign. Women working in the fields, offices, homes are all shown to contribute to the society. Most of the messages of *Josh* campaign are in Urdu. This campaign also includes several messages about religion and use of contraception, which is absent in other campaigns. *Josh* campaign goes one step further and acknowledges the existence of gays and lesbians by emphasizing that they need to use condoms to prevent AIDS. The representation of

the LGBT community has been missing in all the campaigns of GSM and DKT, except for the *Josh* campaign. Another important observation is that messages of family planning campaigns are always addressed to married couples, which indicates that in Pakistan, marriage is a sacred institution and a man and woman cannot live together without getting married.

*Heer* campaign shows women from different walks of life and all socioeconomic classes. Some images are of women dressed conservatively, wearing *shalwar kameez* and covering their heads while other women are shown to be wearing jeans, skirts and more Western clothing. Messages of this campaign are for younger women. In one of the TVCs of *Heer* (2017), a woman is shown to hold the hand of a man and take her to the *Dhanak* health center in a village, city, or a smaller area (see figure 7). The attire of the woman varies with changing locations. This TVC shows that the *Dhanak* health centre is available in every nook and corner of Pakistan. In this TVC, different ethnicities are considered and so this message does a good job in addressing women of different ethnicities and socioeconomic status.

However, ethnicity is generally not addressed in most of the campaigns. During the interviews with DKT and GSM producers, it was reported that Lady Health Workers serve to bridge this gap by visiting the homes of the women and explaining to them about the benefits of family planning (Interview A, 2018). Furthermore, most of the messages of the campaign are for women who can read or write, but most of the woman, particularly in rural areas, cannot read or write. Lady Health Workers (LHWs) provide

the best source of information in this instance as they go from door to door educating women and dispelling myths.



Figure 7  
Source: *Heer* Campaign, Greenstar Social Marketing, 2017

Shields (1990, p. 33) argues that “Others” excluded from “empowering, pleasurable” narratives in advertising are older, disabled, fat women who cannot conform to beauty ideals, and such women are never granted sexual subjecthood, so sexual subjectification is an exclusionary practice and not intersectional. The female protagonists used in promotional messages of DKT are young, slim women with long hair and a light complexion and so conform to the standard beauty ideals. Shields (1990) further argues that the messages also inculcate in them a sense to be modern, to speak in a certain way, to dress up in a Western style and therefore undermine the significance of intersectionality that acknowledges that every woman has her narrative and unique

identity. On the flip side, poor women are shown to be in misery with a lot of children. These women also have dark skin color. Here, there is a projection of Orientalist stereotypes onto such minority groups. It is evident a poor woman is represented as having a dark skin color and being miserable; poverty has been given a face here. We see all these projections in the messages of DKT and GSM. Postcolonial feminism criticizes such representation where women are represented as one monolithic group.

Concluding this chapter, DKT presents women in a bolder fashion. These women make autonomous decisions, are more assertive and confident, whether they wear Western or traditional clothes. GSM, on the other hand presents women as conforming to traditional gender roles, and decision making is not solely based on one person rather the entire family. DKT Pakistan presents women as more empowered to make their life choices; however, women are more sexually objectified in most of their campaigns. GSM, on the other hand, presents women as subservient and passive, but less sexually objectified compared to DKT. Both campaigns target different audiences, and so the messages are specific and not intersectional with regards to various unique gender identities. One must be careful not to have a simplistic understanding of buzzwords like “empowerment” and “agency,” particularly in the neoliberal discourses of development. Notions of empowerment and agency are sometimes embedded in the discourse of “smart economics” and so reinforce neoliberalist assumptions of development policy. Construction of women’s identities and representation risks falling into colonial representations of women as victims of their own cultures and campaigns such as family planning serving to empower and emancipate women.

Women's representation cannot be examined without looking at the gender relations and the power dynamics between them. The next chapter analyzes how gender roles and relations are constructed and represented by both these nonprofit organizations.

## CHAPTER VII

### REPRESENTING GENDER RELATIONS

This chapter looks at how gender relations are shown in promotional messages of GSM and DKT and focuses mainly on the power dynamics between the husband and the wife. It addresses the following research questions:

- 3 a) How are gender relations depicted in these promotional messages?
- b) How is motherhood represented in the promotional messages?

GSM's messages have evolved over the years. In the 1990s and the early 2000s, women as a housewife was the dominant ideological theme, where she was the subservient wife, happily engaged in household chores of serving her husband and her family. This theme is still prevalent today. She is now a working woman but is additionally responsible for managing household chores. Campaigns of GSM like *Saathi* and *Sabz Sitara* generally represent the husbands in power. The husbands talk more, and women are expected to speak less and be primarily responsible for cooking, cleaning, and other household chores. As mentioned earlier in the literature review, Bennett's (2005) observation about representations of Indonesian housewives as passive, modest and faithful wives and career women as more sexual and autonomous is evident here as well in the GSM and DKT's messages.



DKT also follows a similar pattern in some of its messages. In one of the TVC's of DKT (2016), an ordinary man marries a wealthy supermodel. The woman is represented as a career woman, but she is also a traditional, caring and obedient wife who greets the mother-in-law when the husband asks her to and makes a cold drink for her husband when he comes home from work. The narrative resonates with cultural expectations that Pakistani society has from a newly married woman which is to do household chores and care for the husband and family. However, in another TVC of DKT (2019), the husband makes tea for Mathira. DKT's messages generally try to present the couple as equal in many ways, for instance, the men are shown to share some of the household work and appear kind, caring and sensitive to the women's needs.

In all the messages of both nonprofit organizations, only heterosexual married couples are shown. Danish Amjad, DKT's marketing manager, remarks, "We are also taking care to ensure the actors are clearly shown wearing wedding bands to emphasize their status as a married couple" (Business Wire, 2018). This is in conformity to Pakistan's culture where heterosexual relations are the norm while homosexual relations are ignored and considered a taboo.

### **Gender Relations in DKT Campaigns**

The representation of gender relations in various campaigns of DKT is elaborated in the following section:

#### *Josh Campaign*

*Josh*, a mid-ranged brand of condoms, has several advertisements that have been aired since 2012. The *Josh* campaign's dominant theme is bringing passion into your life and shows various couples in intimate poses. The TVCs position the condoms themselves as a source of enjoyment. In many of the *Josh* TVCs, the love between the husband and the wife correlates directly to the use of condoms. For instance, in one *Josh* TVC (2018), the husband and wife celebrate their fifth wedding anniversary, and when the neighbor asks the husband the reason for their undying love and passion, he attributes it to using *Josh* condoms. In another TVC of *Josh* (2013), an ordinary man marries the super model Mathira and when asked for the reason why he has been able to marry and keep such a beautiful and successful woman subservient, the narrative points out the significance of using the contraceptive to keep the loving relationship. However, in another TVC of DKT (2018), the couple move to a new house and are seen unpacking cardboard boxes. The husband is primarily responsible for holding the boxes and unpacking them. The husband is also seen making tea for his wife. This is not common in most of the TVCs and does not represent Pakistan's culture, as household chores like cooking are mainly the women's role. In another advertisement of *Josh* (2016), a married couple is playing the game scrabble. The man spells the word "sense" after which the woman spells the word "Josh." The next scene is the closing of the bedroom door implying that the couple are having sex. The husband asks if the wife is pleased with him, and she replies that he has won the game. The husband is portrayed as loving and caring and wanting to please his wife.

Further analyzing the digital campaign of *Josh*, the husband is shown bringing flowers to the wife, giving her surprise gifts (see figure 9), helping her in housework (see figure 8), and looking after the kids. *Josh* campaign has numerous messages like: "The best gift for her on her special day! Build your castle of love with Josh! Show your affection for her by adding Josh Dotted to your life" (Josh, March 12, 2018).



Figure 8  
Source: *Josh* Campaign, DKT  
May 22, 2018



Figure 9  
Source: *Prudence Premium*, DKT  
February 8, 2016

In the interviews with DKT officials, the common theme that emerged was that producers wanted to encourage men to ask their wives to express their sexual likes/dislikes (Interview A, 2018). This is seen in various TVCs of *Josh* where the man is keen to please the wife by selecting a brand of condoms: *Josh*. He is represented as patient, caring and responsible.

### *Prudence Premium Campaign*

*Prudence*, DKT International's premium condom brand was launched in 2012, but the campaign gained attention after a TVC was produced in 2015 (Dawn News, 2015). Words like “freshness, high-quality, modern packaging, ISO certified and WHO approved” are associated with this brand. The TVC (2015) pictured a song titled, “Let the good times roll.” The couple is represented giving gifts to each other, singing and romancing. The song implies that the use of this brand of condoms increases loves and leads to a happy marriage. The woman shown is dressed modestly, wearing jeans and *Kurta* (loose shirt that slightly ends above knees). The woman in this song smiles shyly and has her gaze lowered, conforming to the traditional definition of femininity in Pakistan. She walks in small steps and leans on the man for support and care. Her demeanor is passive and submissive to the authoritative persona of the man.

The campaign targets the high-end segment of the market and generally young, educated couples. This brand sells the notion that sex is safe, fun and desirable to high-income individuals. The central theme of the campaign is fire, passion and extreme sexual desire. In the *Prudence Premium Condoms* campaign on Facebook, there are numerous images and messages with strong sexual connotations and denotations. One-half of the images are of Western blonde women hugging their partners. *Prudence Premium Condom* campaign also has the dominant theme of a loving man who takes his wife to exotic honeymoon locations, loves her and buys her flowers. Some of the messages are: “Your apologies do matter. They can make or break a relationship. Make them count, with a romantic candlelight dinner” (Prudence Premium, January 7, 2016),

“Poetry is another way of showing your love to your significant other” (Prudence Premium, November 23, 2015). There are various messages that encourage men to be the ideal husband. Some of them from the digital campaign are as follows: “What would you prefer doing on a first date, a long drive after dinner or a walk by the beach under the moonlight? #DatingTips, it's good to know about your partner's fantasies” (Prudence Premium, September 15, 2015) “Read up on manners, courtesy, and dignity. A woman likes being treated with respect. Lose the coarse language, the swear words, the rudeness, and the laziness” (Prudence Premium, April 14, 2015).

*Prudence Premium* Campaign emphasizes love as an important factor between the couple, and husbands should consistently work on themselves to be more caring, loving and receptive to wives’ needs and wishes.

In an interview with the CEO of DKT, the organization wanted to portray gender relations in a nontraditional way. As Pakistan’s culture is patriarchal, DKT wanted to push the boundaries, and so women are bolder, more confident and have discussions with men. Men are shown to be caring and help with the housework and are generally less authoritative, as DKT wanted men to be presented as equal partners (Interview A, 2018).

### **Gender Relations in GSM Campaigns**

Influenced by DKTs campaigns, GSM messages have evolved regarding the representation of gender relations, as DKT strives to present gender relations in a different light. In the GSM campaigns like *Do*, *Touch* and *Saathi*, the man is shown to be more caring, helps in housework, asks the woman for her opinion, showers her with love

and affection and cares for her. The following section elaborates on how various campaigns of GSM represent gender relations.

### *Saathi* Campaign

A *Saathi* advertisement (2011) shows a couple talking about good things in life like a sunny day in winter and chai with *samosas* and the husband uses the word companionship when he mentions the word *Saathi*. They converse with each other, and the relationship is represented as respectful and romantic. This campaign represents men as sensitive and caring and helping women in household chores. However, men and women in this campaign ascribe to stereotypical gender roles. The men help, but it is the women who are responsible for household chores while men are seen as farmers or breadwinners of the family. Most of the location of the images is that of green fields or outdoor location as seen in figure 10. Women appear demure with their head generally bowed down.



Figure 10  
Source: *Saathi* Campaign  
May13, 2018

## *Touch* Campaign

The *Touch* campaign has various romantic images and some sensual ones with tag lines like, “Explore ‘the ugly truth’ with your better half tonight” (*Touch* GSM, March 14, 2018), “Name one place, you would like to take your loved one for a vacation #TouchPakistan” (Touch GSM, December 30, 2017), and “Just because you're married doesn't mean you can't flirt with each other. Leave love notes for your partner to find. They'll love the surprise” (*Touch* GSM, September 14, 2017). Also, this campaign offers relationship advice to prevent any misunderstanding and to increase the love between the couple. For instance, in the following message men are encouraged to make breakfast for their wives once a week: “Appreciate what she does for you and for your family by doing the same. Do you help your partner out in daily chores #TheWaySheDoesIt #Touch #TouchDelay” (Touch GSM, October 17, 2017).

In *Touch* campaign, there are various images with embedded messages like “feels better than a cup of tea and biscuits (see figure10), better than the beach on a sunny day, feels better than having the first bite of your favorite food after ages.” *Touch* campaign seems to be influenced by DKT’s campaign like *Josh* and *Prudence Premium* and we see that the narrative and ideology of this campaign resembles to that of DKT. *Touch* has strong sexual undertones and, in its narrative, blurs the distinction between love and sex. However, this campaign is still less sexually explicit than the *Do* campaign and offers various themes of romance.



Figure 10

Source: *Touch* Campaign, Greenstar Social Marketing  
March 31, 2017

The women in these advertisements are weakened by advertising portrayals via five classifications: relative size (women appeared smaller in respect to men), feminine touch (women constantly touching themselves), function ranking (occupational), ritualization of subordination (spoke in a soft tone and smiled rather than laughed), and licensed withdrawal (women are never actively a part of the scene) (see Goffman, 1979). Men, on the other hand, speak authoritatively, particularly in the GSM campaigns, and are seen to be the key decision makers. Men appear as the nucleus of the family while women in GSM campaigns are never actively a part of the scene.

In an interview with the Communication Manager of GSM, I found that GSM's aim was to focus on the entire health of the family, as the logo of GSM shows a couple inside a star and so couple's wellbeing is considered. The decision for family planning is a mutual decision rather than the woman's decision (Interview A, 2018). Although men appear to be more authoritative in narratives of GSM, Pakistani men are represented as



caring and concerned for the wellbeing of their wife and children. After a thorough analysis of all the campaigns, a new concept emerged in the findings of this project: the concept of a “caring man” that contradicts Dogra’s (2011) analysis of fundraising and advocacy messages of INGOs and Wilson’s (2015) findings on men being depicted as less efficient and productive compared to women.

### **The Caring Man**

Much of the emerging body of knowledge about men’s involvement in family planning is from the literature of the family planning field (Balaiah et al 1999). There is a much smaller body of family relations studies literature that discusses the role of men in reducing maternal mortality and ensuring healthy motherhood. Generally, as prospective fathers, men are more likely to be involved in their child’s birth than other male relatives (Barua, Pande, MacQuarrie & Walia, 2004). In 1961, Indira Gandhi, the Indian Prime minister, introduced a law mandating forced sterilization of men, but after law failed, Gandhi stressed the role of men in family planning (Saetnan, Oudshoorn, Kirejczyk, & Kirejczyk, 2000). In the late 1960s and 1970s, the feminist health movement emphasized the need for having new male contraceptives and of men’s role in family planning. The feminists’ agenda was established in the Program of Action of the International Conference on Population and Development organized by the United Nations Population Fund in Cairo in 1994. However, certain women activists like Margaret Sanger, perceived contraceptive technology as a tool for women’s liberation, and feminists thus faced a dilemma. Feminists considered a shift to male contraceptives a threat to their autonomy. Therefore, in feminist discourse analysis, two types of user representations have

evolved: the caring man and the unreliable man. By adopting the image of the caring man, feminists endorse the idea that men have a shared responsibility in family planning, an idea that is in stark contrast to the hegemonic cultural stereotypes of men. The unreliable man is seen by the other feminist as not to be trusted and his unreliability in matters of birth control is a cause for concern (Saetnan, Oudshoorn, Kirejczyk, & Kirejczyk, 2000).

The scientific discourses constructed a caring man as a prospective user of their technology, but many reproductive scientists showed disbelief in this idea. The scientists advocated that men have always been involved in family planning methods and defended the image of the caring man. Reproductive scientists working on male contraceptives promoted a new image of masculinity and new roles for men. In addition, reproductive scientists and family planning organizations emphasized potential users as couples rather than the individual man (Stokes, 1980).

In family planning discourse, the non-user of contraceptive methods is a ‘macho’ man whose masculinity is proven by the number of children he will have. This belief is prevalent in many societies and acts as a deterrent to the use of contraceptives (Saetnan, Oudshoorn, Kirejczyk, & Kirejczyk, 2000). As the recent discourse leans more towards feminist themes in discourse, the concept of caring man assumes significance, as the representation of a caring man is seen in all the messages of DKT and GSM. In almost all the TVCs of *Josh*, it is the husband who is trying to please his wife and cares for her health and welfare. In *Prudence Premium* campaign, once again, many messages are directed towards men to work on themselves so that they can please their wives and increase the love between them. Similarly, GSM campaigns like *Saathi* and *Touch* have

recurrent messages that emphasize men caring for their wives and improving their manners to have a loving relationship with their wives.

Overall, most of the campaigns of GSM and DKT show a caring man who works hard to win the love of his wife and is always there for his family. All these campaigns have targeted men to use male contraceptives as a path to please the wife.

### **The Loving Couple**

The *Do*, *Josh*, *Prudence Premium*, and *Touch* campaigns have strong sexual connotations in their messages. For instance, the *Do* campaign has numerous images of young couples indulging in promiscuous actions. Many of the images have the following tag lines: “Channel your competitive spirit in a long cricket inning filled with leisure and pleasure;” “Don’t let those feelings of passionate desire build up – get *Do* condoms and do what you love!;” “Feel the tremor with *Do* Condoms;” and “Wild under the covers (see figure 11 below).

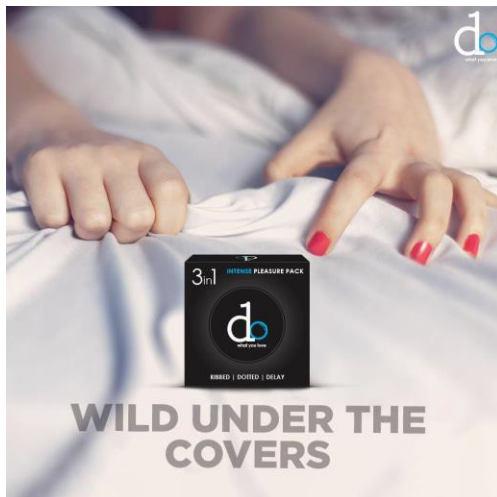


Figure 11 Source: Do Campaign, Greenstar Social Marketing, October 14, 2017

The *Josh* campaign's dominant theme is bringing passion into your life and shows various couples in intimate poses. The TVCs position the condoms themselves as a source of enjoyment. In many of the *Josh* TVCs, the love between the husband and the wife correlates directly to the use of condoms. For instance, in the *Josh* TVC (2018), the husband and wife celebrate their fifth wedding anniversary, and when the neighbor asks the husband the reason for their undying love and passion, he points it to using *Josh* condoms. This narrative is repeated in many of the *Josh* advertisements.

The *Prudence Premium* Condoms campaigns are full of images and messages with strong sexual connotations and denotations. One-half of the images are of Western blonde women hugging their partners. Only some of the images are romantic where the couple is holding hands in an exotic location like the Bahamas (see figure 12). Some of the messages of the campaign are as follows: "Today is World Animals Day. Our advice? Go wild, s/he will love it, Hot just got hotter;" and "What's the longest you and your partner have lasted? #50ShadesOfGrey #TooMuchFun."

In the *Touch* campaign, there are various images with embedded messages like: "Feels better than laughing with old friends" (*Touch*, March 28, 2017); "Feels better than a cup of tea and biscuits" (*Touch*, March 31, 2017); "Better than the beach on a sunny day" (*Touch*, March 19, 2017); and "Feels better than having the first bite of your favorite food after ages" (*Touch*, March 16, 2017). Most of these campaigns blur the distinction between love and sex. These messages with sexual undertones arguably trivialize other relations and beautiful moments in life



Figure 12

Source: *Prudence Premium*, DKT International, September 5, 2015

The entire campaign represents lovemaking and the use of condoms as the ultimate joy and elixir of life and love. These findings strongly resonate with Mazzarella's (2003) concept of production of commodity images as explained earlier in the literature review. The condom brands are linked to a certain lifestyle, a luxurious one.

This campaign shows numerous images of couples holding hands, caressing each other, madly in love and cuddling together. Almost all the images have a strong Western undertone whereby the background shows some exotic location like Hawaii or Thailand, and the women are wearing revealing clothes. Words like love, romance, affection, trust and happiness are used repetitively. The use of contraceptives is associated with love, and happiness in this campaign. It seems that to have a loving and romantic relationship with your spouse, the use of condoms is a necessity. Lovemaking has been commodified.

There are numerous messages in the campaigns of DKT and GSM that reinforce that to make one's wife happy the man must take her to exotic destinations, buy a diamond ring, give expensive gifts and take her out for movies. The fancy narrative created by the images finds its way to "a sexual resolution," which is having an affluent lifestyle. The campaign disseminates the Western narrative of love and romance. Sex is commodified. In terms of advertising, such ads conflate sexual gratification with possession of objects.

Advertising works by addressing or redirecting concerns that are present in the culture (Jhally, 1995). It is a set of practices connected to satisfaction and dissatisfaction. Happiness is linked to buying commodities through images associated with the products. The discourse of advertising in today's world has trained us to look at images with certain emotions (Jhally, 1995). In the area of gender identity, advertising draws from a narrow pool of images based on certain conventions outlined by Goffman (Brown, 2010). Hence, one needs to look a certain way, buy certain things, and take the partner to certain places to ensure a healthy marital relationship. The unspoken assumption of consumer culture is that we are not good enough and we need to better (Anderson, 2002), as evidenced in DKT and GSM campaigns where a man has to adopt a certain lifestyle to please a woman. Furthermore, to attain a woman's love and appreciation, there are recurrent themes in GSM and DKT campaigns where the caring man has to take her to fancy restaurants, buy her expensive clothes and take her to foreign tourist locations.

Reflecting on Anderson's (2002) argument (from the literature review) that advertisements are artifacts of market relationship and promise sexual gratification by

buying certain products, we see this notion prevalent in the messages of *Josh*, *Prudence Premium* and *Touch*. Here it seems that the couples need to attain a certain lifestyle to have a fulfilling sexual relationship, and this lifestyle is to be synonymous with the capitalistic way of living.

The above section has addressed my third research question on how gender relations are depicted in these promotional messages. It looked at gender relations in all the campaigns of DKT and GSM. The dominant theme that emerged was that the man shown in these messages is a caring man who is actively taking interest in family planning. Also, the couple is represented as loving and it is implied that the use of contraceptives increases love and leads to a happy married life. Love, romance and a better married life are associated with a Western way of living and a modern lifestyle. Another apparent theme that emerges in the messages is the role of motherhood in completing the woman's life and bringing joy to the entire family. The role of motherhood in these promotional messages is elaborated in the next section and addresses the second question covered in this chapter: How is motherhood represented in the promotional messages?

### **Daughters of Eve: Representing Motherhood**

The themes of motherhood become visible in *Nisa* and *Heer* campaigns. There are various examples of language in *Heer* campaign with the same basic message as: "To the world, you are a mother, but to your family, you are the world. Be strong and set an excellent example for your kids. # healthy lifestyle # modern family planning *Heer* IUD # Quality kids time # happy family." (*Heer*, December 10, 2018); "Healthy mothers mean

healthy children. Use *Heer* IUDs.” (*Heer*, September 14, 2016); “To the world you are a mother, but to your family you are the world. Be strong and set a good example for your kids. Happy Mother’s Day..#mothersday #blessed #enjoy\_the\_moment #Heeriuds” ( see figure 13 , *Heer*, May 13, 2017).



Figure 13  
Source: *Heer* Campaign, DKT

*Nisa* campaign too has various messages emphasizing the significance of motherhood. These are as follows: “Women are the future as they are becoming a symbol of real power right across the world. Being a Mother is a symbol of power. #WomenMatter” (*Nisa*, September 25, 2017); “Research suggests that couples are more prepared to be parents and more likely to stay together when they can plan their pregnancies. #FamilyPlanning #Heer #IUCDs #HappyFamily.” (*Nisa*, February 12, 2017); “A baby is God’s opinion that life should go on” (*Nisa* , August 13, 2017); “A baby fills a place in your heart that you never knew was empty. #HerCare” (*Nisa*, August 28, 2017). GSM shows most mothers with their head covered by a dupatta and she is seen wearing traditional clothes. Most mothers in GSM are shown to belong to rural areas or



lower socio-economic class. Women are shown to be wearing *shalwar kameez* as seen in figure 14. They appear passive and are generally housewives with the prime duty of taking care of their children and family.



Figure 14  
Source: Greenstar Marketing Pakistan, 2016

Looking at the messages and images of *Nisa* and *Heer* campaigns, which are predominantly about motherhood, women appear to be modest, wearing traditional clothes that are non-sexuctive in nature. The women have a smile on their faces and signify duty and responsibility. In the *Saathi* TVC (2016), the wife serves breakfast to the husband, but as soon as the baby cries, she rushes to hold the baby who is lying next to the grandmother. Such narratives reaffirm that mothering is the prime responsibility of mothers. These very women in other campaigns like *Josh*, *Prudence* and *Do* campaigns are shown to be seductive and sexualized and take of a seductress rather than a mother.

These messages intend to prepare pregnant women for motherhood and advises mothers on how to maintain good health. These findings are consistent with Malacrida & Boulton (2012) study on discourses of motherhood that advise pregnant mothers on how to have good physical and mental health. The narrative of a modern woman and a modern

mother here has a small family of two children, is always smiling, and is selfless and caring. The modern mother is a career woman and takes good care of her children. She eats the recommended diet, gets a monthly checkup and looks after herself and her family. These “modernizing” narratives create a new social reality, one which is different from Pakistan’s traditional culture. These findings align with Jolly’s (1998) study (as mentioned in literature review) of Malay mothers.

The campaigns DKT and GSM glorify the ideology of maternity via messages that children bring utter joy to the lives of mothers. The results of this study agree with Loomba’s (2005) and Puri’s (1999) studies on the significance of motherhood in South Asia. In Pakistan, motherhood is the most critical phase of a woman’s life, and there is a cultural saying that a woman without children is incomplete. Most of the images in both campaigns’ present mothers with a graceful smile and in complete charge of her life. However, in all these promotional messages, the signifier of a “nurturing mother” was detached from the total context of being a mother and attached to the product IUD or hormonal pills. The results are also consistent with Bennett’s (2005) observation of the significance of motherhood in Islamic countries like Indonesia. It is evident in most of the promotional messages of *Heer* and *Nisa* campaigns that women belonging to a higher socio-economic status are shown as loving and caring mothers who value motherhood over everything. This is in stark contrast to Khamis (2009) study on Egyptian women, as noted in the literature review. In that study, women who had a higher socio-economic status were challenging the notion of a selfless mother and had more power to negotiate their identity compared to women of lower socio-economic status.

Analysis of these Facebook messages also reveals that good mothering becomes almost synonymous with family planning. In a nation, it is the elites that manipulate the culture society, i.e., the beliefs, explanations, perceptions, values, and mores, such that their imposed, ruling-class worldview becomes the accepted cultural norm (Mouffe, 2014). The universally valid dominant ideology, which justifies the social, political, and economic status quo as natural and inevitable, perpetual and beneficial for everyone, benefit the ruling class (Mouffe, 2014). In the developing world, governing women's reproduction is not only a household matter but controlled by nation's elites (Myer, 2000). Women have been considered as biological and cultural reproducers of the nation, as the nation's social and biological womb with men as protectors (Myer, 2000). Messages such as , "Give women the decision making power of family planning and she will make sure each child does something good for the society. #WomenMatter" (Nisa, October 9, 2017), reaffirm that women are mainly responsible for raising a well-behaved child to eventually contribute to society. In Bangladesh, the government focuses on women's status as mothers, emphasizing that good mothering involves raising patriotic children for the development of the nation. These discourses may impact many single women or childless women, as these discourses control, monitor, and judge women's lives. Women who are not wives or mothers are placed into the "other" category, positioning all women as devoted mothers (Sultana, 2014; Malacrida & Boulton, 2013; Sha & Kirkman, 2009; Maher & Saugeres, 2007; Franklin, 1990).

Repressive reproductive policies or discourses on motherhood warrant significant attention. Women, on the one hand, must internalize the image of a loving wife and

devoted mother, a desexualized member of the society. Women must represent themselves and the nation as pure. However, at the same time, women are sexual objects, a source of seduction. The burden of building and destroying the nation hence rests on these mothers (Mostov, 2000). Women as mothers, daughters and wives symbolize purity, even though they are vulnerable to contamination. They embody the homeland but are alienated often in it. They are often the preservers of culture, language, religion, but may be the source of seduction, open to physical invasion Mostov (2000). Mostov (2000) further contends that feminine spaces remain open to invasion and to protect their virtue, the vigilance of protectors is needed by husbands, fathers and the state. With the need for protection of women, their actions are to be monitored. As motherhood represents virtue, fertility, and strength, women who refuse to have children become potential enemies of the nation. Hence, women can strengthen or weaken the nation. In the former Yugoslavia, they were put “on a pedestal” to accept their role as biological reproducers. In the 1990s, the government put in much effort to revive the birth rate of Croatia. In the traditional culture of the South Slavs, the standard code for sexuality was that rigid and unmarried chaste women were a threat to man’s salvation (Mostov, 2000). Virtuous women were portrayed as either completely nonsexual or devoted mothers just like the images of mothers in the DKT and GSM campaigns.

Foucault’s (1995) notion of panopticism is informative in understanding why women want to be mothers in many cultures. Foucault articulates the concept and reality of disciplinary power in contrast to sovereign power. This disciplinary power emphasizes the governing of people through positive means in which the people themselves are

willing to be governed. Foucault argues that prison did not become the principal form of punishment just because of the humanitarian concerns of reformists. He traces the cultural shifts that led to the predominance of prison via the body and power. In the medieval period, punishment for not following social norms was physical and was displayed publicly. Nowadays, disciplinary power coaxes the individual to internalize social surveillance which drives their future action. Hence, norms like motherhood and stigmatization of childlessness are internalized in disciplining the individual to behave in a certain fashion.

Concluding the chapter, media campaigns are effective in reinforcing gender roles and challenging them at the same time. Both GSM and DKT presented the relationship between husband and wife as beautiful and full of love and respect. The man in both of these campaigns is shown to be a caring and a loving husband, so the results are contradictory to Dogra's (2011) studies, which highlighted that Majority World men are oppressors in many of INGOs campaigns. The messages implied that using contraceptives helps to increase love and build a beautiful relationship. While DKT attempted to present women as more autonomous and nonconforming to many gender roles, GSM showed women to ascribe to traditional gender roles like cooking and talking politely. In this era of globalization and new media, audiences are constantly bombarded with images of what a good mother or a happy family ought to be. In these messages is the implicit weaving of this expectation to be a part of the modern era and be a dutiful and modern citizen.

Mostly the condom campaigns of DKT and GSM have strong sexual undertones, and women are represented as sexy while the IUD campaigns of DKT and GSM point towards empowerment and motherhood themes without sexual innuendos. These results, also, support Rath and Simonds (2010) study on advertisement of oral contraceptives on websites as noted in the literature review. The mediated texts of DKT and GSM are sites of constant negotiation and contestation of women's identities as women's representation is sundered in contests between "tradition" and "modernity." The next chapter looks at how the narratives of DKT and GSM negotiate between modernization and tradition with regards to women's identities and reproductive health.

## CHAPTER VIII

### THE BATTLE BETWEEN TRADITION AND MODERNITY

“Modern life is based is based on control and science: We control the speed of our automobile. We control machines. We endeavor to control disease and death. Let us control the size of our family to ensure health and happiness.” (1940s U.S. family planning poster) (Gordon, 1977 as cited in Hartmann 1995).

This chapters revisits women’s representation within the project of modernity and addresses my fourth research set of research question: 4a. How are the promotional advertisements/messages negotiating between the ideas of modernity and tradition in their content? 4b. How does the nation state negotiate its identity between the notion of modernity and tradition in the globalizing economy with regards to family planning? 4c. How are the promotional messages negotiating between traditional and biomedical approach to family planning?

Question 4a is addressed with via examining the attire and outward appearance of the Pakistani woman and begins with the discussion of culture as an obstacle to modernization. It then highlights how the dress of a Muslim woman can be a much-contested issue with regards to tradition and modernity. The issue on veil as a marker of modernity/tradition is elaborated and the concept of a hybrid identity of a Muslim woman is elucidated as she negotiates between tradition and modernity.

## **Culture as an Oppressive Agent**

Narratives like culture oppressing women to live their life appear frequently in the messages of DKT International Pakistan and GSM. My findings align with Dutta & Basnyat's (2009) findings of their study on the Radio Communication of Nepal. In the *Heer* campaign, there are recurrent messages on giving women agency so that they can make decisions for their lives. The family and culture are framed as oppressive agents. *Heer* campaign shares testimonials of some women who became successful after a lot of struggle. #LogKiaKaheinGai (translated as "what will people say") is a series of messages that encourage women not to care about the society's norms. Some of the testimonials are as follows:

#LogKiaKaheinGai has never stopped me to do anything. I do what I want and what my husband and parents allow. I don't listen to any other person's opinion in my decisions. That's why I have not only completed my BS honors in mass communication with A+ grade but also got selected on fully funded cultural exchange scholarship where I represented Pakistan... (*Heer*, March 20, 2018.)

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I was passionate about singing but was not allowed from my family in fact missed many good opportunities in this duration once I decided to ignore society's views log *kia kahein gay* and gave auditions in competition and made my way to grand finale today.. (*Heer*, March 30, 2018.)



The one claim has hindered women's ability to excel in different walks of life is the threat of 'log kya kahain gai. Has this ever stopped you from perusing your dreams to the fullest? Share through your testimonials.'" (*Heer*, March 17, 2018)

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A large segment of women in Pakistan still face deprivation in the face of a modernizing society. A change is desperately needed. #NoMenWithoutWomen," (Greenstar Social Marketing, January 6, 2017).

The messages above imply that culture is an oppressor and to free oneself and be empowered, one needs to follow a modern way of life. We see few images in DKT and GSM, particularly *Nisa* and *Heer* campaigns, where culture and society are portrayed as a roadblock in women's emancipation. Women and families who are dressed up in Western clothes appear happier compared to women who are dressed up in *shalwar kameez*. For many people, modernity is a lifestyle in an emerging local consumer society that is tied to global capitalism (Liechty, 2001). The effects of modernity are stronger in less developed countries (LDCs) where decades of dependence on foreign aid have left an ideological residue that looks at modernity in terms of quantity (Pigg, 1992). Within this discourse of modernity is a sub-discourse of freedom, empowerment and independence that is extremely appealing to Third World women.

There is a similar pattern in the discourse of family planning of GSM and DKT, where women are told that they need to visit a family planning clinic to be happy, healthy and a part of the modern world. In the TVCs of GSM, the wife generally has a blank expression

on her face and is informed about family planning by either her husband or her friend. However, in some of the TVCs of *Heer* (2015, 2017), *Sabz Sitara* (2016) and *Saathi* (2016), there is a similar theme that was present in the RCP project of Nepal: women were on the receiving end of family planning information rather than arguing and entering the dialogue with the information provider. Furthermore, in most of the TVCs of *Josh*, women wear Western dresses and are arguing and voicing their opinion. Although there is no definite correlation in the messages between wearing Western dresses and being more argumentative, there are slight hints that associate Western dressing with voicing one's opinion. The next section sheds more light on dress as a marker of tradition or modernity.

### **Dress as Marker of Tradition/Modernity**

Modernization theory assumes that modernity equals progress and tradition equals backwardness. Analyzing the TVCs and the images on Facebook pages of the campaigns, visual analysis of the messages of DKT International and GSM reveal interesting facts. The dominant theme that emerges from looking at the images of the *Josh*, *Prudence Premium* and *Heer* campaigns of DKT is that a smaller family is a modern family, happy, healthy and prosperous in all respects. The couples are generally wearing neat and tidy clothes and the family images show one or two children with smiling faces. Most women in DKT International messages wear Western clothes and are well-dressed. GSM, on the other hand, shows women in traditional roles and dresses. In all the messages of both

campaigns, a large family is considered backward, and images of a large family point to poverty and misery.

The latest TVC released by *Josh* campaign of DKT in July 2019 shows a woman wearing an off-shoulder dress walking into a clothes boutique with a designer handbag. A thief robs her bag and she screams for help. A policeman comes running to help her and she points that to catch the thief, he must follow the condom packs that are lying on the floor. The policeman is successful in catching the thief and returning the bag to the woman. The woman takes out the condom pack and tells the policeman that the pack was more important than the bag. Looking at the attire of the actress in TVC, we see she wears an off-shoulder Western dress that is not generally worn by women in the public sphere in Pakistan. She speaks seductively in a strong voice with sexual innuendos in her voice. Her demeanor, attire and accessories are signifiers of her affluent class. Affluent class is synonymous with modernity in Pakistan. It is common that women in the affluent class of Pakistan wear Western clothing in an attempt to appear modern and differentiate themselves from the lower class. In another TVC produced in April 2019 by DKT International, a man dressed in a formal suit is seen waiting on the street for his friends. His friends, who are a married couple, arrive in a new car. The woman is wearing an off-shoulder Western dress, has short colored hair and is wearing bright red lipstick. When the friend asks why the couple was late, the wife says in a confident manner that the husband put on quite a show. There are subtle sexual connotations as the wife puts her hands on her husband's as he changes the car gears. The TVC ends with information on the *Josh* condom. The attire of the characters represents affluent or upper-middle class.

The man is driving the car, which conforms to Pakistan's traditional gender roles. In figure 15, *Mathira* is shown wearing an off-shoulder western dress which is indicative of modernity in Pakistan's culture. The mere fact that a woman is holding a packet of condom negates Pakistan's culture and represents a modern woman who is sexually confident to express her desires.



*Mathira* holding *Josh*  
Figure 15  
Source: DKT Advertisement, 2019

In a TVC produced by GSM (2016), a woman in a village is showing her new-born baby boy to her female friend who recommends that she should consider birth spacing between children and visit a *Sabz Sitara* clinic. The woman goes to the clinic with her husband. They are shown to be holding hands entering the clinic where they meet the gynecologist who informs them about the misconceptions and the facts related to birth spacing. The women in these TVCs wear the traditional dress of Pakistan and have their head covered with a *dupatta*. The voice and demeanor of both women points more towards a passive female rather than a confident, vociferous one. In another *Saathi* TVC (2016) produced by GSM, the woman is shown in varying roles of a traditional housewife, a mother and a

daughter-in-law who serves meals to the elderly parents and her husband. Her attire, demeanor and voice suggest that she is traditional, passive and subservient. Women generally are shown as traditional wearing Pakistan's national dress as seen in figure 16.



Figure 16

Source: *Saathi* Campaign, Greenstar Social Marketing, March 30, 2018.

In most of the TVCs by both DKT and GSM, when women are wearing the traditional dress of Pakistan, they appear demure, more passive and conform to gender roles, like serving lunch or tea to the husband and family. In other TVCs, where women wear Western dresses, they appear to be more confident, speak in a louder voice and appear more assertive and independent. From the interview conversations with DKT and GSM communication managers, it was inferred that tradition is associated with women who wear traditional clothes and adhere to cultural norms, particularly as GSM caters to rural, more traditional areas (Interview A, 2018).

The CEO of DKT International Pakistan believed that women should to be assertive and modern in their way of living and make their own choices to use contraceptives or how to dress. He stated that DKT's advertisements do not show women wearing skimpy and provocative clothes. To be modern is not to wear skimpy clothes but be bold in your decisions and challenge the traditional culture (Interview A, 2018). We see that in most of the TVCs of *Josh* campaign like that in figure 17, the female protagonist wears Western clothes and her demeanor is bold, hence there is a subtle hint that wearing Western dresses may be a sign of modernity. The GSM Communication Manager, on the other hand, advocated that holding onto traditions and culture was important as one lives their life with a family and not in isolation. Furthermore, the



Figure 17  
Source: Josh, DKT Pakistan

manager believed that the way to modernization was not to adopt Western values or lifestyle. The manager stressed that the messages of GSM try to focus on family values, including women wearing being passive and less vocal while a woman who wears Western clothes is seen as more modern and assertive. These constructs of

modernity/tradition need to be looked at critically, as dress is not a signifier of modernity or tradition. Also, tradition and modernity can exist side by side and need not be mutually exclusive.

Another TVC, *Suno Zara* was a beautiful song produced by GSM in 2009 as a part of *Touch* condom campaign. The song by far is the best representation of tradition and modernity combined in one message. It is a simple story of a man and woman who meet in college, fall in love, get married and have children. The song shows different phases in the couple's life: getting married, going on a honeymoon, having a child and seeing the child grow. The woman is wearing Western and traditional dresses at different occasions. The narrative considers family values and celebrates rituals like weddings in a traditional manner. The husband is seen as caring and gentle and helping the wife with housework. The woman appears to be feminine and polite and is treated with respect by her husband. Her demeanor is calm and poised. In one of the scenes, the husband helps her to make the tea, which she later serves to the entire family. In this narrative, one scene shows the husband going to a shop and buying condoms which aligns with Pakistan's culture. This contrasts with DKT TVCs, which show the woman going to the shop and asking for condoms. An interview with the Communication Manager of GSM revealed that the *Suno Zara* song was intended as a middle approach between conservative and liberal, as the marketing team wanted the song to have a wider appeal (Interview A, 2018).

In Indonesian media, women are confronted with many ambiguous and contradictory messages. On one hand, they are encouraged to actively participate in

modernity by contributing to economic activities, but on the other hand, women are expected to be passive and docile in heterosexual relationships. Advice columns for females and other media emphasize the significance the purity and virginity of women, while some product advertisements and career advice represent women as affluent and ultra-modern with successful careers. Generally, successful career women are presented as highly sexualized while housewives are represented as more domesticated, modest mothers and faithful wives. The popular representation of these affluent career women gravitates towards a sexual autonomous woman (Bennett, 2005). DKT messages align with Bennett's observations. Career women in DKT's campaigns are shown as bold, modern and sexual, while GSM generally shows housewives as modest, simple and traditional.

In South Asia during colonial times, rules and codes were laid out, and traditions were reinvented to reconstruct what a pure and respectable Indian woman should be. Dress was not only to be seen through the lens of gender but also class struggle (Jayawardena & De Alwis, 1996). Changes in clothing was a result of society's interaction with other societies via trade, foreign invasion or colonialism. Bahl (2005) argues that defining a modern dress as progressive or traditional dress as backward is flawed because traditional dress may be a symbol of defiance, as in the case of Iranian feminists, African American Muslim women, as well as of forced conformity in the instance of Afghani women under Taliban rule.

In postcolonial times, dress as a symbol of authenticity, identity, and freedom gets more complex. It is a part of another global historical process, the changing nature of



work and the migration of labor and capital from villages to cities. For instance, in India the dress *shalwar kameez* has gained national status in North India and is considered modern with respect to *Mundu* and *Vesti*, a south Indian regional dress for women, but *shalwar kameez* is considered less progressive than the blue denim jeans. However, nowadays mass media has contributed to creating a new identity coupled with internationalization of markets, an identity in which the woman wears “ethnic” or “traditional” clothes which have been reinvented according to new consumerism (Bahl, 2005). Even with regards to dresses, nationalism becomes synonymous with the traditional dress. For the Third World women who are primary targets of these programs, their status as users (acceptors) or non-users (rejectors) puts them in position of highly contested discourses of nationalism (Dwyer, 2000). Even today, India’s nationalism sees women as symbolizing purity, culture and tradition. Fundamentalists primarily address women and encourage them to reject Westernized ideals in favor of traditional dresses like sari. The honor of the nation thus rests on women’s modesty and the submissiveness of the female body (Chhachhi, 1989 as cited in Derne, 2012).

Another very important part of dressing is the veil/*dupatta* that remains a contested topic in the Western world. Is the veil a marker of tradition or modernity or both? The next section elaborates on this much-debated issue.

### **Veil as a Marker of Tradition or Modernity?**

In GSM’s *Nisa* campaign, there are a few images on the Facebook page that show a woman in a black veil with tears in her eyes. The caption reads “When men are

oppressed, it's a tragedy, when women are oppressed it's tradition" (*Nisa*, February 26, 2017). In another image (see figure 18) (*Nisa*, February 27, 2017), the woman is wearing a burka and only her eyes are visible. The message reads: "Free yourselves from the war within! #SayNoToOppression" (*Heer*, February 27, 2017). The veil denotes oppression and misery in this case. Another image has the following message, "Know the difference. A woman wearing a hijab is not oppressed. A woman who is forced to wear a hijab is oppressed.#SayNoToOppression," but the caption on the same image reads, "Hijab protects women's beauty like thorns protect a rose" (*Heer*, March 3, 2017).



Free yourselves from the war within!  
Figure 18  
Source: *Nisa* Campaign, Greenstar Social Marketing



Figure 19

Source: *Nisa* Campaign, Greenstar Social Marketing, March 3, 2017

In the *Nisa* campaign, images of women who have their head covered appear more passive and their head droops down compared to women who do not have their head covered. Unveiled women appear more confident with their chins up and heads high in the *Nisa* campaign. Contradictory messages like these in the same message point to the struggle of women in negotiating their identities between tradition and modernity. On one hand the messages point out that hijab/veil cannot be forced upon women, and is more synonymous with narratives of women's rights. On the other hand, there is a subtle hint of persuasion of the traditional significance of wearing hijab. Lughod (1998) contends that in colonial and semi-colonial contexts it was hard to distinguish between West and modernity and non-West and tradition. The main question that arose was: how can a woman be modern if she doesn't want to be Western?

The discourse on modernity has centered around women for a long time. Particularly, in Middle Eastern and Muslim countries, the veil has been a much-contested issue. Tunisia's close ties to its colonizer, France, accounts for its vision of modernity. This cultural colonialism that remains in Tunisia reduces many aspects of Tunisian life to a traditional-modern dichotomy. In Tunisia, processes of modernization revolved around the counter-hegemonic symbolism of veil. Post-independence, the ruling elite treated veil as symbol of backwardness and advocated for a modern and progressive path by following the West. The Tunisian government mimicked the French government's banning of hijab in 2004 and enforced a law that restricted the wearing of hijab in public offices and public schools. Veil was considered a symbol of backwardness of Islamic tradition, which yet had to modernize itself (Ghumkhor, 2012). Ghumkhor (2012) further explains that the ideal and modern Tunisian woman is unveiled and Western, but veil is not to be understood within the reductive Orientalist meaning of submission and passivity. In modern Tunisia, since the US 'war on terror', the number of women wearing veil in Tunisia has increased. The veil has rapidly become a symbol of Islamization. Dr Moncef Marzouki, president of the Tunisian Human Rights League, states, 'The wearing of the veil, which is increasingly widespread, is a political protest, which is all the more subversive for its being feminine, peaceful, widespread – and, especially, permanent' (Lav 2006, as cited in Ghumkhor, 2012). Tunisian women, now, maintain a hybrid identity. On one hand, she holds onto the traditions symbolized by wearing the veil, but she also has a contemporary lifestyle. Veil is now not only a religious signifier but is

layered with additional meaning which makes it a political dynamite in Tunisian context (Najmabadi, 1991).

In Iran, the meaning of the veil was constructed and reconstructed. Various Iranian political regimes assigned different meanings to the veil and through imposed unveiling and re-veiling, these regimes have constructed an ideal image of Iranian women and in turn of Iran as a modern or an Islamic country. This essentialized singular image has led to the empowerment of some women while marginalizing others and violating their rights. Working class women in Iran during the Islamic revolution who wore chador (huge shawl used to cover the body) were not against veiling but upper- and middle-class women were against veiling, as they wanted to flaunt their expensive gold ornaments and clothes (Najmabadi, 1991).

The discourse of Islamization interacts with the discourse of the Westernized woman as a rights-claiming individual. Muslim women's' identity cannot solely be understood through a religious lens: their subjectivities are an interplay of religious, cultural, political, local, historical and various other dimensions (Jamal, 2009) Addressing the case of the religious movement, *Jamaat-e-Islami* in Pakistan, founded by Maulana Maudoodi in 1941, Jamal (2009) contends that women belonging to this religious group thought of themselves as quite modern. They rejected the class-specific signifiers of modernity like short hair and western dress (that were often associated with upper-class in Pakistan) to signify the adoption of an Islamic self. *Jamaat* women were like participants in any other contemporary Islamic movement; the aim was to recover from processes of degeneration of Muslim subjectivity that started after early periods of Islam and ended in

complete subordination by Western imperial powers in the 18th and 19th centuries (Jamal, 2009).

The project of Islamization initiated by President Zia was detrimental to the cause of women, particularly poor women. Modernity was considered a Western agenda aimed to dishonor women of Pakistan. Under this project, honorable women were the traditional ones living within the walls of their homes. The imposition of Islamized laws made women's' bodies and sexualities matters of public interest. The state took an active role in regulating women's' morality through strict prescription of her dress and regulation of public and private spaces. In the 1960s and the 1970s, the elite modernizing women argued that the ideology of Islam was in alignment with modern values and so Islam ought to keep pace with modern needs of the society (Jamal, 2009).

Hence, the question as to whether veil symbolizes modernity or tradition cannot be answered in one way. In some cultures, veil marks modernity while in other cultures it marks tradition. Even within cultures, women ascribe different value to wearing a veil. One woman may think of veil as a symbol of modernity while the other woman may take veil to be a symbol of oppression and backwardness, and another woman may view it as preserving one's' traditions and by preserving her culture, she may consider herself modern.

### **The New “Hybrid” Woman**

What is then a modern woman like? The term “modern women” is fraught with contradictions and becomes a discursive ideological space for identification created by

global/local media narratives. The concept of femininity in Asia is constructed through a variety of discourses including capitalism, patriarchy and colonialism (Munshi, 2001).

Revisiting the GSM's TVC "suno zara" we see a new hybrid identity of a Pakistani woman, a blend of modernity and tradition. In the advertisement, the dresses alternate from traditional to modern to a fusion of modern and traditional dresses. She adheres to all the cultural values, yet has her own identity and agency in choosing her life partner. In the *Josh* TVC (2016), the message is a similar one- the man marries a supermodel who is career-oriented yet cognizant of the cultural expectations of a newly married woman. In DKT's *Heer* campaign and GSM's *Nisa* campaign, overall the images show women who are career oriented and wear Western and traditional clothes. Women in rural areas are shown conforming to the culture and dress code of the villages. In both the campaigns, women conform to gender roles and cultural expectations like doing household chores. This new hybrid woman is modern yet traditional.

In the messages of DKT International and GSM, women wear Western clothes yet conform to traditional gender roles like making food for the family and having children as soon as they get married. Pakistani women are represented as the new "hybrid" women where they conform to culture yet want to have their own career and a way of life. In a nutshell, what is modern for one woman can be considered traditional for another and some women prefer being traditional, as they associate traditions with honor. Some women combine tradition and modernity in their identity and so their identity is a hybrid of the two. These findings support Chatterjee's (1989) analysis of how South Asian women battle to construct a modern identity while holding on to the traditional values

and Titman's (2013) study on women's representation on matrimonial websites where women signal that they are modern yet traditional with regards to family values.

The next section answers the following research question: How does the nation state negotiate its identity between the notion of modernity and tradition in the globalizing economy with regards to family planning?

### **Modernity: The new face of Nationalism**

Western ideals govern reproduction of nation in the non-Western world. Nationalism becomes synonymous to modernity. In countries like Indonesia and Liberia, nationalism is equated to modernity and based on Western values of family, but countries like Sri Lanka are resistant to western notions of family and progress (Mayer, 2000). In some countries when Western values like family planning and monogamy replace traditional practices, the nation is forced to negotiate its identity in complex ways: on one hand it requires the Western resources and the approval of West, but on other hand it has to remain traditional in order to ensure its sovereignty (Mayer, 2000).

In order to be classified as a modern state, developing countries like Pakistan have put family planning on their national agenda. GSM and DKT International Pakistan disseminate various messages that emphasize such notion of nationalism as being synonymous with modernity. Some the messages from the website and Facebook campaigns are quoted below:

Greenstar envisions a Pakistan where people plan their families and have improved maternal and child health while also reducing the tuberculosis burden.



Greenstar aims to be an organization of competent professionals, passionate about improving the lives of Pakistani people. (GSM, 2016).

This World Population Day make the right decision for your family – choose to plan. Not only does this help control the nation’s population, it also protects your spouse’s emotional and reproductive health, as well as ensures you have the resources to adequately provide for your little ones.#Greenstar #Poocho #WorldPopulationDay #FamilyPlanning .(GSM, July 9, 2019).

Do you believe women of Pakistan, especially in rural communities, have adequate freedom to make their health care decisions independently? (*Heer*, March 21, 2018)

Be wise for the sake of your next generation,” (DKT Pakistan, September 12, 2016).

For a better country and a healthy future.” (DKT Pakistan September 11, 2016).

Messages like these represent women as carriers of their nation’s future and hold them accountable for the country’s progress. The images of small and happy families advertising for contraceptives in campaigns in Pakistan tell a story of progress of the nation to zero-growth rate modernity. The campaigns create an “imagined community” (Anderson, 1991) of planned families and fertile bodies.

In the messages of DKT and GSM, Pakistan’s sovereignty is linked to adopting family planning and any dissenting voices are not present in those messages. The CEO of

DKT International Pakistan stated that families and couples accept family planning and there is minimum resistance to it. Religious authorities, too, have supported this cause and advocate birth spacing (Interview A, 2018). This case is like Indonesia where the state backed by the military advocates family planning, and women rarely criticize family planning as a system of practices or representations. Some women, however, did not accept the state policy of family planning but rather rejected it in favor of natural methods, hence rejecting what they saw as a state language of bio-medical modernity (Dwyer, 2012). However, in the discourse of family planning messages of both GSM and DKT, there are no messages that show that women have been resistant to family planning. Hence, the messages mainly tell the single side of a story, i.e., family planning is essential for modernization of nation and is the road to prosperity, well-being and happiness.

There is a wealth of evidence that, for women in developing countries, the ‘modern’ is always related to be the ‘alien,’ particularly when expected codes of behavior are taken as an outright betrayal of the expectations of their own communities (Dwyer, 2000). At the turn of the century, in the British colony of present-day Sri Lanka, Ceylon, nationalist movements were opposing colonial rule and joined to form a predominant ethnic group, Sinhala, which had a strong Buddhist identity. Sinhala’s heritage had an elaborate gender ideology in which the righteous women repudiated western dress, beliefs and adhered to traditional roles of womanhood. Women who did not conform to the cultural norms were deemed as alienated from their culture (Marecek, 2012). The nation state thus negotiates its identity between tradition and modernity anchoring

women to its development. Women become the carriers of success or downfall of a nation state. In the next section, family planning is discussed with two different lens: biomedical approach and traditional approach.

### **Biomedical Approach or the Traditional Approach?**

How are the promotional messages negotiating between traditional and biomedical approach to family planning?

In the family planning discourse, there are two competing arguments. One puts family planning in a traditional domain-a practice that was there since formation of societies. The other one puts family planning in the medical domain.

Foucault's (1984) discussions of the power of medicine allows me to look at how medicine has an important role in formation of self. According to Foucault, medicine works as bio-power as it is used to discipline people in their everyday lives and does not have a coercive role and authority in people's lives. As a part of the modernization process, there is an increase in trust in modern medicine- medicalization of the body. The aftermath of the modernization was that a slum dweller or a villager in India was aware of the virtues of "modern" behavior whether in family planning, health or employment. This modernity known as "misplaced modernity" (Gupta, 2000) coexists with the most unmodern forms of patriarchy and injustice among lower and middle class. This misplaced modernity has all the 'aspirations to the material trappings of the western life' without much interest in ideological change (Basu, 2005).

The messages of DKT International and GSM have presented family planning as a modern way of living. Traditional ways of family planning are hardly talked about in the messages and are presented as backward. Biomedical ways of family planning like using IUDs or pills are framed as a modern approach. There are various images in both campaigns where women who are advocating for biomedical approach to family planning are often seen smiling, wearing nice clothes and makeup. In the discourse analysis of messages of DKT International and GSM, the word modern is used frequently with “happiness,” “empowerment” and “health.” Few of the messages from these campaigns are as follows:

“Family...a link to the past a bridge to our future. With *Heer* IUCDs build a happy future together.# healthy lifestyle # modern family planning *Heer* IUD # Quality kids time # happy family,” ( *Heer*, April 20, 2017).

“*Heer* IUD’s are the road towards a happy family.# healthy lifestyle # modern family planning *Heer* IUD # Quality kids time # happy family,” ( *Heer*, April 16, 2017).

In the annual report of GSM (2016), the following sentence describes how “modern” is used with regards to family planning: “The aim of this program is to influence consumer perception on modern contraception, and ensure provision of quality services...” (GSM, 2016, p.17)

“The most recent Contraceptive Prevalence Rate (CPR) of 35 % includes 9 % attributed to the use of traditional methods and 26% attributed to the use of modern methods.”

(GSM, 2016, p.32). The brochures of *Heer* campaign have the title “Trustable-for long time-modern concept of family planning (*Heer*, 2017).”

In the messages of both family planning campaigns in this case study, traditional methods of family planning are considered backward while the modern methods are framed as the way forward. Wherever the word family planning is used, the word modern follows it. Similarly, the idea that a new approach of using modern medicine is better than traditional methods undermines the traditional cultural system (see Dutta & Basnyat, 2009). Most campaigns emphasize relying on a modern approach to a well-planned, happy family life and juxtapose it to traditional approach. The messages are framed in a deprecating way and present the subaltern Nepalese class as backward rather than framing decisions as a resource issue, for instance. The campaign rarely addresses the main reason why the Nepalese mother is having more children or whether she has a choice in taking the family planning decision and negotiating the use of contraceptive technology in the relationship (see Dutta-Bergman & Basnyat, 2006). It is important to note how the family planning program is presented as within the dichotomy of tradition vs. modernity, where a well-planned family represents modernity. A similar theme runs in the TVCs of *Heer* and *Sabz Sitara* campaigns. In these TVCs, the use of medical doctors to guide the women about the bio medicinal approach to family planning is emphasized. In *Sabz Sitara* TVC (2016), the pregnant woman’s friend advises her to visit the *Sabz Sitara* clinic to find out the right approach to family planning. The message of the TVC assumes that the woman has no knowledge about birth spacing and following the biomedical approach to family planning is the road to happiness and prosperity.

Messages like that, while providing useful information to the couple, also undermine local knowledge and frame the biomedical approach to family planning as modern and the best solution for happiness. These findings align with Bennett's (2005) who argues that biomedicine is synonymous with modernity and the state image of development, but in many parts of Indonesia, utilization of biomedicine is uneven, and some people prefer traditional medicine. In the realm of reproductive health in Indonesia, resorting to traditional methods is common, particularly in villages where access to modern health facilities is difficult.

The biomedical approach to family planning is advertised as a healthy approach, and as one sees from the logo on the contraceptive pills of GSM and DKT, the pills are associated with flowers like tulips and daisies and the image is infused with soft pastel tones symbolizing femininity (see figure 20 and 21). The pill is shown as an extension of nature. This connection between pill, nature and women is not coincidental. It was seen in the pills packaged in the 1960s in Canada in an Oracon contraception campaign. Hence, biomedical approach to family planning is represented as safe, natural and healthy for women, and its connection to nature masks its side effects that are barely mentioned.

Basu (2005) brings a very interesting case of urban, educated women of India who prefer using traditional methods of contraception, while women of low socio-economic class prefer modern methods of family planning. The dominant narrative of a successful family planning campaign in the developing world is based on "modern" methods of contraception while traditional methods of contraception are synonymous with traditional mentalities and the failure to modernize and control fertility (Basu, 2005).



Figure 20  
Nisa logo, Greenstar Social Marketing Pakistan



Figure 21  
Heer logo, DKT Pakistan

The traditional method of contraception is defined as the non-invasive and non-material way of preventing pregnancy, for instance by withdrawal, terminal abstinence and/or use of condoms. Modern methods are via pills, IUD, sterilization and injections. It is the poor women with low levels of literacy that chose modern methods of contraception. The high level of use of traditional methods among educated urban women is not surprising. In the Indian context, higher levels of income translate to a greater body consciousness and more organic lifestyle. Magazines and journals stress a return to Indianized Westernization and so traditional methods of birth control fit well into these narratives (Basu, 2005). However, as Johansson (2001) points out, in order to develop consumer culture, using IUDs and other hormonal pills are advertised to increase the sales of the pills and IUDs. Hence, the biomedical approach of family planning is emphasized as crucial for modernization of the nation and the family unit. The main theme in all the campaigns of GSM and DKT International is that the biomedical

approach to family planning is essential while completely disregarding the local and alternative voices.

In Southern Cameroon, women use periodic abstinence rather than modern forms of family planning methods, as this allows them to have a disciplined, honorable and modern identity. In their culture, managing sexual relationships by averting unintended pregnancies is a marker of modernity and modern honor. Despite the easy accessibility and low cost of the modern contraceptives, most women are reluctant to use modern methods. It is important to note that women are using traditional methods in alignment with modern values (Hanks, 2002). From these specific examples, the word “modern” needs to be redefined and modernization needs to be looked at from a different perspective. What is considered a modern method for one woman can be traditional for another. Furthermore, being traditional might be understood as more empowering and honorable, as in the case of the women from Southern Cameroon. There are nations where resistance to modern family planning is a way of maintaining their sovereignty and holding onto their identity of a nation state, while there are other countries where accepting family planning in a modern life marks their nationalism. This example of Southern Cameroon again shows how contested the word ‘modernity’ is and hence, it needs to be used cautiously. In a nutshell, the promotional messages of DKT International and GSM both present family planning as a step to modernization of the nation and often link it to the country’s nationalism.

Concluding this chapter, one observes that the dominant reproductive discourse represents the woman of Global South as in need of advice on how to be a better mother



and a wife. Although there is no direct reference to “Western women saving the Third World women from their own culture,” in the messages of DKT and GSM, one does see repeated messages like “modern family planning as the road to prosperity, health and happiness.” Women are being told that the way to a good life is through the modern way of living, i.e., having a small family, as detailed in this chapter. Development discourses like these reveal a Eurocentric view of modernity. Escobar’s work is influential in this regard as reviewed earlier in Chapter III. In his compelling work of how development came to function as a discourse, he argues that after 1945, not only was the notion of “Third World” created, but industrialized nations also “created an extremely efficient apparatus for producing knowledge about, and the exercise of power over’ this geopolitical region” (Escobar, 1995). Escobar criticized the concept of development and its attachment to modernization project which is visible in these campaigns whereby modernization is linked to family planning.

The next chapter concludes the dissertation and discusses limitations, scope for future research and the theoretical and practical contributions of this project.

## CHAPTER IX

### SUMMARY, CONCLUSION AND RECOMMENDATIONS

Pakistan is the sixth most populous country in the world. This burgeoning population puts a tremendous pressure on scarce resources of the country. There have been various family planning campaigns since the 1960s, but the contraceptive prevalence rate (CPR) remains quite low compared to other South Asian countries. This project was a case study of two-family planning nonprofit organizations: GSM and DKT International Pakistan. The promotional messages of these organizations were analyzed to see how women, gender relations and reproductive health are represented in these campaigns. Most family planning campaigns in Pakistan focus on the supply side by providing contraceptives (Hakim & Tanweer, 2000). There is dearth of literature on campaigns that aim to increase the demand for contraceptives. This study is hence significant as it focuses on communication and marketing strategies to generate demand for contraceptives. Women's representation in the development communication is often overlooked and so this document adds to the field of development communication. This research will be a useful policy document for development practitioners in addition to academic scholars. It also contributes to the existing literature on development discourse in health communication.

Media campaigns have been effective in various communities to disseminate health messages (Wakefield, Loken & Hornick, 2010); however, such campaigns have

been historically uncommon in Pakistan (Ministry of Population Welfare, 2007). The exposure to these mediated texts through media has a strong impact on reproductive attitudes and behaviors of individuals, as revealed by national analyses of survey data (Olenick, 2000).

The messages encoded by the producers are sites of struggle for accepting, negotiating or rejecting dominant family planning ideologies and hegemonic governmental policies. Language has political and ideological power (Rance, 1997), and discourse creates a representation of the world that helps create and sustain cultural and social reality (Rodríguez, Say & Temmerman, 2014). Language is action, and so the messages of the campaigns must be examined carefully to make sense of them. The objective of the study was to conduct a thorough analysis of these mediated texts in the family planning campaigns of DKT and GSM to explore which dominant ideologies about gender, power-relations, class and reproductive health prevail in the public health discourse. These development discourses are significant as they create knowledge about women which later translates into policies and intervention strategies (Wilkins, 1999).

This project is grounded in several theoretical bases of knowledge: Hall's system of representation, development communication, culture-centered approach to health communication, feminist theories, and Kabeer's concept of empowerment. This dissertation employed qualitative methods: interviews and critical discourse analysis to answer the research questions. For the interviews, ten participants were selected, five from each nonprofit organization, DKT Pakistan and Green Star Social Marketing. All the participants related to the conceptualization, production, and dissemination of the

promotional messages of the campaigns were contacted. Discourse analysis of the TVCs, Facebook campaigns and official documents of DKT and GSM was done for the time period 2012-2019. GSM has launched major campaigns like *Saathi- Jeet ka Sultan* Campaign, *Nisa* Campaign, *Touch* (delay) Campaign, and *Do* Campaign while DKT has launched successful campaigns like *Josh* (condom campaign), *Dhanak/Heer* (IUD campaign), and Prudence Premium (condom campaign) in the last eight years.

Health communication field has predominantly been quantitative in nature and the mainstream approach to health behavior change is fixed at the level of the individual. The culture-centered approach to health communication, while criticizing the modernist framework, states that Western theories and models do not translate well in other cultures as they do not focus on the voices of the subaltern. Communication theories ought to be developed from within the culture or community rather than from outside. The dominant framework of health communication constitutes family planning under the framework of Third World pathology, treating overpopulation as a disease and writing over the bodies of women of the Global South with a script of modernity (Dutta-Bergman, 2004, 2005). Keeping all of this in view, this project intended to look at family planning narratives in Pakistan at the intersection of structure, culture and agency. Questions like “who represented the women? Who sets the agenda? What was the dominant ideology in the messages? Whose voices are being erased. Whose voices are being heard” are of paramount significance when examining the promotional messages of DKT and GSM from a culture-centered lens of health communication.

In this dissertation, women's representation was explored in terms of sexuality, empowerment and intersectionality. How gender relations and roles were depicted in the promotional messages was also detailed. Women's representation and gender roles was examined within the project of modernity. Furthermore, the way communication strategy of GSM and DKT has evolved in the last decade formed an integral part of the research.

With regards to the main findings in this dissertation, DKT's campaigns like *Josh* and *Prudence Premium* and GSM's *Do* campaign have strong sexual connotations and tend to sexually objectify women in most of the messages. *Josh* and *Prudence Premium* campaigns had numerous images and Facebook posts that presented women as sexually liberated. In addition to this, gender relations in the aforementioned campaigns although show women apparently "in charge of their sexuality", trivialize women's status to that of a sex object. Interviews with the communication officials of DKT corroborated these findings as the CEO remarked that DKT wanted to present women in control of their personal and sexual lives (Interview A, 2018). DKT's communication strategy draws on postfeminist ideology. In contrast, GSM's communication strategy rests on radical feminist approach. Most images of the women in *Saathi*, *Nisa* and *Touch* campaigns show women wearing traditional dress of Pakistan and conforming to traditional gender roles. These women appear passive and generally are seen consulting their husband and mother-in-law in the family planning decision. GSM has targeted rural women and so the GSM narratives reflect the rural cultural norms. In both the GSM and DKT campaigns, women who wear *shalwar kameez* and cover their head with *dupatta* appear more subservient to their husbands and fully engaged in household chores. Although both these

campaigns have images that show working women wearing *shalwar kameez* and *dupatta*, generally women wearing western clothes are the ones who appear empowered and more confident in voicing out their concerns. There is plenty of evidence in the literature that indicates that veil/ *dupatta* is not synonymous with empowerment and agency (see Lughad, 2002) as was evident during Iran's Islamic revolution in 1979 ( see Jafar, 2005). Another significant observation in the promotional messages of GSM and DKT is that Islam is not represented as an impediment in family planning, and the interviews with the producers of these nonprofits confirmed that consumers do not consider religion as hindering the process of birth-spacing; in fact, Islamic teachings encourage it.

One of the main findings in these promotional messages is the linkage of the concept of “empowerment” to “economics” in many narratives of DKT and GSM. The new concept called “smart economics” fits well into the neoliberal agenda. Investing in women to achieve economic gains in developing countries is the basic premise of smart economics but the main questions remains whether the objective is to really empower women or promote economic liberalization ( see Chant, 2012). Though Chant raises the question that the double burden of domestic and paid work may make men irresponsible, this argument is not supported by the main findings of this research.

Before, conducting the research, I had a biased view that Pakistani men will be presented as authoritative and indifferent to women's struggles domestic and professional struggles. Although, in some promotional messages of GSM, this is evident, predominantly messages of GSM and DKT present the husband as a caring individual who not only helps the wife in her household work but looks after her health and that of

the children. This observation is well-aligned with Mohanty's (2005) criticism of western feminism representing Third World men as the perpetrators and refutes Dogra's (2011) findings on representations of men and women in the developing versus industrialized world in fundraising messages of international development INGOs. The concept of "caring man" is a useful one and warrant further research in the future in the family planning discourse.

Another significant finding worth reiterating is that in both the campaigns, producers seems to commodify lovemaking where love is equated to contraceptives in order to create an appeal for their product by showing sexy images of couples. The condoms Facebook pages appears more glamorous than IUD's pages of DKT and GSM. This finding is consistent with Rath & Simond's (2010) study on contraceptive advertisement. Contraceptives in these campaigns are presented as aspirational products for luxury consumption and as public service products simultaneously as noted earlier in Mazzarella's (2003) and Anderson's (2002) analysis of advertisements. These advertisements connect sexuality with commodities and in doing so sexually objectify women. This midriff advertising as explained earlier by Gill (2008) draws from postfeminist theory and sexually liberates women in the name of empowerment.

The IUD campaigns of DKT i.e., *Heer* and GSM i.e., *Nisa* elaborate on the role of women as mothers and focus more on the women's health and happiness. Rather than presenting women as sexually liberated, these campaigns present women as pious, pure and responsible mothers. These messages normalize motherhood in a way that motherhood almost becomes synonymous with nation-building and leaves no room for

childless couples in the discourse. This brings one back to a Foucauldian analysis of reproductive health, where surveillance of the couple by the society urges them to have children. Pregnancy and motherhood are a sacred period in a Pakistani woman's life. Culturally, when a woman becomes a mother, she gains respect, honor and more trust in family-making decision processes (Basnyat & Dutta, 2012). Various political regimes in Pakistan have stressed the importance of motherhood and women being transmitters of national culture. In President Zia's regime in 1979, women's primary role as mother and wife was emphasized to such a point that Zia's ideology relegated women to the private sphere. Zia's legacy is still present to this day where a virtuous and a responsible woman is a selfless mother who sacrifices everything for the welfare of her family. Many women start their career after their children grow up, and women who are already in the labor force generally take maternity leave ranging from three months to a year. Many women prioritize childbirth over having a career. The more children one has, the more agency she has. This reality is missing from the narratives of DKT and GSM. Neoliberal discourses fail to acknowledge the lived experiences of mothers and focus more on putting every individual into the workforce. These discourses present mothers as "super moms" who work from nine to five and then come home with a smile on their face and have time for their children. In Pakistan's culture, women who prioritize career over motherhood are frowned upon. Pakistani women continuously negotiate the meanings of motherhood and their place within a larger structure. The lived experiences of these mothers are overlooked, and so a culture-centered approach seeks to understand women's everyday experiences within their local contexts (Dutta, 2008).



GSM and DKT campaigns have recurring images of a modern mother who has a small family. Women's representation and gender roles within the project of modernity assumes great significance in the narratives of these nonprofit organizations. Western clothes, family planning and a western way of life is synonymous with modernization in these texts. The word "modern" is much contested, and according to Munshi (2011), becomes a discursive ideological space for identification created by global/local media. Jamal (2009) and Ghumkhor (2012) (as mentioned earlier) argue that Muslim women cannot be called traditional or modern based on their choice of clothes and appearance. There is a general trend in most of the GSM's campaigns (excluding *Do* campaign) that women who wear traditional clothes appear shy and passive. In DKT's campaigns except the *Nisa* campaign, women who wear western dresses appear more confident, bold and autonomous. However, over the last few years, we see recurring images of women who wear traditional clothes and are more autonomous in the GSM and DKT messages. The narratives have given birth to a new 'hybrid' woman who is modern yet traditional, who is career-oriented yet loves to do household chores, who wears western clothes yet conforms to many traditional norms like cooking food for the family.

One significant finding in the mediated texts of GSM and DKT is the correlation of unhappiness with a large family size. A large family is shown to be poor and wears soiled clothes. On the other hand, one observes recurrent themes of a small family in a luxurious house, going to exotic travel destinations. Dutta and Basnyat (2009) point out that in modernization narratives like these the responsibility for health shifts to the individual, leaving out culture and the context in which actions are placed. One needs to

question if voices of the marginalized are being erased here? The modernization project strongly impacts the reproductive health arena where medicalization of the body remains the only way to have a long and disease-free life. This brings us back to Foucault's concept of bio-power whereby medicine works as bio-power and is used to discipline people in their everyday lives (see Foucault, 1979). The biomedical approach negates cultures like that of Southern Cameroon where traditional ways of birth control are considered not only modern but honorable (Hanks, 2002). It is imperative to question whether mainstream medical discourses pose the risk of completely erasing the voices of the subaltern. Although the family planning messages may be encoded in a glamorized modern way, promising a happier life and more empowerment, women decode the messages based on their lived realities. In some sub-cultures of Pakistan, having a bigger family gives women more agency, respect and control. Therefore, a culture-centered approach to health communication becomes critical in understanding how these co-constructions create "alternative entry points for understanding the interpretive frameworks within which women from the subaltern sectors of the globe make sense of motherhood and their reproductive health, and simultaneously deconstructs the erasures in mainstream Eurocentric discourses of reproductive health" (Dutta & Basnyat, p.281, 2008). Such points of entry are missing in DKT and GSM's narratives of family planning; rather Pakistan's culture is represented as monolithic where all women "are eager to have smaller families," Such depictions erase voices of many women who dream of having larger families. The promotional messages of DKT and GSM remain silent on this reality and seem to have interpolated motherhood into neoliberal ideologies. To make

matters worse, the notion of empowerment trickles in and so these women have been given a “false consciousness” where they need to enter the public sphere and be “super moms” and act as responsible citizens of the nation. This brings us back to a Foucauldian analysis of healthcare, where institutions produce subjects as citizens who function within the parameters guided by those institutions. These responsible neoliberal citizens make “informed choices” about having smaller families and minimizing risks to health by opting for birth control.

Over the years, one sees a gradual shift from having two children only to emphasizing birth spacing in the GSM narrative. Women have been portrayed as passive, subservient and adhering to traditional gender roles like being a housewife. Most women wear the traditional dress of Pakistan. Women’s representation evolves from being completely submissive to having more autonomy and agency in matters of family planning. She is now shown to be an equal partner, a loving mother but also a dutiful housewife. The narrative of GSM’s TVC hasn’t changed much and still shows a couple or two women discussing going to the *sabz sitara* clinic to talk about family planning. However, there is a shift from fear-appeal to the welfare and happiness of the woman. GSM launched the *Do+* campaign on Facebook, which was influenced by the DKT campaigns, and used a very different approach. *Do+* campaign was full of sexually explicit material. GSM now focuses more on interpersonal communication and less on producing TVCs. DKT started its operations in 2012 and their campaigns had bold images with strong sexual connotations. Over the years, DKT has represented women as bold, independent and autonomous in decision making. These women generally do not

ascribe to traditional gender roles, wear Western clothes and are more confident about their sexuality. Men in GSM and DKT campaigns are shown to be caring and concerned about their partner's health. DKT campaigns have humor, so rather than having fear-appeal, there is more pleasure appeal, as sex is glamorized in the narratives of DKT.

Although DKT does a promising job of presenting women as having autonomy and being vocal enough to state their preferences in contraceptives, it risks trivializing women's empowerment by sexually objectifying women. It would be beneficial to focus more on women's identity and autonomy versus sex appeal. It is also recommended that the messages should be more intersectional in terms of language, socio-economic status and identity. The narrative should include women of different child-bearing ages, skin color and body weight. GSM, on the other hand, needs to present women as more autonomous and having more agency to make their decisions as women appear too passive in the promotional messages. Both campaigns need to mention the short-term and long-term side effects of using IUDs and pills. Religious interpretation should also be incorporated in the promotional messages as many people still base their family planning decisions around religion. Furthermore, limiting the images that specifically point to a Western lifestyle make the messages less inclusive for the population that lives below the poverty line.

Last but not the least, what is missing in the narratives of both the campaigns is the use of alternative medicine for family planning. The use of herbal medicine is very common among Pakistanis. In one of the rural areas, Samahni valley in Pakistan, people use herbal medicine to treat sexual diseases and control birth rate. Many people are still

dependent on medicinal plants to treat themselves (Mohammad & Khan, 2008). This practice is also common in urbanized areas of Pakistan. In the Promotional messages of these campaigns, the new approach of presenting modern medicine as superior to traditional medicine undermines traditional culture and values (Dutta & Basnyat, 2009).

### **Theoretical Contribution**

The findings of this project are locally situated in context of Pakistan and offers insights into the ways in which health communication can be theorized and practiced in other contexts. As family planning has moved from the private to the public sphere and is on the international development agenda, it cannot be explored from via a single theoretical lens. Representation of women of Global South cannot be assessed without a postcolonial feminism lens and offers a rich perspective on reproductive health of women in Global South. Postcolonial scholars strengthen their argument by using an intersectionality lens, which acknowledges that individuals have multiple and overlapping social identities. A culture-centered approach to health communication becomes a necessity as women constantly construct, negotiate and oppose meanings of messages within their cultural contexts. Although a Foucauldian analysis is extremely relevant here, despite a biomedical discourse of reproduction being normalized by institutions and transnational corporations, women choose what truly empowers them and gives them agency, whether it is having a larger or a smaller family. This varies from family to family and from community to community. Every woman's lived experience is unique, and how she decodes a message is contingent on her daily reality. Postcolonial feminism acknowledges that every identity is unique, and one should refrain from

representing one culture as monolithic. Postcolonial feminists have been successful in using a transnational lens that considers ways in which imperialism and colonialism have organized capitalism and how gender relations are viewed within that context. Capitalism is not to be considered an identity intersection but rather the larger context in which social categories like race, class and gender are constituted (Salem, 2014).

Intersectionality studies sometimes fail to show how these social categories are placed within the neoliberal capitalist structure. Aligning with Salem's (2014) argument, with regards to the case of family planning, one needs understand how power processes function in the family planning discourse and in networks between these discourses.

Social categories are placed within the neoliberal system. It is imperative that message producers do not reproduce Orientalist stereotypes and represent women as a monolithic group; therefore, the importance of a culture-centered approach to health communication cannot be overstated. One must look at whose voices are being erased and whose voices are present and in doing so work to create communicative equality. Communicative equality (See Dutta, 2020) for this project starts from the point whether the producers of these campaigns practice self-reflexivity and critically interrogate their position of power and privilege. For most health campaigns that target the subaltern, the success of the campaign would lie in adopting a culture-centered approach to communication and co-build spaces of recognition and representation within the marginalized communities. So for instance, what communication infrastructure do these women own where they can circulate their voices.

This research bridges the gap that has been there in the field of health communication. Postcolonial feminism has developed but never been put in interaction with health communication particularly in context of Pakistan. This is much needed as subaltern women are put into a certain kind of structure that forces them to understand reproductive health in a foreign way. Reproductive health has been governed by western ways of understanding. With postcolonial feminism and health communication interaction, a new possibility of reproductive health imagination can be ensured at the margins in Pakistan where we will not be governing with foreign stories. Women will feel honored to be who they are but at the same time feel they have the agency to change the reproductive reality of Pakistan.

### **Limitations**

This study is not without limitations. The aim of this study was to see how women, gender roles, gender relations and family planning were represented by GSM and DKT. The dissertation was a case study of a global and an international nonprofit organization. As such, the findings in this study are limited to the specific site of analysis, and generalizations cannot be made from them. Other nonprofit organizations may represent Pakistani women in a different way. There are various other actors, nonprofit organizations, private organization and civil society actors in this field. Furthermore, before every TVC is produced and the main theme of a campaign is decided, a meeting of the communication team takes place. The content is dependent on the team's vision; therefore, in the future a change in the team may influence the way women are represented. Time and finances were limited as I had to fly to Pakistan to

interview the producers and collect documents that were not available online. If I had more time, I would have interviewed more people involved in the production of the messages. While the producers interviewed provided complete answers to the questions, my identity as an outsider may have been an obstacle in showing complete honesty in their responses. The role of the researcher is an important part of the methodology. In qualitative research, reality is internal to the mind of the researcher and so this may lead to the issue of observational bias. In order to prevent that the researcher needs to be reflexive. Reflexivity implies that all researchers are biased by their preconceptions, values, interests and their social locations (Hammersley & Atkinson, 1983). This also implies that researchers should recognize and distance themselves from prior assumptions and beliefs that could affect findings and interpretations. Reflexivity allows the researcher to explore his or her assumptions and how those assumptions can influence their work (Jootun, McGhee & Marland, 2009). I was cognizant of the fact that many INGOs present women of Global South as passive, so I viewed the texts from a neutral point of view as best I could. I also realize that, as an interviewer, studying in the US and being able to speak English gave me a sense of privilege during my data collection process. As India and Pakistan were colonized by British, speaking English is a class-based privilege. However, being a woman in a patriarchal country, I felt like an outsider many times when I was interviewing men, as gender norms discourage women to talk about the taboo topic of contraception in Pakistan, so this loss in privilege also may have impacted my data gathering.



Because this study was specifically interested in the encoding and production of the message, it did not address the decoding aspect. Understanding the consumers' response to the promotional messages of DKT and GSM, especially in terms of analyzing the narrative of women's empowerment embedded in them, would bring reveal important issues regarding the use of contraceptive in individuals' lives and the ways in which people use or contest the narratives in them. The effectiveness of both the campaigns is out of scope for this project.

### **Future Research Directions**

This study looks at how promotional messages of DKT and GSM represent women, gender roles and relations, and family planning. These encoded messages are sites of struggle for accepting, negotiating, or rejecting dominant family planning ideologies and hegemonic governmental policies. The other side of the coin is to see how the audience interacts with these messages and how the messages are read and interpreted. For a richer study, intended users of contraceptives need to be interviewed to gain understanding of effectiveness of family planning programs. It is also important to examine how the subaltern interpret, select and evaluate these messages in their everyday lives. There have been various studies on family planning campaigns that look at it from a post-positivist lens and therefore in the field of health communication, a critical-cultural lens is significant to find the true and a deeper meaning of the social reality. The family planning literature also needs to look into the concept of "caring man" as mentioned earlier. In addition to this the role of alternative medicine is another area ripe for research.

Finally, further studies should look at health campaigns from a perspective in which the audience is active and gives a significant meaning to cultural objects. In the Book “Best Laid Plans,” McDonnell (2016) argues that “these well-designed campaigns are undergoing ‘cultural entropy:’ the process through which the intended meanings and uses of cultural objects fracture into alternative meanings, new practices, failed interactions, and blatant disregard.” Studies should look at how the family planning campaigns in Pakistan have undergone cultural entropy.

### **Concluding Remarks**

Histories of the birth control pill often emphasize that having the option of contraceptives has empowered and liberated women and was a revolutionary discovery. A closer analysis of the promotional messages of DKT and GSM reveals that this might not be the case. The promise of empowerment made by the birth control industry now translates to the ad featuring not even the woman perhaps but just a box; or sometimes the woman is represented as a seductress and a sex-object. Such representations reinforce gendered norms about sexuality. There are countless messages in GSM’s and DKT’s campaigns that the secret to having a happier and a fulfilling life is to have a smaller family. Adopting modern practices of family planning seems like an antidote for poverty, misery and ill-health. Women who use contraceptives like IUDs are shown to be empowered, more loved by their spouse and successful in their life. The dominant narratives presented in these promotional messages is antithesis of the lived reality of many women in Pakistan. In Pakistan’s culture, many women gain a certain respect and status by having more children who become the women’s source of empowerment. In

villages, having more children is seen to bring economic prosperity as the children grow up to work in the field and help their parents. In the messages of DKT and GSM, it is essential that the producers show this reality and alternative voices. Although including marginalized voices may weaken arguments to have a small family, it is important to show the real picture. It is critical that we look at how knowledge is produced and the risk of it being “whitened.”

Family planning has existed since time immemorial but somehow this project seems to be hijacked by scientific, patriarchal, neoliberal and Western discourses. Western discourses that originate in an individualistic culture cannot speak for the lived experiences of women of collectivist cultures like that of Pakistan. There is a dire need for scholarship originating from the Global South that does not have a western theory as a reference point. However, discourses in reproductive health sometimes remain silenced and dominated by the powers of shaming and repudiation from different orthodox actors that sit at international conferences talking about women’s bodies. Then there are dominant population discourses by states, feminists and international organizations in which the actors reframe this issue in terms of reproductive rights and agency while continuing to reinforce racialized and sexualized gendered constructions. Afterall, women’s bodies were and still are ‘sites of domination’ (Foucault, 1978: 79), ‘controlled to meet the needs of those in power’ (Marcellus, 2003: 11).

## APPENDIX A

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### Consent for Research Participation

**Title**

Analysis of Gender Representation in Family Planning Campaigns in Pakistan: Comparing Green Star Social Marketing and DKT International 2012-2018

**Researcher(s): Farah Azhar (University of Oregon)**

**Researcher Contact Info:** [4582050521]

faraha@uoregon.edu

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You are being asked to participate in a research study. The box below highlights key information about this research for you to consider when deciding whether to participate. Carefully consider this information and the more detailed information provided below the box. Please ask questions about any of the information you do not understand before you decide whether to participate.

Key Information for You to Consider
<ul style="list-style-type: none"><li>• <b>Voluntary Consent.</b> You are being asked to volunteer for a research study. It is up to you whether you choose to participate or not. There will be no penalty or loss of benefits to which you are otherwise entitled if you choose not to participate or discontinue participation.</li><li>• <b>Purpose.</b> The purpose of this research is to analyze how women are represented in the advertisements by Green Star Social Marketing Campaign- a local non-profit organization and DKT - an international non-profit organization operating in Pakistan</li><li>• <b>Duration.</b> July-Sep 2018</li><li>• <b>Procedures and Activities.</b> You will be asked to answer interview questions about the advertisements and the interview will be recorded if you permit (structured and semi-structured)</li><li>• <b>Risks.</b> Some of the foreseeable risks or discomforts of your participation include privacy and confidentiality. However, names and responses will be kept confidential</li><li>• <b>Benefits.</b> Some of the benefits that may be expected include producing better advertisements for the local population. The interviews will allow me to collect data for my dissertation.</li><li>• <b>Alternatives.</b> As an alternative to participation, you could refuse to participate or recommend someone else who is more comfortable to participate and give an interview.</li></ul>

**What happens if I agree to participate in this research?**

If you agree to be in this research, your participation will include answering questions that you are comfortable answering. The conversation will be recorded if permission is granted. You are free to show the questions to the higher-ups.

We will tell you about any new information that may affect your willingness to continue participation in this research.

**What happens to the information collected for this research?**

Information collected for this research will be used to analyze how women are represented in the family planning advertisements. After the interview is transcribed, the recordings will be deleted.

**How will my privacy and data confidentiality be protected?**

We will take measures to protect your privacy including your name and the information you share. Despite taking steps to protect your privacy, we can never fully guarantee your privacy will be protected.

We will take measures to protect the security of all your personal information including your name, your designation and your views on the topic. Despite these precautions to protect the confidentiality of your information, we can never fully guarantee confidentiality of all study information.

Individuals and organization that conduct or monitor this research may be permitted access to and inspect the research records. This may include access to your private information and the audio interview recoding. These individuals and organizations include: Myself, IRB (University of Oregon), Chris Chavez (Associate Professor of University of Oregon).

**What are my responsibilities if I choose to participate in this research?**

You will be giving an interview on the advertisements.

**What if I want to stop participating in this research?**

Taking part in this research study is your decision. Your participation in this study is voluntary. You do not have to take part in this study, but if you do, you can stop at any time. You have the right to choose not to participate in any study activity or completely withdraw from continued participation at any point in this study without penalty or loss of benefits to which you are otherwise entitled. Your decision whether to participate will not affect your relationship with the researchers or the University of Oregon.

**Will I be paid for participating in this research?**

Your participation is highly appreciated but there will be no payment for your participation.

**Who can answer my questions about this research?**

If you have questions, concerns, or have experienced a research related injury, contact the research team at:

Farah Azhar  
0092-3225678195  
faraha@uoregon.edu

An Institutional Review Board (“IRB”) is overseeing this research. An IRB is a group of people who perform independent review of research studies to ensure the rights and welfare of participants are protected. UO Research Compliance Services is the office that supports the IRB. If you have questions about your rights or wish to speak with someone other than the research team, you may contact:

Research Compliance Services  
5237 University of Oregon  
Eugene, OR 97403-5237  
(541) 346-2510

**STATEMENT OF CONSENT**

I have had the opportunity to read and consider the information in this form. I have asked any questions necessary to make a decision about my participation. I understand that I can ask additional questions throughout my participation.

I understand that by signing below, I volunteer to participate in this research. I understand that I am not waiving any legal rights. I have been provided with a copy of this consent form. I understand that if my ability to consent or assent for myself changes, either I or my legal representative may be asked to re-consent prior to my continued participation in this study.

I consent to participate in this study.

\_\_\_\_\_

Name of Adult Participant

\_\_\_\_\_

Signature of Adult Participant

\_\_\_\_\_

Date

**Researcher Signature** (to be completed at time of informed consent)

I have explained the research to the participant and answered all of his/her questions. I believe that he/she understands the information described in this consent form and freely consents to participate.

\_\_\_\_\_

Name of Research Team Member

\_\_\_\_\_

Date

\_\_\_\_\_

Signature of Research Team Member

**APPENDIX B**  
**INTERVIEW GUIDE**

Interview Questions for communication employees working for Greenstar Social  
Marketing family planning campaign in Pakistan

1. When Green Star started its operations in 1991, what was the long run goal?
2. Who is the Major donor of Green Star? / What is the major influence of the donors (Do they dictate the theme of the advertisements)?
3. Who is the target population?
4. What is the theme/message of the advertisements?
5. How many meetings take place before an advertisement is produced?
6. How many advertisements are produced every year?
7. Is the message of the advertisement in alignment with the local values and culture? Why/why not?
8. How does the creative team decide on how women should appear in these ads?  
Did the creative team want the women to appear submissive or bold (having the autonomy to express her opinion in the advertisement)? Why?
9. What gender roles are being or not being reinforced?
10. Were there any underlying themes that were deliberately kept hidden/implied?
11. Was the effectiveness of the advertisement analyzed once the advertisements went on television?

12. What was the response towards these advertisements within the office and the public?
13. Do you think these ads are more appealing to men or women? And why?
14. How are the following represented in these advertisements: wife, mother-in law, husband?
15. What are the main obstacles to family planning in Pakistan?

Interview Questions for communication employees working for DKT International  
Pakistan

1. When DKT int came into the picture in 2012, what was the long run goal?
2. Who is the Major donor of DKT? / What is the major influence of the donors (Do they influence the theme of the advertisements)?
3. Who is the target population?
4. What is the theme/message of the campaign?
5. How many meetings take place before an advertisement is produced?
6. How many advertisements are produced every year?
7. Is the message of the advertisement in alignment with the local values and culture? Why/why not?
8. How does the creative team decide on how women should appear in these ads?  
Did the creative team want the women to appear submissive or bold (having the autonomy to express her opinion in the advertisement)? Why?
9. What gender roles are being or not being reinforced?



10. Were there any underlying themes that were deliberately kept hidden/implicit?
11. How have you evaluated the effectiveness of the campaign: what have you learned so far?
12. What was the response towards these advertisements within the office and the public? Were you expecting a backlash or the censorship of the advertisements? What about the backlash from religious authorities?
13. Do you think these ads are more appealing to men or women? And why?
14. How are the following represented in these advertisements: wife, mother-in law, husband?
15. What do you think are the main obstacles to family planning in DKT?

## APPENDIX C

### REFERENCE LIST OF DKT AND GSM's FACEBOOK PAGE POSTS

- Do, GSM. [Do]. (2017, September 3). Make every moment intense with our latest 3 in 1 imported Do Condoms#[Ribbed](#) # [Dotted](#) # [Delay](#) #[DoWhatYouLove](#). [Facebook update]. Retrieved from <https://www.facebook.com/do3in1/photos/a.139271676658311/149503328968479/?type=3&theater>.
- Do, GSM. [Do]. (2017, October 17). Experience enhanced lovemaking with Pakistan's first 3 in 1 premium and imported Do Condoms [#Ribbed](#) [#Dotted](#) [#Delay](#)[#DoWhatYouLove](#)[Facebook update]. Retrieved from <https://www.facebook.com/do3in1/photos/a.139271676658311/160923801159765/?type=3&theater>.
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- Do, GSM. [Do]. (2018, April 9). Don't be afraid of getting wet.[#DoWhatYouLove](#) [#Ribbed](#) [#Dotted](#) [#Delay](#). [Facebook update]. Retrieved from <https://www.facebook.com/do3in1/photos/a.139271676658311/210857132833098/?type=3&theater>.
- Do, GSM. [Do]. (2018, May 14). Don't let your life pass you by without having some fun! [#DoWhatYouLove](#) [#3in1](#). [Facebook update]. Retrieved from <https://www.facebook.com/do3in1/photos/a.139271676658311/221688231749988/?type=3&theater>.
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- Greenstar Social Marketing [GSM]. (2017, January 5). Women empowerment is key to a growing society. #NoMenWithoutWomen [Facebook update]. Retrieved from <https://www.facebook.com/greenstarsm/photos/a.812948042133730/1158737807554750/?type=3&theater>.
- Greenstar Social Marketing [GSM]. (2017, January 23). While planning a family, it is extremely important to keep your resources in mind, both current and prospective. [Facebook update]. Retrieved from <https://www.facebook.com/greenstarsm/photos/a.812948042133730/1177605622334635/?type=3&theater>.
- Greenstar Social Marketing [GSM]. (2017, January 2). Women empowerment is the first step towards a modern society. [Facebook update]. Retrieved from <https://www.facebook.com/greenstarsm/photos/a.812948042133730/1158733684221829/?type=3&theater>.
- Greenstar Social Marketing [GSM]. (2017, November 15). Family planning is key to slowing unsustainable population growth and the resulting negative impacts on the economy, environment, and development efforts. [Facebook update]. Retrieved from <https://www.facebook.com/greenstarsm/photos/a.812948042133730/1449504795144715/?type=3&theater>.
- Greenstar Social Marketing [GSM]. (2018, February 12). Did you know that family planning measures can help save you money? #GreenFamily #GreenFact. [Facebook update]. Retrieved from <https://www.facebook.com/greenstarsm/photos/a.812948042133730/1530547557040438/?type=3&theater>.

- Greenstar Social Marketing [GSM]. (2018, February 28). Did you know, smaller families allow for more investment in your standard of living? [Facebook update]. Retrieved from <https://www.facebook.com/greenstarsm/photos/a.812948042133730/1541748099253717/?type=3&theater>.
- Greenstar Social Marketing [GSM]. (2018, March 14). Women are fully capable of choosing the amount of children they want to have. Their body is theirs. [Facebook update]. Retrieved from <https://www.facebook.com/greenstarsm/photos/a.812948042133730/1559436314151562/?type=3&theater>.
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- Heer*, GSM [Heer]. (2017, November 26). Heer plays a role in empowering women and give them the courage to go for their dreams. #EmpoweringWomen#HeerFreedom [Facebook update]. Retrieved from <https://www.facebook.com/heeriuds/photos/a.1527123980882810/1943386809256523/?type=3&theater>.
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- Heer, GSM [Heer]. (2017, March 04). Break gender stereotypes and take charge of your life. HEER IUDs empower women to be who they want.#Healthylifestyle #modernfamilyplanning #HeerIUD. [Facebook update]. Retrieved from <https://www.facebook.com/heeriuds/photos/a.1527123980882810/1822226778039194/?type=3&theater>.*
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- Nisa[DKT]. (2017, February 27). Free yourselves from the war within! #SayNoToOppression. [Facebook update]. Retrieved from <https://www.facebook.com/NisaIsListening/photos/a.474812752688788/730546480448746/?type=3&theater>*
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- Prudence Premium [DKT]. (2014, November 28). All you really need is love..and Prudence". [Facebook update]. Retrieved from <https://www.facebook.com/PrudencePakistan/photos/a.563967043646938/803464723030501/?type=3&theater>.

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- Touch [GSM]. (2017, June 2). Keep your romance and love connection alive. Tell us how do you create a loving connection in your relationship?#Rediscover Your Love. [Facebook update]. Retrieved from <https://www.facebook.com/touchpakistan/photos/a.826620220766421/1327064147388690/?type=3&theater>.
- Touch [GSM]. (2016, September 1). Not everybody likes a date at a restaurant. Some people prefer a walk on the beach or a picnic under the stars. What's your choice? [Facebook update]. Retrieved from <https://www.facebook.com/touchpakistan/photos/a.826620220766421/1061475273947580/?type=3&theater>.
- Touch [GSM]. (2016, October 14). Tickle and tease. Improve your love life with some romantic fun. #DJTouch. [Facebook update]. Retrieved from <https://www.facebook.com/touchpakistan/photos/a.826620220766421/1102699003158540/?type=3&theater>.
- Touch [GSM]. (2016, January 18). Your wife prepares breakfast for you every day. How about YOU make breakfast for a change and serve it to her in bed.#TouchToConnect. . [Facebook update]. Retrieved from <https://www.facebook.com/touchpakistan/photos/a.826620220766421/918019608293148/?type=3&theate>

## APPENDIX D

### REFERENCE LIST OF TELEVISION COMMERCIALS OF DKT AND GSM

#### DKT International Campaigns

##### *Heer IUD Campaign*

*Heer IUD*, DKT (2013). *DKT Pakistan Dhanak IUD Ad* [Television Commercial].

Youtube. <https://www.youtube.com/watch?v=MCWdiT8VrPc>

*Heer IUD*, DKT (2015). *DKT Pakistan Heer IUD Ad* [Television Commercial]. Youtube.

<https://www.youtube.com/watch?v=Pzw39NTgT4E>

*Heer IUD*, DKT (2017). *From Karachi to Kashmir & across Pakistan* [Television

Commercial]. Facebook. <https://www.facebook.com/watch/?v=1785716055023600>

##### *Josh Campaign*

*Josh DKT* (2013). *Zindagi mein Josh lao!* [Television Commercial]. Facebook.

<https://www.facebook.com/watch/?v=10151580517308795>

*Josh DKT* (2016). *Josh scrabble* [Television Commercial]. Facebook.

<https://www.facebook.com/watch/?v=1270050706370407>

*Josh DKT* (2017). *Josh mango josh say* [Television Commercial]. Facebook.

<https://www.facebook.com/joshcondoms/videos/1576643889044419/>

*Josh DKT* (2018). *Josheeli anniversay*. [Television Commercial]. Facebook.

<https://www.facebook.com/watch/?v=2023903277651809>



*Josh DKT (2018). Josh latest TVC. [Television Commercial]. Facebook.*

<https://www.facebook.com/watch/?v=1932498706792267>

*Josh DKT (2019). Danedar. [Television Commercial]. Facebook.*

<https://www.facebook.com/joshcondoms/videos/183379309260807/>

*Josh DKT (2019). Josh Classic TVC [Television Commercial]. Facebook.*

<https://www.facebook.com/joshcondoms/videos/890574504658126/>

*Prudence Premium Campaign*

*Prudence Premium, DKT (2015). Let the good times roll [Television*

*Commercial]. Youtube. <https://www.youtube.com/watch?v=3mSKM6sXlj0>*

### **Greenstar Social Marketing Campaign**

*Greenstar Social Marketing (2014). Birth spacing ad from Pakistan [Television*

*Commercial]. Youtube. <https://www.youtube.com/watch?v=VuDymViqvDY>*

*Sabz Sitara Campaign*

*Sabz Sitara, Greenstar Social Marketing (2012). Greenstar ad promoting Sabz*

*Sitara [Television Commercial]. Youtube.*

<https://www.youtube.com/watch?v=3aC46bx4NoE>

*Greenstar Social Marketing (2016). Greenstar TVC [Television Commercial]. Youtube.*

<https://www.youtube.com/watch?v=kbo4EwQDRH0>

### *Saathi* Campaign

Greenstar Social Marketing (2016). *Saathi TVC* [Television Commercial]. Youtube.

<https://www.youtube.com/watch?v=85HQ7vY0QI0>

### *Do* Campaign

Do (2019). *World Cup 2019* [Television Commercial]. Youtube.

<https://www.facebook.com/do3in1/videos/631538297359128/>

### *Touch* Campaign

Touch, Greenstar Social Marketing (2009). *Suno Zara: A Touch video by Greenstar* [Television Commercial]. Youtube.

<https://www.youtube.com/watch?v=jP3PSSbTz7A>

**APPENDIX E**  
**LIST OF ACRONYMS**

Ad.....	Advertisement
Btl.....	below the line
CDA .....	Critical Discourse Analysis
CEO.....	Chief Executive Officer
CPR.....	Contraceptive Prevalence Rate
DFID... ..	Department for International Development
E-E .....	Entertainment Education
FP .....	Family Planning
FP2020... ..	Family Planning 2020
FWA.....	Field Worker Approach
GAD.....	Gender and Development
GSM.....	Greenstar Social Marketing
ICPD... ..	International Conference on Population and Development
INGOs.....	International Development NGOs
IUD... ..	Intrauterine Device
LHWs.....	Lady Health Workers
MDGs.....	Millennium Development Goals
LDCs... ..	Less Developed Countries
MCH... ..	Maternal and Child Health
NGO.....	Non-governmental Organization
PSI.....	Population Services International
RCP .....	Radio Communication Project
SDGs.....	Sustainable Development Goals
TVCs... ..	Television Commercials

SNA.....Social Network Approach  
UNDP..... United Nations Development Programme  
UNDESA.....United Nations Department of Economics and Social Affairs  
UNFPA... .....United Nations Population Fund  
USAID... .....United States Agency for International Development  
WID..... Women in Development  
WHO ..... World Health Organization

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