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**Becoming a Woman in Silence**  
**Studies on preparedness for reproductive life**  
**of young women in Pakistan**

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# ABSTRACT

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**Background:** According to the cultural tradition in Pakistan, young women belonging to poor families should marry shortly after menarche. However, existing data show that young people, especially women, are not prepared for sexual life and have poor knowledge about sexuality and reproductive health. Many of the difficulties young women experience are related to beliefs and expectations in the society related to their reproductive roles making them more vulnerable to reproductive ill health.

**Aim:** The study explores the preparedness of young women for married life (communicating with spouse, initiation of sexual activity and child bearing) and ability to negotiate in marriage with spouse on number of children to have and on contraceptive use.

**Methods:** In order to obtain an in-depth understanding of young women's lives qualitative and quantitative approaches were used. Three qualitative studies using narrative and content analysis were carried out in a slum setting in the outskirts of Islamabad city in Pakistan. Married young women (I), unmarried young women (II) and parents (III) were selected with the help of a community worker. Young married women were interviewed three times at different occasions. Narrative structuring was used to explore how the participants represented their situation. In addition twenty qualitative interviews and three focus group discussions were conducted with young unmarried women (II). Twenty-five parents participated in four gender specific focus group discussions (III). Content analysis was used for analysis of study II and III. For the quantitative study (IV), a subset of 1803 married young women aged 15-24 years was drawn from a nationally representative adolescent and youth survey conducted in Pakistan in 2001-2002 by the Population Council. Regression models were used for analysing the following outcomes: reported agreement with spouse on the number of children to have, current use of contraceptives, intention to use contraceptives in the future and the time elapsed between marriage and the first contraceptive use. Key co-variables of interest were variables that measure the involvement of young women in their marriage as having a say in selection of spouse, mobility outside the household, social role and decision making in their homes.

**Results:** The main theme in all the qualitative studies was 'socialisation of young women into submissiveness'. For the married young women two themes were identified a) *submissive-accepting* and b) *submissive-victims*. The married young women who belonged to the accepting group lived under compromised conditions but described themselves as satisfied with their situation. Women belonging to the victimized group experienced physical and verbal abuse for their inability to cope with the duties of a wife, caretaker of the home and bearer of children. Their situation was compounded by the power dynamics within the household (I). For the unmarried young women the main theme identified was *security lies in obedience*. The two sub-themes contributing to the main theme were *socialisation into submissiveness* and *transition into adulthood in silence* (II). The theme and the sub-themes illustrate the situation of young women in a poor setting in Pakistan. The main theme identified in the study with the parents was '*Good parents' strive to raise 'innocent daughters'*'. The three sub-themes contributing to the main theme were: *a daughter - a responsibility and a burden*, *social and sexual innocence* and *parents' roles in the preparation for marriage*. The theme and the sub-themes illustrate how the parents saw themselves as responsible

for raising 'innocent daughters' and arranging good marriages (III). The quantitative study on the married young women showed that having a say in the selection of spouse at the time of marriage was significantly associated with agreeing with spouse over the number of children to have, intention to use contraceptives and the time between marriage and first contraceptive use. These relationships existed after controlling for education, socioeconomic status, mobility outside of house and decision making in the home (IV).

**Conclusions:** In a culture of silence around sexuality, young women's socialisation into submissiveness lays the foundation for the lack of control over their future reproductive health (I and II). The parents realised, though, that bringing up daughters for marriage requires not only obedience, but also building confidence and knowledge during their childhood (III). Women who had decision making freedom in their parental home carried this ability with them into marriage in their new home and were better able to negotiate about their fertility (IV). Knowledge about reproductive life could prepare young women better for the future life and give them more control of their fertility. Innovative interventions targeting women need to challenge current societal norms of womanhood to promote the upbringing of confident and knowledgeable young women.

**Key words:** sexuality, marriage of young women, obedience, upbringing, youth, married women, Pakistan

# LIST OF PUBLICATIONS

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The thesis is based on the following papers, which will be referred to by their Roman Numericals I-IV.

- I. Hamid, S., Johansson, E., & Rubenson, B. (2009).  
**“Who am I? Where am I?” Experiences of married young women in a slum in Islamabad, Pakistan.**  
*BMC Public Health*, 9(1), 265.
- II. Hamid, S., Johansson, E., & Rubenson, B. (2010).  
**Security lies in obedience- Voices of young women of a slum in Pakistan.**  
*BMC Public Health*, 10(1), 164.
- III. Hamid, S., Johansson, E., & Rubenson, B.  
**‘Good parents’ strive to raise ‘innocent daughters’.**  
(Submitted).
- IV. Hamid S., Stephenson R., & Rubenson, B.  
**Marriage Decision Making, Spousal Communication and Reproductive Health among Married Youth in Pakistan.**  
(Submitted).

# ABBREVIATIONS

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FBS	Federal Bureau of Statistics
FGD	Focus Group Discussion
ICPD	International Conference on Population and Development
MMR	Maternal Mortality Rate
NGO	Non-Government Organisation
PDHS	Pakistan Demographic Household Survey
PI	Principal Investigator
PSUs	Primary Samplings Units
TFR	Total Fertility Rate
WHO	World Health Organization

‘In the task of building the nation and maintaining its solidarity, women have a most valuable part to play, as the prime architects of the youth that constitutes its backbone, not merely in their own homes, but by helping their less fortunate sisters outside in that great task..... In the bigger struggle for the building up of Pakistan that now lies ahead let it not be said that the women of Pakistan had lagged behind or failed in their duty.’

*An excerpt from a speech by the founder of  
Pakistan, Quaid-e-Azam Mohammad Ali Jinnah,  
April, 1948*

And 62 years later, I as a public health professional and a medical doctor ask, where do we stand as a nation and how have the women contributed in building the nation, but more importantly, why they have not been able to do so?

Pakistan is a transitional society where influence and affluence operate largely in the interests of the privileged class including for the women belonging to this class, who are excelling in universities and their jobs. Minorities and disadvantaged groups comprising 50% of the women remain disempowered. This thesis is based on social research giving voice to the stories of young women of a slum setting to enhance their visibility in society.





# CONTENTS

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INTRODUCTION.....	1
BACKGROUND.....	1
Young People's Sexual and Reproductive Health.....	2
Pakistan.....	2
Upbringing of young women.....	3
Young women's sexual health information in Pakistan.....	4
Theoretical framework.....	5
Socio-ecological Conceptual Framework.....	5
Agency, interpersonal distance and types of self and family.....	6
Rationale.....	6
AIM.....	7
METHODOLOGY.....	9
Study design.....	9
Setting.....	9
Research Team.....	10
Participants and Data Collection.....	10
Qualitative Studies.....	10
Quantitative Study.....	11
Data Management and Analysis.....	12
Qualitative Analysis.....	12
Quantitative Analysis.....	12
Ethical Considerations.....	13
MAIN FINDINGS.....	15
Socialisation into submissiveness.....	16
Upbringing of young women.....	16
Cracks in the wall of submissiveness.....	19
Silence around sexuality.....	19
DISCUSSION.....	21
Young Woman.....	21
Parents.....	23
Society.....	24
Methodological Considerations.....	25
Qualitative Studies -Trustworthiness.....	25
Qualitative Studies - Reflexivity.....	26
Quantitative Study: Validity.....	27
CONCLUSIONS.....	29
AREAS FOR FURTHER RESEARCH AND WAY FORWARD.....	31
ACKNOWLEDGEMENTS.....	33
REFERENCES.....	35
PAPERS I-IV	



# INTRODUCTION

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Variations within and across cultures and regions regarding the marriage process have been identified in research [1]. Marriage is a natural part of growing up in Pakistan where almost everyone gets married [2]. This thesis focuses on understanding preparation for married life of young women in Pakistan. The studies discussed in the thesis were conceptualised and conducted from 2007 through 2010. A qualitative research approach was employed to understand the upbringing of young women and how they were prepared for marriage (I, II and III). A quantitative study used secondary data to supplement the qualitative findings. The background section begins with the global context of young women followed by a description of Pakistan. Challenges faced by young Pakistani women while growing up with a focus on their sexual and reproductive health and the conceptual framework used in this context are described. The section concludes with the rationale for the four studies undertaken in this thesis.

## BACKGROUND

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Globalisation is a process by which regional economies, societies, and cultures are being integrated through a global network of communication, transport and trade. Through new technologies, especially the media and internet, there are increased possibilities for interaction between people irrespective of where they live [3]. The self-interested individualism of the marketplace spills over into cultural norms and values resulting in increased social exclusion and social inequity [4, 5]. Despite a global commitment to protect human rights and gender equity [6, 7], young women are generally more restricted to the private, domestic sphere and family life which curtails their possibilities to advance [8, 9]. In most societies there are strategies on how to raise young women [10-12] based on social, religious, cultural and economic norms. From childhood girls are socialised into the cultural expectations for how to be competent members of society. Care givers thus bring up young women in accordance with their values and beliefs [12, 13]. Reproductive health is fundamentally a social phenomenon linked to the wider social and economic circumstances of individuals and households [14].

The socialisation process by which an individual becomes a member of a particular culture and takes on its values, beliefs and behaviours, in order to function within it comes with thousands of exchanges between the child and family members spread out over a period of many years [12]. For a long time theories on socialisation processes and their proponents relied heavily on research and assumptions based in Western societies. As a result theories were either non-generalisable to other cultures or failed to take into account the richness of human diversity [11, 12]. Theorists were thus victims of their own socialisation and promoted

a Westernised view of the world that they imposed on the cultures they were studying, rather than recognising indigenous behaviours [12]. Globalisation has resulted in giving up traditional customs and values and adopting new ones, which also affect the behaviour of young people [15-17]. The diversity of the cultural contexts in which young people live is well recognised today. It is linked to factors such as age, educational level and socio-cultural environment and requires interventions addressing [9, 15, 16] the right of young people to sexual and reproductive health information and services. This was strongly stressed at the International Conference on Population and Development (ICPD) in Cairo in 1994 and the Fourth International Conference on Women in Beijing in 1995 [7].

### **Young People's Sexual and Reproductive Health**

The neglect of young people's reproductive health service needs have implications for the future of their reproductive health. Those who have first sex at an early age are likely to have more lifetime partners, to have multiple and concurrent partners, to not use contraception, to have higher rates of unwanted pregnancies and to get infected with HIV and other STIs [15]. Sixteen million women, 15–19 years, old give birth each year, about 11% of all births worldwide. Ninety-five percent of these births occur in low- and middle-income countries. The adolescent birth rate in middle-income countries is more than twice as high as in high-income countries, while the rate in low-income countries is five times as high [18]. Stillbirths and death during the first week of life are 50% higher among babies born to mothers younger than 20 years than among babies born to mothers 20–29 years old. Deaths during the first month of life are 50–100% more frequent, if the mother is an adolescent, and the younger the mother, the higher the risk. Furthermore the rates of preterm birth, low birth weight and asphyxia are higher among the children of adolescents, all of which increase the risk of death and of future health problems for the baby [18]. A large proportion of adolescent births are unplanned and unwanted [16] and 23% of the burden of disease due to pregnancy and childbirth is among adolescents (10 – 19 years). Fourteen percent of all unsafe abortions in low- and middle-income countries are among women aged 15–19 years [18].

The sexual and reproductive health risks faced by adolescents are significantly influenced by gender [19]. Gender is defined as a 'social construct' that identifies the relationship between men and women in the context of power relations [20]. It is created by society through socialisation using institutions such as family, religion, school and laws. It is interpreted differently in different cultures. Gender roles are a set of expectations about what behaviours are appropriate. As a stereotype, women are expected to take care of the household and children, whereas men are supposed to be the breadwinners of the family. It is important to use a gender perspective when addressing public health issue as a gender analysis not only scrutinises the disease patterns among men and women but also highlights the social, cultural and economic contexts [21]. Power imbalances resulting from gender norms often mean that young women have little or no ability to negotiate sex or contraception, which increases their vulnerability to unwanted pregnancies, STIs and HIV [17].

### **Pakistan**

Pakistan, a predominantly Muslim country, was established in 1947 after the dissolution of British colonial rule in South Asia. It is a country of pluralistic traditions with respect to its location, religious practices, languages, historical events and ethno-social culture. Islam has been prevalent in the region since the seventh century. Although religion, history and ecology generally unify Pakistanis as a homogenous national group, their linguistic and regional roots determine their respective ethnicities [22]. Pakistan is mainly an agricultural

country, with sectors as services and manufacturing growing steadily but not at par with the population growth and the challenges in areas of education, housing and employment. Poor governance, regional conflicts and a neglected social sector are major hindrances to its economic growth resulting in 60 % of the population living on under two dollars a day [23]. Despite government investment in reproductive health programmes there has been relatively poor progress in women's health. An important reason for the slow progress is the exclusion of women from mainstream economic and social life and that they are likely to receive fewer benefits from whatever the development process has to offer [24-26].

MMR (Maternal mortality ratio) as reported in the PDHS (Pakistan Demographic Household Survey) is 276/100,000 births with it being twice as high in rural areas. MMR in women under 20 years was estimated to be 242/100,000 births [2]. There has been a decline in the TFR (Total Fertility Rate), from 5.4 children per woman in 1990-91 to 4.1 in 2006-07 [2]. The TFR is 2.5 children lower among women having higher education than among uneducated women. In Pakistani society, age at marriage is an important determinant of fertility. Although, teenage marriages are on the decline, one out of six women between the ages of 15 to 19 years, is already married. Female education and higher socio-economic status are influencing factors for a higher median age at first marriage [2].

### ***Upbringing of young women***

Pakistani social life revolves around family and relatives. The family is the basis of social organisation, providing its members with identity and protection [22, 27]. Parenting styles are in accordance with the outcomes most valued in the culture. Parents in poor Pakistani families are typically authoritarian, which implies that they attempt to shape, control and evaluate the behaviour and attitude of the child in accordance with a set standard of conduct usually an absolute standard, theologically motivated and formulated by a higher authority [22, 28]. Families in Pakistan, having predominantly Islamic culture, expect children to be obedient and respectful of elders [22, 29]. "Honour" is a central family value and maintaining family honour is an important determinant of behaviour [28, 30].

Young women born in poor families have limited education, skills and opportunities for employment. They have relatively poor health, limited access to good nutrition and are more likely to be caught in a cycle of early marriage and child bearing. Marriage is accorded central significance in their lives, and newly-weds have to adjust to multiple changes [31]. It brings dramatic changes to their lives involving their bodies, emotions and daily life in unfamiliar surroundings, as marriages are traditionally arranged by the elders of the families.

The socio-cultural and religious environment identifies marriage as a noble institution because of the centrality of family and also as the sole arena for sexual activity. Marriage is described as half the faith in Islam for those who can afford it, and to have children is seen as a great blessing. There are two main functions of marriage in Islam: legitimate sexual fulfilment and procreation [32]. The practices around marriage are largely affected by the religious, cultural and social norms. Strong societal, cultural and religious expectations are attached to sexual innocence and ignorance of women, as a sign of purity and virginity, with marriage regarded as the beginning of sexual relations and childbearing [1, 30, 33]. Purity, faithfulness and honesty are deemed important virtues for a successful married life. The current role and status of women in Pakistan is reflective of Islam and of cultural influences of Hinduism with a woman being viewed as a paragon of chastity and domesticity [22]. In

traditional areas of Pakistan, unmarried men and women are not allowed to meet. Organising the marriage is a social obligation of the parents. Traditional families insist on marriages within the same clan and discourage the ones by personal choice. Parents have a sense of satisfaction for being able to get their daughter successfully married. It means that parents have fulfilled their religious and social obligation. Marriages bring families together and often repair relations with annoyed kin [22]. Gifts are generously exchanged and dowry is given by the bride's parents, while the bridegroom's family provides accommodation within its household [22]. Divorces are rare in Pakistan [2], which does not mean that every marriage is totally successful. Children and family/peer pressure keep the families together. However, divorces do take place, as the last option. A divorce occurs over an extended period of three months, so that the couple might have the chance to resolve their differences.

### ***Young women's sexual health information in Pakistan***

Young people, especially women, are poorly informed about sexuality in Pakistan [30, 34-36]. Many of the reproductive health problems faced by the young women are due to lack of information and access to services [30]. Young women, even if married, are more restricted in their mobility and access to health and family planning services than older women [31, 37-40]. Research conducted in Pakistan thus far reveals that adolescents are at greater risk in terms of reproductive health on account of their age. They are also more vulnerable to sexual violence and exploitation [41, 42].

The onset of menstruation marks the beginning of the transition to full adulthood. A girl's experience with menstruation depends on her educational, cultural, and social background. Research has shown that young women are poorly informed about the origin of menstrual blood. Most are told by elder sisters and relatives about menstruation and its practical management [43, 44]. While the age at marriage for girls has risen over the years, in some segments of the society girls are betrothed or married soon after their first menstruation. In conservative and rural communities, menstruation usually marks a stricter enforcement of *purdah* (segregation of the sexes) norms, resulting in a girl covering her head, finding her mobility outside the home restricted, and causing her withdrawal from school [30].

Durrant (2000) found that married young women are under great pressure to become mothers early [31]. Pioneering research by Aahung, a non-government organisation (NGO), based on qualitative interviews with married men and women, explored existing norms and values pertaining to sexuality in low- and middle-income communities in Karachi [30]. The study revealed that both men and women lacked accurate knowledge about their reproductive anatomy and related reproductive health issues. It highlighted the prevalent values and beliefs of shame, fear and guilt surrounding sexuality, which lead to women's discomfort regarding sexual relations. Other studies on Pakistani young people [34, 35] show that they are poorly informed about sexuality. Men however, have access to several types of media, while young women have limited access because of their restricted mobility. Young men were e.g. exposed to pornographic media, while women received vague and superficial sexual information from family members. The studies underscore the need to address these issues.

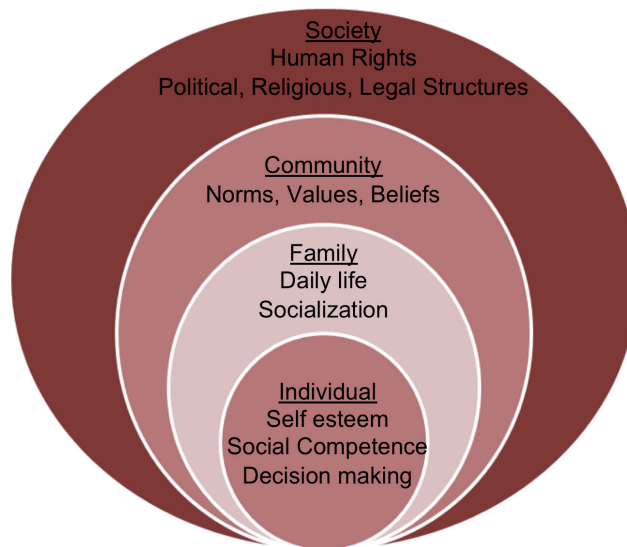
## Theoretical framework

This thesis draws on Bronfenbrenner's socio-ecological framework [12, 45] and uses a theory on agency developed by Kagitcibasi [46] to bring out the findings from the four studies.

### *Socio-ecological Conceptual Framework*

In recent years socio-ecological framework by Bronfenbrenner has been used to study diverse public health issues [47-49]. The socio-ecological perspective examines behaviours of individuals within the context of their social and physical environment. The model recognises that individual behaviour is influenced by factors at individual, family/household, community and policy level. How young women are prepared for marriage and socialised to take their future role as wife and mother, involved studying the intertwined relationships between individuals and the environment. Individuals are nested in environments or systems, each of which is contained in the other, from more proximate (microsystem, mesosystem) to more distal (exosystem, macrosystem) levels. All of the systems are interdependent and interactive, with changes in one system affecting the other systems [45, 50].

The microsystem represents the interactions or direct contacts between the individual and her immediate surroundings (family or home) and results in behaviours such as dependence or independence, cooperation or competition. The mesosystem comprises the linkages and processes taking place between two or more settings containing the individual such as the community, village and school. The exosystem includes also mesosystems that do not contain the individual but effect her/him. The macrosystem refers to attitudes and ideologies of the society (Figure 1).



*Figure 1: Modified Socio-Ecological Framework*

This framework proved suitable for understanding young women's preparation for marriage and sexuality. The broad, flexible definitions of the systems were helpful as they allowed

for re-conceptualisation of the different components of each system. The non-directionality of the model helped define the interactions between different factors and sexuality. Young women in Pakistan are not the decision makers, as far as their marriage is concerned, and their future is thus affected by decisions taken by their parents and guardians, as well as by the expectations of the community. Strategies for preparedness of young women for marriage would be implemented through involvement of other stakeholders making the importance of studying them within this framework evident.

### ***Agency, interpersonal distance and types of self and family***

The model, which was developed by Kagitcibasi (2005), involves a fourfold combination of the two dimensions, agency (autonomy-heteronomy) and interpersonal distance (relatedness-separateness), leading to development of different types of selves. In her article on autonomy and relatedness in cultural context, Kagitcibasi suggests a model of the “autonomous-related self and the family in the global context” which was used when analysing and discussing the upbringing of young women in this study. There is a debate regarding agency and its intersection with interpersonal distance. The two distinct dimensions, agency and interpersonal distance, are seen to underlie the self-constructs involving autonomy and relatedness of an individual. Autonomy and relatedness are viewed as basic human needs. The model shows that the two dimensions can be compatible and to co-exist. Agency refers to motivated action with a sense of efficacy towards a desired outcome. Recognising that there are different definitions of autonomy in psychological and philosophical literature, the construal of autonomy here is in terms of agency that involves volition, i.e. to act willingly. Similarly separateness and relatedness, the two spectra in the interpersonal distance dimension can be equally volitional. Kagitcibasi argues that in socio-cultural contexts such as the United States both agency and separateness are valued whereas in Asian cultures connectedness is valued but does not imply lack of agency [13]. The notion of an ‘autonomous’ woman was developed within the socio-cultural context of the West. Underlying that notion was an unspoken, but implicit assumption, that increased independence and autonomy is desirable and will lead to improvements in women’s well-being and that these changes will come about through modernisation and westernisation. This model was used to understand young married women’s situation in the Pakistani setting where a person is constructed by her social relations with others.

### **Rationale**

Marriage is a natural outcome of growing up that occurs early for young women belonging to poor families in Pakistan. Because of their young age they may find themselves, socially isolated, powerless and with poor inter-spousal communication. The complexity of sexuality and sexual behaviour is not clear for them. This underscores the need to explore young women’s preparedness for the sexual experience and how they are brought up to take on the role of wife and mother. This understanding could help develop further research, design interventions and create policies that will improve the reproductive health and overall well-being of young women.



# AIM

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The study explores the preparedness of young women for married life (communicating with spouse, initiation of sexual activity and child bearing) and ability to negotiate in marriage with spouse.

**Objectives:**

1. Explore the experiences of recently married young women in relation to inter-spousal communication, sexual activity and child bearing (I).
2. Explore the preparedness for married life of the young women getting married within three months. (II)
3. Explore the perceptions and views of parents in relation to the preparedness of their daughters for married life (III).
4. To assess the factors influencing the ability of young women to negotiate in marriage with spouse on number of children to have and on contraceptive use (IV).



# METHODOLOGY

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## Study design

This research was designed to encompass two main approaches. The qualitative phase was exploratory in nature with a view to deepen the understanding of the lives of young women living in a slum of Islamabad [51, 52]. In qualitative research human behaviour is understood from the perspective of those being studied; their perceptions, attitudes and experiences are the focus. Results from this part of the study were strengthened by the quantitative secondary data analysis of the adolescent and youth nationally representative survey [53]. Table 1 summarises the study title, participants, methods and time periods.

**Table 1: Study Title, participants, methods and time period of the sub-studies**

Paper	Study Title	Participants	Methods	Periods
I	"Who am I? Where am I?" experiences of married young women in a slum in Islamabad, Pakistan.	Married young women 13-19 years	10 young married women, multiple meetings (30 interviews)	2008-2009
II	Security lies in obedience – Voices of young women of a slum in Pakistan.	Unmarried young women 15-24 years	Young unmarried women (20 interviews and 3 FGDs)	2008-2009
III	'Good parents' strive to raise 'innocent daughters'.	Mothers and fathers of young women eligible for marriage	2 FGDs with Mothers 2 FGDs with Fathers	2009-2010
IV	Marriage decision making, spousal communication and reproductive health among married youth in Pakistan	Married women aged 15-24 years (Nationally representative survey)	Structured questionnaire (n=1803)	2002 data (secondary data analysis) 2009-2010

## Setting

The first three studies were conducted in a slum community in the outskirts of Islamabad city. There were 900 houses in the community and almost 400 households had more than one family living in the house. The residents were mainly labourers working on daily wages. Most of them were illiterate belonging to the low socio-economic group with deficient sanitary facilities and poor nutritional status. They belonged to varying ethnic groups immigrating from different areas of Pakistan. Living together they had adjusted to each other and developed a common culture. The women in the slum had usually not attended school beyond primary level and many were not sent to school at all. Shortly after puberty the young women were married. Most women had limited opportunities for employment and education.

## **Research Team**

The research team comprised myself, a Pakistani medical doctor specialised in public health (PI), a Pakistani community worker and two Swedish public health scientists. As a Pakistani woman and public health doctor, I have both social and cultural knowledge and speak the local (national) language. I was introduced to a community worker through the NGO that was working in the area. The community worker who was a resident of the community served as a gatekeeper for this study. She had been living in the community since her marriage (22 years) and had for the past 15 years been working as a community worker. She was familiar with the local customs and norms and, enjoyed the status of a respected member of the society. She was perceived by the community members as an advisor for health and other social issues and problems. She regularly met with women's groups and facilitated my entry into the community. Through periodic visits prior to the start of the project I got an understanding of the setting and discussions with the community worker deepened my understanding of the life of the residents of the area. Initially I was accompanied by the community worker to the different homes. After a few months when the residents got used to my presence, I would visit the area on my own. I was introduced to other families by the families I met and some came to see me on their own. This enriched my perspective of the setting and the people living there. The insider's view was thus broadened by the outsider view of the Swedish researchers, who had experience of living and working in low-income countries.

## **Participants and Data Collection**

### ***Qualitative Studies***

The community worker explained the study first and through her facilitation the respondents were approached. Multiple meetings with the respondents were planned so that the researcher developed a rapport with them. For the married and the unmarried young women (I and II) qualitative conversational interviews were chosen [51] to explore their experiences (I) and how they felt as they reached adulthood (I and II). With the unmarried young women (II), focus group discussions (FGDs) [54] were conducted as well. The discussions provided a forum in which young women were able to voice their thoughts and feelings about growing up and entering into marriage, a contribution that the researchers found valuable. The lives of married young women were explored using a married life calendar to trace events prior to the time of marriage and experiences afterwards.

In study III, since the intent was to get information on the culture rather than the individual parents' experiences and how they prepare their daughters for marriage, focus group discussions were chosen as the suitable method. Two gender specific focus group discussions were conducted with mothers and fathers respectively.

### ***Qualitative Conversational Interviews***

Qualitative interviews were carried out using an informal conversational approach. For the married young women in study I, the broad areas included how they were prepared for marriage, at what age and how the process came about and what information they received. The events were traced from the time around marriage through the experiences after marriage (sexual activity, reproductive health and pregnancy). For the unmarried respondents in study II, their expectations for married life were explored including their knowledge about sexual activity, contraception, reproductive health and pregnancy. In Study II we combined interviews with FGDs to get a deeper understanding of the issues around growing up and for triangulation of information.

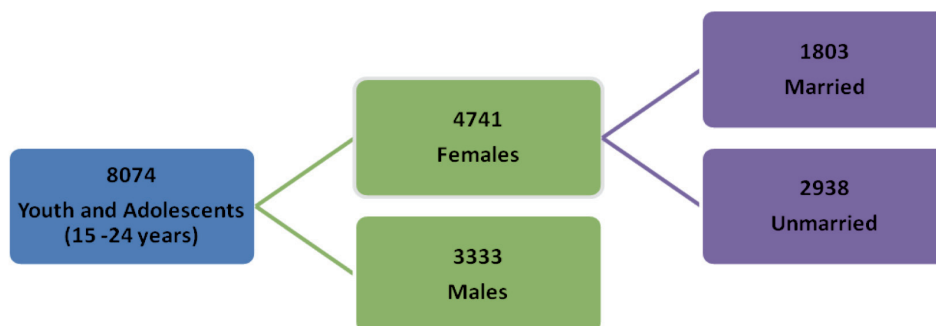
### ***Focus Group Discussions (FGDs)***

FGDs refer to a qualitative data collection method that gathers a group of people to discuss a specific topic of interest and allows significant interaction between group participants. Participants are given an opportunity to share their personal views and experiences, as well as that of people they know, and hear those of others. In study II, three FGDs were carried out with the unmarried participants. In study III, FGDs were conducted with mothers and fathers. The questions chosen to open the FGDs were “How do you as mothers/fathers of young women prepare them for their marriages?” and “What do you keep in mind and how do you know that they are ready for marriage?” New ideas emerging from the discussions were then pursued by the moderator.

### ***Quantitative Study***

The quantitative study used a subset drawn from the Adolescent and Youth Survey conducted by Population Council in 2002. Data were released in 2006 for other researchers for secondary data analysis. The preliminary work on the national survey [53] began with a process of qualitative research to refine the survey instruments. In this regard more than 40 focus group discussions with young people and their parents were initially carried out in six districts of Pakistan. The Federal Bureau of Statistics (FBS) in Pakistan and the Population Council jointly determined the sample design for the survey, based on the sampling frame of the 1998 Census in Pakistan. Applying a two-step stratified sampling technique (provincial and urban/rural), the FBS recommended 254 Primary Sampling Units (PSUs). Once a full listing of all households in each PSU was established, the survey teams selected approximately 25 households within each rural and urban PSU, using a random start. In the end, a total of 6,812 households were contacted. Once permission was obtained from the household head, young people aged 15-24 years were administered a standard questionnaire, with questions differing for males and females as appropriate. The research instrument was pretested in two cities and a number of issues were identified and addressed before the final survey.

Survey teams were hired and trained to carry out the survey. Manuals were developed to provide a reference for important concepts and definitions as well as to provide instructions on how to deal with various fieldwork situations that could arise. Trainers remained with the teams to monitor and mentor during the first two weeks. The quantitative study used as the sample the data from the 1803 married young women to assess their negotiating ability in marriage. The flow chart below shows how the sample was drawn.



*Figure 2: Flowchart of the sampling*

## **Data Management and Analysis**

### ***Qualitative Analysis***

In study I the young married women were asked to tell the story of their lives focussing on marriage and what it brought for them, and narrative analysis was carried out. Initially the transcripts were read several times by the research team for content and coherence. The interviews were compared and themes and events searched for, which could explain the experiences of the women and the way they identified themselves. Narrative structuring [55] was used to demonstrate how the participants described their background, social situation, decision making, spousal communication and how they explained, understood and managed married life and bore children. Through the process of “narrative finding and narrative creating” thematic narratives were developed depicting the identities found in the stories of the participating women [51]. Thus the analysis was a condensation or reconstruction of the many stories told by participants into two rich, condensed and coherent stories compared to scattered stories in the different interviewees.

For Study II and III, qualitative content analysis was used for the interviews and FGDs. The research team read all the transcripts and field notes several times independently to gain an in-depth understanding of the participants’ views and experiences. During analysis the focus was on the description and interpretation of the message and concepts. Content analysis entails a constant comparison of different parts with a constant attention to the overall individual- and group-level data to achieve an understanding of the underlying meaning [56]. The codes were grouped into categories and abstracted into sub-themes and a main theme.

### ***Quantitative Analysis***

In study IV, secondary data analysis was undertaken on a subset of 1803 young married women (15-24 years) drawn from the National Adolescent and Youth Survey in 2002. Data had been collected on participants’ demographic and socioeconomic characteristics on possibilities of mobility outside the household, knowledge of puberty, arrangements for marriage, fertility, desired family size and knowledge of family planning. For the analysis information on mobility outside of the household, responsibilities, decision making, education and marriage was selected. The choice of the socio-demographic variables included in the subset was based on the theory on agency describing the relationships between the different factors [46, 57]. The key variable in the quantitative study was “having a say in marriage.” The variable was generated from affirmative responses to a series of three questions in the research instrument. It measured the agency young women had at the time of marriage in the selection of their future spouse.

Three indices on the decision making, mobility and social gender roles were generated. The validity of such indices is not contested. Taking into account the limitations in mobility of young people as to whether they were granted permission or not or if they were allowed to go without permission, helped to capture the mobility of young women outside their homes. The other two indices took into account views on who was responsible for certain household tasks and in decision making. When constructing an index one is always confronted with decisions and trade-offs concerning e.g. the choice and treatment of the variables included, the weighting scheme and the aggregation method. All elements in the dataset pertaining to the three indices were included with equal weightage given to each element examined.

The relationship with each element was explored separately with the outcome variables as well. Variables chosen to represent the ability to negotiate in marriage included: whether the respondent reports that she was able to discuss and agree with her spouse on the number of children they would have (binary), current use of contraceptives (binary), intention to use contraceptives in future (binary) and time between marriage and first contraceptive use (continuous). Bivariate analysis was used at the initial stage to identify patterns of association and level of significance of such associations between background variables and outcome variables. Logistic regression model [58] was used to determine the net impact of background variables, marriage characteristics, mobility outside of household and decision making variables on the probability to agree and discuss the number of children with spouse, current use and intention to use contraceptives. The variables were selected and then checked for interactions between them. No significant interactions were found and hence were not included and reported in the final models. Although there is some degree of collinearity between the indices on mobility, decision making and responsibilities, the primary interest was to explore how they were related to the outcomes. However, the indices were put in the models one at a time and checked for how the models were affected. Hosmer Lemeshow test was used to assess the goodness of fit for the models. Linear regression model [59] was run on the co-variables to gauge the effect of these variables on the first time use of contraceptives. Statistical significance was based on p-values <0.05.

### **Ethical Considerations**

Before starting the research project in the community, a proposal was submitted for ethical clearance and approved by the National Bioethics Committee, Pakistan Medical Research Council and Karolinska Institutet. The community worker introduced the study to the community through women groups. The study was explained and queries addressed. Verbal consent of all the participants was sought prior to their participation in the study. For unmarried women parental consent was followed by the respondent's consent. If a person did not consent to be interviewed, the next person was approached. Only one young woman refused to participate. For the married women verbal consent was taken prior to the interview after permission from the decision maker in the house. In most cases it was the mother-in-law in the absence of the husband. The consent statement was read out in Urdu, the national language, which clearly explained the study objectives and the expectations for the study participants to facilitate their understanding. Study participants were informed that participation was voluntary and that they were free to withdraw from the study at any time. The participants were assured that the confidentiality would be maintained. The interviews were conducted in privacy while the community worker talked to other members of household in another room or in the courtyard.

The sensitive issues raised in the interviews and discussions could cause reactions and emotions difficult for the respondents, to handle, especially the married young women. The community worker was prepared to be on the alert for such incidents and to provide psychological support and facilitate referral through her NGO if the need arose.





# MAIN FINDINGS

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The key questions raised in the four papers are: How are young women prepared for married life (I, II and III)? What is the role of parents in upbringing of young women (III)? How do young women experience married life based on the preparation they have received (I)? What are the attitudes towards sexuality and expectations on women (I, II and III)? What are the factors influencing young women's ability to negotiate contraceptive use with their spouses in marriage (IV)? These questions are presented under the main theme titled 'Socialisation into submissiveness'. The findings are discussed under the sub-headings: a) Upbringing of young women b) Societal expectations c) Cracks in the wall of submissiveness and d) Silence around sexuality.

**Table 2: Summary of Findings**

<b>Cross-cutting topics</b>	<b>I</b>	<b>II</b>	<b>III</b>	<b>IV</b>
Preparedness for married life	Ability to cope in the new home was related to parental home situation	Competence in household chores and willingness to obey	Competence in household chores and adjustment in new home	-
Expectations on young women	To be submissive and obedient	To be submissive and obedient	To be innocent and obedient	-
Attitudes on sexuality	Has to be endured - it is part of the package	It is shameful to speak about	Daughters will learn on their own	-
Negotiating ability in marriage	Limited ability to communicate or discuss with spouse.	-	-	Marital agency (having a say in who to marry) is associated with intention to use contraception and ability to discuss and agree with spouse on the number of children to have

### **Socialisation into submissiveness**

The overarching theme identified and presented in all the four papers (I-IV) is the strong expectation the society has on young women to be submissive. The definition of submissiveness in this aspect means that a young woman should obey her family, not oppose but follow what she is told. Paper IV demonstrates how agency in spousal selection has a positive effect on the future reproductive health of young women. The married and unmarried young women understood their role to be submissive and saw it as an expectation by both parents and society (I, II and III) as illustrated in the quote below:

*“Whether I stay in this town with my husband or go to live in the village depends upon what they (husband’s family) decide. I will know after marriage I suppose.”*  
(unmarried 17 year old).

### **Upbringing of young women**

Young women described how they were socialised from childhood into submissiveness and obedience. These represent the expected ideals in the social environment and reflect the customs that guide the socialisation of girls (II). The parents stressed the need to raise ‘innocent daughters’ and brought up their daughters in accordance with the societal expectations (III). They considered that the role of a woman was to be that of enduring hardship and prepared them accordingly (III).

The parents’ teachings focussed primarily on training their daughters to be competent in household chores and to be compliant (III). The young women described the behaviours, duties and responsibilities they were brought up to fulfil and for which they were valued (I, II). To be selfless and loyal and to possess empathy for the family were important values instilled in the girls (I, II and III). The young women were expected to be obedient and faithful, to defer to their parents for decision making and to oblige their future in-laws in the same manner.

All decisions regarding marriage were entrusted to the family and the family’s opinion was what mattered most. The need to oblige the elders dominated in the three qualitative studies. Disobedience was discouraged and the need to exercise *sabar* (patience) stressed (I, II and III).

The unmarried women when asked to express their aspirations for the future were unable to enlist any wishes and showed reservation to elaborate (II). The submissive upbringing and lack of drive to think about the future is illustrated in the following quotes:

*Mod: How will your life change after marriage?*

*R1: Now we get up when we want to but we will do what the others expect later.*

*R2: Well we will change like our mothers did.*

*Mod: How?*

No comment (giggle).

*Mod: Have you thought about the future life and what it means?*

No comment (smile). (FGD)

The identities depicted in the two narratives in Study I support the findings from study II and III (Table 3).

**Table 3: Narratives of married women**

**Narrative 1: Submissive and Accepting**

*My name is Shakira (Thankful) and I am 20 years old. I got married two years ago to my first cousin who is twenty four years old. He is a painter and has completed ten years at school. We live in a joint family system with my parents-in-law and my husband's married brothers and their families. I attended school for five years but when my father could not take me to school I dropped out.*

*I was engaged at birth and wore a string around my wrist. My aunt would refer to me as hers but I never understood why. Before my "nikkah" (legal marriage) at 14 years of age I menstruated two or three times. I had learnt about it in school and since I was close to my mother, she told me that it was normal and I was to have them monthly for five to seven days. She said I was no longer a child and should cover myself properly. She told me I had to be responsible as I was going to be married soon. I did not talk to my husband before marriage. No one prepared me for the physical relationship I was to have with my husband. After three days of marriage I guess someone must have talked to him. That night he gave me 1000 rupees. He said that we had to start life together. I understood what he wanted, a woman knows. You age overnight the day you are labelled married. I was shocked by my experience, felt as if something bad happened. My husband felt guilty for giving me pain. The next day I expressed my shock to my mother. She simply replied, "This happens!" It took me 15 days to settle down. I had my periods once after marriage and then I conceived. It would have been easier if my mother had prepared me for the physical relationship with my husband. I had married friends who talked but I never really understood the meaning of marriage. I did not know that sexual activity would lead to conception. I missed my periods and mentioned it to my sister-in-law, who told my mother-in-law and my mother. Both were thrilled. Seeing my confusion my mother told me that when I was born she had the same problem implying that I was going to have a baby. I was upset as I felt that this was too soon and I was too young to have a baby. My pregnancy went fine. The doctor came to deliver the baby at home. The baby was exclusively breast-fed and vaccinated. My mother came to help me after my delivery as I was weak. She taught me everything. I couldn't have managed without my mother's help. She would assist me in the household work. The baby was one year old when I had my menses again. I did not know that I was pregnant till my older sister-in-law asked me to have the pregnancy test done again. A few days later I had spotting and was taken to the doctor who told me that I had miscarried. My husband has gone to Middle East as a labourer for three years. He sends money to my father-in-law who gives me some for my expenses. I like the joint family system. My parents-in-law love me and I attend to the household chores with my sister-in-law. My childhood is gone. I have entered into a responsible life. If I have a daughter, I will marry her at 20–25 years after she has completed her studies. My husband says we should have no more than two to three children. He has seen his brother with his five children. My husband believes in educating the children. We want to be financially independent.*

### **Narrative 2: Submissive and Victim**

*I am Masooma (Innocent) and I am 15 years old. I always wanted to study and my mother encouraged me. My life changed when my mother died three years ago. She burnt herself to death after having a fight with my father. He pretended to be asleep while my mother poured kerosene oil on herself and set herself on fire. My six year old brother watched and cried. She died three days later. Our father could not look after us. I did not know how to attend to household work or cook. My mother always had told me to concentrate on my school work. For almost a year we struggled like this. When I had my first periods I thought I was going to die. I was the oldest amongst my siblings. I have four younger brothers. I told my father I had urinary infection and he got me some medicine. When my aunt came to visit us three days later she told me that this is part of growing up. One year later seeing the pathetic state of the house and the children my father re-married. We were very upset and did not like our stepmother. She told my father to wed me off and in less than a year's time I was out of the house. I came to know of my marriage only one week before my marriage. I was going to school and was in class eight. I wanted to study and not leave home but my father blackmailed me into it by saying that he might die and that boys can live on their own but women need security. I therefore obliged him by agreeing to my marriage. I found out that my husband worked as a clerk in an office and was 16 years older than myself. I cried a lot and look what happened. I am five months pregnant. My parents-in-law want a grandson as their other son who is married has four daughters. My husband's two sisters and one older brother are married too. His younger brother is getting married next year to his cousin. My mother-in-law took me to the hospital as I was vomiting a lot at home. When I saw the nurse and the doctor scolding the patients I was scared. I found that very insulting. I am afraid to go there for my delivery. My mother-in-law says home deliveries are convenient and comfortable. My husband wants things his way, wants the house to be in order, parents happy and having no complaints about me. If he gets upset he starts beating me. I hope I have a son so that I am respected. When I got married I did not think that I would have a life like mine. My stepmother was far better than my mother-in-law. I am responsible for all household work. At first when I would mess up my work or cooking, my mother-in-law would get upset and hit me. She would instigate my husband and he would beat me up, too. Hit me with whatever came into his hand. My mother-in-law likes to create a drama.... I complained to my father but my husband poses to be so sweet in front of him that my own father does not believe me. On our wedding night he really freaked me out. I was barely 14 years old. He gave me a lot of pain. I was so upset. I would not let him touch me. I resisted for a couple of months. He complained to his mother who told him to tie me up and have sexual activity with me anyway. She said that I was very cunning and not a child. My husband complained to my father. My father and the community health worker came over and talked to me. I felt cornered and I let nature take its toll. I still do not find my physical relationship with my husband pleasant. Once I conceived I thought my husband would let me be. I thought the whole idea was to conceive, which I did but it still continues. I did not know initially that such relationship leads to childbirth but I learned this through the community health worker. I thought having a child would change things in my life. I wonder if it really will!*

*There is constant nagging at home. My mother-in-law says I am not innocent and my husband says that I have to learn to be obedient and submissive. I am not allowed to leave home unaccompanied. I worry for myself. Where is my home and who am I?*

Unmarried participants and parents (II and III) referred to television serials illustrating the subservient role of women in society while discussing the changes one should expect after marriage. A young woman in a FGD referred to a serial that showed how all decision making lay in the hands of the husband and then concluded that the woman had no control over her life. When discussing the serial the young women talked about the close control they experienced at home and feared that the restrictions would continue after marriage (II).

Society expected young women to be innocent and submissive which would guarantee good proposals and subsequent successful marriages. They were trained at home to fulfil these expectations. The parents believed that their daughters were intelligent and would be able to cope with sexuality and child bearing, when the time came after marriage.

### ***Cracks in the wall of submissiveness***

Given the changing trends parents recognised the importance of asking the young women for input into decisions pertaining to their marriage (III). Although the method of parental arrangement of marriages was dominated by the assumption that girls are innocent, parents were beginning to accept the idea of a husband selected by the young woman herself (III). Study IV illustrates how the involvement in whom to marry positively affects the reproductive outcomes: contraceptive use and ability to discuss the number of children with spouses. Those women who were involved in decision making in their parental home were able to participate in decision making in their new homes (IV). Fathers and mothers recognised the importance of educating and imparting vocational skills to their daughters. They expressed that even if the daughters did not work outside the home after marriage, the training could become useful in the future (III). Parents considered TV a rich source of information about marriage and of what the future might entail for their daughters (III). The young women (I and II) knew about contraceptives through television (TV) advertisements, but they lacked full understanding of how to access and use them. The mothers approved their daughters' contacts with older cousins, sisters and aunts as sources of information about sexuality and childbearing (II and III). This information was however vague and not fully understood by the young women. There was a limited number of young unmarried women (II) who were allowed by their mothers to communicate with their fiancés on general issues over the mobile phone prior to marriage. These conversations functioning as "pockets to think," sparked the young women's plans for their married life and the number of children they would want to have. This thinking, however, was not shared with others. This small sub-group was keen to learn about child spacing and accessibility to contraceptives although the environment was not conducive for asking questions.

### ***Silence around sexuality***

Silence around sexuality was evident in all the qualitative studies. Both married and unmarried participants had faced the challenges of menstruation and body changes, which caused discomfort and raised questions to which they got few answers (I and II). They saw the onset of menstruation as a sign of growing up and the end of childhood and freedom. They also understood this physiological change as marking the beginning of an era of confinement (II). They were told to cover themselves and not allowed to play out on the streets or go out unaccompanied anymore. The young women (I and II) experienced shock at their first menstruation, as they were not adequately prepared. They were only told about the practicalities of dealing with it, but not what it meant. When they approached their mother,

they were told not to talk about it. Through friends, aunts or sometimes their mother, they learnt that they were not to offer prayers during menstruation and to take a bath once the bleeding stopped.

The young women felt inhibited to ask questions about physical and related changes and they learnt that keeping silent on women's health issues was part of being a grown-up woman (II). They had learned that talking about sexuality and having questions about married life was a sign of having no shame.

*"I am looking forward to my marriage and I want to ask questions but I do not talk about this with my mother.... she doesn't even know I menstruate. How can we talk about these things?" (19 year old)*

Study IV supports these findings; the mean age at puberty of the 1803 young married women of the study was 13 years, and 31.9% had been informed about menstruation before it first occurred, while 73.2% had wanted more information. The young women in studies I and II either lacked or had deficient knowledge about sexuality, contraception and pregnancy. The unmarried participants (II) knew marriage included some kind of physical contact with the husband but could neither explain nor understand the actual sexual encounter. When asked how a woman conceived they responded that it happened after marriage and at God's will, as also reflected in the two narratives (I). The married women shared how ill prepared they were for initiation of sexual activity. None of the participants referred to it as enjoyable and they had been brought up thinking of it as "bad." For all married participants it took time to adjust to sexual life.

The parents emphasised the importance of preserving the social and sexual innocence of their daughters in order to get good proposals for their marriage (III). When the moderator introduced the subject of preparing young women for the physical relationship with their husband and for child bearing, all parents became shy with the fathers holding the mothers responsible for it. The mothers affirmed that they avoided discussions around sexuality and mentioned that there were other sources of information for their daughters, claiming that they were intelligent and did not need any special preparation. They thought their daughters learnt everything through friends. In addition, they knew that such things should not be discussed openly as young women were expected to be innocent. One mother said that she had taught her elder daughter how to deal with bleeding, and she later taught her younger sisters. Another referred to her married daughter who was so shy that she did not even tell her mother that she had conceived and hid the fact till seventh month of her pregnancy.

# DISCUSSION

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The findings demonstrate how the different levels of family, community and society impact on young women's lives and their subsequent reproductive health: a) the parents by deciding about their marriage often without their involvement and consent, b) the parents-in-law by often taking an oppressive and demanding role and c) the society with its expectation that young women should be obedient. Everyone contributed to the submissive nature of the young women.

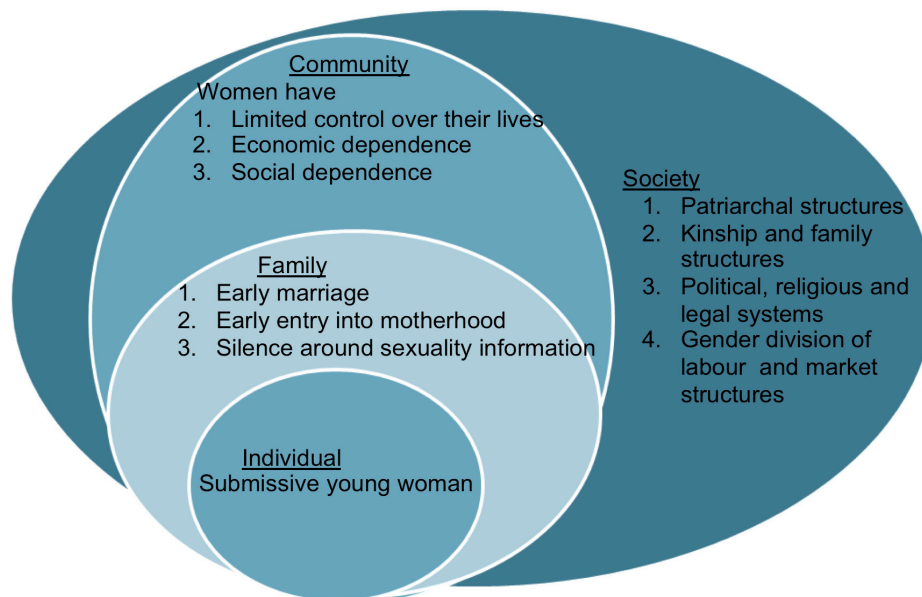


Figure 3: Socio-ecological framework of young Pakistani women (adapted from Bronfenbrenner)

## Young Woman

As shown in the model above, the submissive young woman is at the centre of the socio-ecological framework with all the surrounding levels impacting on her upbringing and thus her ability to manage as a young wife. From childhood the young women in the study were socialised to honour the family and uphold the societal expectations and standards (I, II and III). Societal expectations and parental upbringing contributed to the shaping of their identity. The girls were socialised into the role of a wife, who should please the mother-in-law and husband. They were brought up in a social environment in which they were neither expected nor allowed to meet young men nor move around on their own. Instead they were busy inside the home learning household chores and helping their mothers, who underscored the need to learn *sabar* (patience) and to trust the decisions of the elders. The message



of *sabar* that was reiterated from childhood prepared them for the coming challenges of a minimal voice in marriage. From childhood they were told that women have to endure hardships and have the right to a good life first after having endured tough times. These findings are in accordance with the Pakistani tradition, which recognises that collective welfare outweighs individual well-being. Only after considering all other family members' needs are women allowed to think about themselves [22, 37]. The young women learned that "being acceptable" in society's eyes meant becoming selfless. Although being 'selfless' is a virtue, for the young women in the study it lost its essence, when being 'selfless' could mean having to stay at home to allow siblings, especially brothers to get education. This limited self-concept is described by Kagitcibasi, who claims that children in collectivist societies such as Turkey lack an understanding of self, as a concept of a person with her or his own desires, preferences, attributes and abilities [11]. The young women in our study defined their self-identity in relation to the community and family, especially the parents, which is consistent with other findings from South Asia [30, 60, 61]. Moreover, to be submissive was viewed as something good by the young women themselves. Obedience is a virtue and young people are expected to be obedient to the elders. This thesis contests 'obedience' when as a consequence to practicing it the young women do not learn to think critically. Although the young unmarried women felt satisfied with their lives, they were liable to suffer, due to lack of self assurance, once the protective shell of their homes was no longer there after marriage. *Sabar* (patience) a virtue, but combined with submissiveness was seen to add towards their vulnerability to abuse after marriage. The young women failed to take initiative for themselves and remained in their enclosed home environment (I and II). Within their circumstances some women, however, were in a better situation than the others and managed to exercise some decision making. Study IV showed that older age at marriage, education of fathers and involvement in decision making was associated with agreement with spouse on the number of children to have and intention to use contraceptives in future. From an individualistic perspective, emotional independence from parents is an important aspect of maturing. Parent-child interaction and socialisation are adapted in the context of their family life [11, 12]. Socialisation orientation in collectivist societies, stresses family loyalties, control and dependence of the child thus ensuring the child's full integration in the family and hence his/her identity. Such children grow up into loyal adults, who uphold family needs whereas independent children look after their own interests. The literature shows that positive relationship with parents leads to healthy development in diverse cultures [62]. Study IV showed that young women, who were raised and given decision making agency at the time of marriage, carried it with them in the new home after marriage. We argue that the Kagitcibasi model of "autonomous-related self and the family in the global context" [46], with its emphasis on relatedness and interdependence, while maintaining agency, is congruent with the Pakistani context where individuals largely conceive themselves as the composite of relationships that produce them. Obedience orientation was dominant in the parenting of young women, which translated into socialising the young women into submissiveness; the psychological interdependence being valued by both parents and young women (I, II and III). The relationship of young women after marriage extended beyond the couple (I, II and III). Marriage initiated new living arrangements for them and a young bride was given a subservient position in the new household. A young woman has to make a place for herself and then to negotiate for her reproductive health. The extent of the linkages a woman has within the household and with the husband have implications on her health. Thus it is possible to raise children who are autonomous, but know and understand the position of the parents and elders, and accept them to some extent. And the parents also, are broad enough in



their outlook to accept that children do not always do what the parents think is the best. This does not necessarily mean that the children disobey the parents. Relatedness and being on good footing with the parents did not mean that young women in the study could not exercise agency i.e. to act and do what they think as demonstrated in study IV. The Kagitcibasi model sensitive to the kinship ideology of togetherness highlights the linkages and relationships that constitute the anchoring framework of a woman's identity. It incorporates women's sense of self as individuals connected to their families by ties of love and affection as well as claims and obligations. The model however, falls short of addressing questions regarding why and how the different types of self emerge in young women, that is, the different types of socialisation processes that encouraged the young women (IV) to have a say in whom to marry.

The culture of silence around sexuality prohibited discussions on adolescence with its multiple transitions. These findings are supported by a study conducted in Pakistan that found that young women lacked the understanding of the origin of menstrual blood, and that they had misconceptions about menstruation and body changes [43, 44]. The limited information the married participants received prior to marriage did not prepare them for what was awaiting them (I). The women who belonged to the first narrative (submissive-content) came from stable homes where the parents supported them in their settlement into the new home. They had received traditional preparation for marriage and adjusted to their new homes and received continuous support from their parents. The women who identified themselves as victims came from dysfunctional families where they had felt unwanted. This feeling followed them into the new home, where they did not feel welcome, had low status and felt victimised. All young women were shocked by their first sexual experience but adjusted to it with time. The young couples were shy and avoided to talk to each other in the presence of other household members and the wife was expected to find her place in the new home by pleasing everyone. The couples had little time together and the young women soon entered motherhood. To delay the first pregnancy was desired by the young women but due to lack of knowledge and inability to speak with their husbands no contraception was used. There is societal pressures on young brides to conceive soon after marriage which has been highlighted in other studies [31, 33]. Although there is a lot of literature from South East Asia addressing reproductive health issues of women and their low status [37, 61, 63-66], the focus on submissiveness and how it affects the reproductive health is not much investigated.

## **Parents**

The parents expected their daughters to follow their rules and directions without explaining the reasoning of their rules (III). They demanded best behaviour from their daughters and were imposing restrictions on them. As their daughters reached adulthood the parents gave priority to their marriage. The parents explained how submissiveness was valued and instilled in young women and how their behaviour was seen as a reflection of the status and honour of the parents in the society. However, this did not mean that the parents did not love their daughters. During the discussions with the parents (III) it became apparent that they were ambivalent in their raising practices reflected in their conflicting views. They valued innocence and obedience in their daughters, but they also accepted that their daughters participated in decision making for spousal selection given the modern times. Parents wanted to prepare their daughters for unforeseen mishap in future by sending them to school and giving them some sort of vocational training. Although by giving priority to

their marriage, at a subconscious level they did not consider their daughters' education to be that important. Instead they raised them as 'innocent' daughters and tried to marry them to good husbands while hoping that they through education, television and other contacts would pick up information and knowledge that they were too shy to voice themselves. The parents in the study showed their societal pressure to raise 'innocent' daughters on one hand, while on the other hand they wanted 'confident' daughters. They remained unsure about how to achieve both.

There is literature supporting the parents' role and their communication with their children contributing towards assured young people who exercise less risky behaviour [62, 67-70]. The possibility of tapping the dimension of 'connection' in parenting as described in the WHO report [62], to the advantage of young women in Pakistan is highlighted in study III. The role of the fathers is especially important. This is supported by findings in the quantitative study where it was seen that education of fathers was related to young women's negotiating ability with spouse on contraceptive use. The educational level of women in the four studies was low, thereby identifying the need to ensure schooling for these women. If education beyond the few first years is made available and accessible, then that it would most likely decrease the number of early marriages, increase the self-confidence of the young women and thereby also their ability to negotiate for better reproductive health.

Television played the role of a peer in young women's lives (II). The parents and unmarried women (II and III) shared that through television serials young women learnt marriage dynamics. Young women received limited and vague information through close female relatives, friends and mothers (I, II and III). The parents believed that reference to such issues in a round-about way prior to marriage was sufficient. In the discussions although the idea of discussing sexuality with the daughters was mentioned, it was not reflected in the upbringing practices as seen in study I and II.

There is an obvious discrepancy in the findings from the stories of married young women and the parents' views. Parents in the FGDs were at their best behaviour. The young women were allowed to talk freely in the interviews and shared their reality, which the parents were not always aware of. The parents in study III reflect the upbringing consistent with that of the women belonging to the first narrative. The second narrative participants came from dysfunctional homes where other guardians than the parents had the responsibility for the marriage (I). These could be some of the potential explanations for the differences in the reality of young married women and parents.

## **Society**

The results in this thesis illustrate the societal expectations on young women on the basis of established kinship, political and religious norms and structures in the society. From a human rights perspective the right to health and development for the young women in the study was compromised, evident in their submissive nature. The government of Pakistan has made investments in providing services to women but overcoming social barriers (kinship and patriarchy) is yet to be realised. Due to the multitude of problems faced by the country such as internal conflicts, lack of governance and natural disasters, many challenges lie for the politicians, policy makers, academicians, lawyers and many others.

The Universal Declaration of Human Rights (UDHR) asserts that all humans are born free and equal in dignity and rights [71]. The UDHR stipulates what State Parties - the duty bearers – are obliged to respect, protect and fulfil for its citizens [72]. Human rights are universal and extend to every living person. They are the minimum standards and do not describe an ideal social and political world [71]. The Universal Declaration states that human rights are rooted in the dignity and worth of human beings to protect domestic and international peace and security. State parties operate at the macrosystem of the ecological framework through legislation and policy decisions. The effects permeate the different ecological sub-systems reaching the individual. This effect depends upon the State's drive to fulfil its obligation to its citizens. There are several conventions addressing women's lives in the purview of the human rights that have been ratified by Pakistan. These include Convention on the Elimination of All Forms of Discrimination against Women [73], International Covenant on Economic, Social and Cultural Rights [74], International Covenant on Civil and Political Rights [75] and Convention on the Rights of the Child [76, 77]. Although the impact of the legal and political structures on young women's lives was not the focus of the study, it is evident how they had an impact on their lives. The lack of social and economic independence translated into early marriage and early entry into motherhood. There is little evidence in this thesis that the women challenged patriarchy. They saw their lives to be controlled, a natural order and thus legitimate.

## **Methodological Considerations**

### ***Qualitative Studies -Trustworthiness***

Evaluation of qualitative research implies assessing the knowledge claims and the communication and contextualisation of research findings [78-81]. Credibility deals with the focus of research and refers to how well aim, data and analysis fit together. In this thesis unmarried, married young women and their parents were included. The information was collected through interviews (I, II and IV) and focus group discussions (II and III). Credibility was also demonstrated through peer review. Dependability has to do with whether the process of research is logical, traceable and clearly documented. This was achieved through clear documentation of all steps and extensive deliberations of the research team with rich experience throughout the research period. Transferability is for the reader to establish given the enhanced and thorough descriptions of research contexts and assumptions made. The study setting chosen for this project was a slum setting and a description provided for the reader. The characteristics and politics of slums include high rates of poverty, illiteracy and unemployment. With urban migration, the slum population is on the rise globally. The slums are usually considered breeding pockets of social problems as drug addiction, prostitution and poor health. Poor health could be due to unsanitary conditions, malnutrition and lack of basic health care. In terms of transferability, it is plausible to think that much of what the participants shared is also valid for others with similar backgrounds in similar situations.

The research team read through the transcripts several times and thereafter derived codes, categories and themes from the data while staying close to the text and "thick descriptions" were given to reflect the social reality of respondents adding to the confirmability. Verbatim/quotes were used to give a vivid picture and allow the reader the opportunity to make his/her own judgment about the context. Reading transcripts several times helped understand their content and coherence. Information rich transcripts were condensed into type narratives in Study I.

Triangulation is based on the idea that combinations of methods and sources add different perspectives to the same research area, which increases the credibility of the results. During data collection, information was collected using both in-depth interviews and focus group discussions (method triangulation). The women that participated in the interviews were visited several times to increase interviewer-participant rapport, to provide participants with the opportunity to recapitulate their story, confirm what had been told and understood. Two interviews and three FGDs in Study II were coded by other qualitative researchers who were not involved in the study and compared to the coding done by the research team (peer review and researcher triangulation). Any differences in coding were discussed and a consensus was reached about the final set of codes. The codes generated from the interviews and FGDs were similar, which added to the credibility. The broad international and national experience of research team enriched the understanding of the data and contributed to the analysis. The findings were brought back to the community worker for verification.

### ***Qualitative Studies - Reflexivity***

A researcher's background and position will affect what they choose to investigate; the angle of investigation, the methods judged most adequate for this purpose, the findings considered most appropriate, and the framing and communication of conclusions. Reflexivity starts by identifying preconceptions brought into the project by the researchers, representing previous personal and professional experiences, pre-study beliefs about how things are and what is to be investigated, motivation and qualifications for exploration of the field, and perspectives and theoretical foundations related to education and interests [79, 80]. If reflexivity is thoroughly maintained, personal issues can be valuable sources for relevant and specific research. However, the investigator should take care not to confuse knowledge intuitively present in advance, embedded in preconceptions, with knowledge emerging from inquiry of systematically obtained material. This situation can be avoided by declaration of beliefs before the start of the study. Being a Pakistani I understood the culture and had notions about how things should be verses how they were for the young respondents of my study. Even though I was a medical doctor and belonged to a different social class, where education is of utmost importance and marriage is an event subsequent to completion of education, my background did not influence the research process. In many ways there were similarities in the upbringing I had and the kind these young women were going through. I was hence able to get a deeper understanding of the respondents' views and experiences.

I was introduced to the community though the community worker, who was a resident of the locality. This facilitated my entry into the community and helped build a trusting relationship with the respondents. A female doctor holds a prestigious status in Pakistan and is welcomed and well accepted. The parents accepted me as a researcher and a doctor and trusted my talking to their daughters in privacy. This helped me in getting the information I believe would have been difficult to get for a researcher who was not a doctor or belonged to another culture. The trust was reflected in the young respondents' queries and eagerness to talk to me during my visits in the field. I was an outsider to their social circle and the respondents saw me as an outlet to share their thoughts. They felt safe that what they shared with me would not be shared with their parents or parents-in-law. Discussion about the findings with the research team and researchers outside the team but with rich contextual experience, helped enrich the findings.

On several occasions especially on the last visit to the respondents, I was approached by them to answer questions. They were keen to learn more about sexuality, contraception and how to access them and what my opinion was on what they should do. I had to contain myself, be a researcher first and try to understand why and how this interaction had resulted in their raising these questions. I passed on the feedback to the community worker on a regular basis for her to intervene and to refer respondents to doctors if needed. One of the respondents was physically abused when I met her in the last and third interview. She was battered and needed legal assistance, so I asked the community worker to help her out without revealing anything to the respondent.

### ***Quantitative Study: Validity***

Internal validity refers to whether a measurement is measuring what it is designed to measure. Reliability is concerned with whether the results are replicable. It is the consistency of the measurement or the degree to which the instrument measures the same thing each time it is used under the same condition with the same subjects. Generalisability or external validity refers to the degree to which results of the study can be applied in other settings or contexts [82]. The details about the study instrument, sampling strategy and sampling technique described in methodology section address and support the generalisability and validity of the findings from the nationally representative survey on adolescents and youth of Pakistan. Study IV draws a subset of married young women only and hence the findings are generalisable to such young women. Although the data are almost eight years old, there have been no major social, political, religious or structural changes that could have impacted the upbringing of young women and their reproductive health subsequent to marriage; the study's findings thus have relevance in the present times.



# CONCLUSIONS

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1. Young Pakistani women were poorly prepared for marriage. They lacked access to correct information regarding sexual activity and its consequences (I and II).
2. Parents socialised daughters to retain their 'innocence' and innocent behaviour, considered an asset for a successful marriage and a key to the status of 'good parents' in the Pakistani society (III).
3. Parents claimed that their daughters were intelligent and capable of coping with future challenges of married life (III).
4. The prevalent taboo around sex and sexuality led parents to give low priority to discussion on sexuality issues. They failed to address issues they were shy of and lacked knowledge about (I, II and III).
5. Young women's agency was crucial for improved reproductive health. Young women brought up to participate in decision making and trained to speak up were more likely to participate in decision making regarding contraceptive use with husbands once married (IV).
6. The vast number of young women belonging to poor families and letting others take decisions for them, hinder the overall progress of the nation. Youth constitute the backbone of a nation and to have a substantial proportion of this group stagnant and lacking initiative is a big loss to the country (IV).





# AREAS FOR FUTHER RESEARCH AND WAY FORWARD

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This thesis highlights the lack of preparedness for reproductive life of young women living in a slum setting where silence around sexuality is a norm. It would be interesting to explore if this silence around sexuality is also the norm in higher social class. Socialisation into submissiveness runs counter to maturing as an assured young woman. Using obedience as an asset protecting young people from risky behaviours whilst informing young women about sexuality, is a domain warranting further investigation. Views of newly-wed men on married life preparedness, not addressed in this thesis, is another area to explore. Little is documented about how boys are prepared for sexual relationship in marriage. It would be enlightening to supplement these findings with interviews of young grooms. Their knowledge about sexuality and initiation to married life would possibly identify other areas for intervention. Cell phone technology to reach out to the young women is another potential area for exploration and innovative interventions. New strategies to strengthen the role of fathers in bringing up confident and knowledgeable daughters need to be implemented and tested in the context of this study. Also the attitudes and norms around violence and rape within marriage is an area for further research in Pakistan, where rape within marriage is not criminalised.



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I



Research article

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## "Who am I? Where am I?" Experiences of married young women in a slum in Islamabad, Pakistan

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### Abstract

**Background:** In Pakistan, 16% of the women aged 15–19 years are married. Many get married shortly after they attain menarche. This study explores the preparedness for and actual experiences of married life (inter-spousal relationship, sexual activity and pregnancy) among adolescent women.

**Methods:** Among married adolescent women residing in a slum of Islamabad ten were selected with the help of a community health worker and interviewed qualitatively till saturation was reached. They were interviewed three times at different occasions. Narrative structuring was used to explore how the participants represented their background, social situation, decision making and spousal communication and how they explained, understood and managed married life and bore children.

**Results:** Two categories identifying the respondents as either submissive-accepting or submissive-victims emerged. The married young women who belonged to the accepting group lived under compromised conditions but described themselves as satisfied with their situation. They were older than the other group identifying themselves as victims. However, none of the respondents felt prepared for marriage. Women belonging to the victimized group experienced physical and verbal abuse for their inability to cope with the duties of a wife, caretaker of the home and bearer of children. Their situation was compounded by the power dynamics within the household.

**Conclusion:** Knowledge about sexuality could prepare them better for the future life and give them more control of their fertility. Adolescent development and life skills education need to be addressed at a national level. There is need for innovative interventions to reach out and provide support to young women in disadvantaged homes.

### Background

One in six adolescents aged 15–19 years is married in Pakistan [1]. Marriage takes place shortly after menarche. Women, who marry, move from their familiar home to the home of the husband. They initiate sexual activity

with a husband they barely know, and soon become mothers. Many find themselves socially isolated and with poor inter-spousal communication [2,3]. Adolescent marriages lead to early pregnancies and complications due to immaturity contributing to their vulnerability [4].

In the Pakistani context, importance is given to preserving the chastity of young women before marriage. Their sexuality is tightly controlled by their guardians [5]. Seclusion norms (*purdah*) are common from puberty onwards and unmarried women have restricted mobility [6]. As discussions of sexuality are discouraged little is known about sexual attitudes and behaviour of young people in Pakistan [5]. Many young women are poorly informed about sexual issues, reproductive biology and health [7,8]. Low levels of school attendance, lack of sex education and norms that prohibit discussion of sexual issues preserve ignorance [6,9,10]. Men are relatively more knowledgeable about puberty, pregnancy, family planning and sexually transmitted infections [11].

Adolescence is a period of significant change and transition towards social and economic independence. Boys and girls make important choices and build critical capacities during this period [12-14]. Entering into marriage adds to the complexity of the situation for young women in Pakistan [15]. History and environment jointly influence the value systems and norms of a society, which include settlement patterns, household structure and division of labour. Aspects of adult personality are culturally expressed and projected in rituals and belief systems e.g. reflected in women's limited control over their own lives [16,17]. Men have access to a variety of information sources outside home while young women are restricted to a limited number [15]. Gaining information is event based, whereby specific events e.g. puberty and marriage trigger information provision to young people, however often too late to be educative.

Limited research is available on factors that shape the married adolescent women's reproductive behaviours and experiences. A study conducted in Bangladesh [18] on married adolescent women showed that many had borne children before they were emotionally and physically ready. Poverty, economic conditions, marital insecurity, politics in the household, absence of dowry and rivalry among family, co-wives and in-laws made these young women comply to decisions made by others in order to survive. They had been compelled to bear children or terminate them subject to the decisions of others in the household.

The objective of this study is to explore how young women (13-19 years) are prepared for married life. It explores their experiences and knowledge of married life in relation to sexual activity, child birth and inter-spousal relationship.

### Methods

A qualitative approach was used to explore experiences related to married life and to examine the relationships

between different social levels inspired by Bronfenbrenner's ecological framework [19]. According to Bronfenbrenner, individuals are nested in environments or systems (terms used interchangeably), each of which is contained in the other, from more proximate to more distal determinants. All of the systems are interdependent and interactive, with changes in one system affecting the other systems. This human ecological framework permits examination of linkages between levels of environmental context. This ecological approach relates changes in the individual to the social and physical environment [19].

The research team comprised of a Pakistani medical doctor with a public health focus (PI), a Swedish public health expert, a Swedish nurse with a focus on childhood transition and rights, and a Pakistani community worker as a gate keeper. This broad composition of the research team brought different perspectives to the study. The community worker played a key role in giving the emic perspective to the study. She met women residing in the community regularly and was an advisor for health and social issues.

She shared her insight of the culture and norms of the community under study with the PI. The interviewing was done by the PI followed by data interpretation and analysis together with the rest of the research team members. The outsider's view of the Swedish scientists broadened and enriched the understanding of the material.

### Setting

The study was conducted in a slum community in the outskirts of Islamabad city. There were 900 houses in the community and almost 400 households had more than one family living in one house. Most of the residents were labourers working on daily wages. Most residents were illiterate belonging to the low socio-economic group with poor hygiene and nutritional status. They belonged to different ethnic groups in-migrating from different areas of Pakistan. Living together they had adjusted to each other and developed a common culture. The women had usually not attended school beyond primary level and many had never even begun. Shortly after puberty they were married and moved to live with the in-laws for cultural and financial reasons. Most women had limited opportunities for employment and education. There was one sewing school run by an NGO where those who could afford attended classes. Going outside of the house required an elder from the house to accompany them.

### Participants and Data Collection

Through purposive sampling married adolescent women who were willing to share their experiences were approached by the community worker. If one refused, another participant fulfilling the criteria was included in

the sample. Thus ten participants were interviewed by the PI. Multiple meetings with the participants were held so that the researcher developed rapport with the participants. The interviews were conducted in private, with no family member or the community worker around. This helped break the ice and gave the participants a chance to re-think past events and remember other associated experiences that could be shared at subsequent meetings. Unstructured qualitative interviews [20] were chosen as the appropriate method.

A married life calendar was developed to explore the experiences of the participants by discussing their needs at the time of marriage, their access to information, source of information prior to marriage and the experience of sexual activity, communication with their husbands and childbirth.

The interviews were tape recorded with the participants' consent and transcribed within two days by the PI. The researcher went back with the written narration for verification followed by any further probing identified as needed by the research team.

#### Data Analysis

The complete transcripts were read several times to gain a general sense of the experiences of the participants. Bronfenbrenner's model was kept in mind when exploring how the different systems affected the young women and what the linkages were between them. The interviews were compared and themes and events searched for which could explain the experiences of the women and the way they identified themselves. Narrative structuring was used to demonstrate how the participants described their background, social situation, decision making, spousal communication and how they explained, understood and managed married life and bore children. Narratives are not the exact records of what actually happened [21]. The historical truth of the participants' account is not the primary issue. Narrativisation is the point of view of the individual based on his/her experiences and interpretation [21]. The same event is narrated differently depending on the values and interests of the narrator and to whom the story is told. As the past is selectively reconstructed troubling events will be recalled and narrated differently. Researchers have to assess whether the account of the events are persuasive and plausible [21]. Through the process of "narrative finding and narrative creating" [20] two main thematic narratives were developed depicting the two main identities found in the stories of the participating women.

The perspectives of the different researchers in the team enhanced the trustworthiness. Combining the insider and outsider perspective contributed to the understanding of

the material. The findings were discussed with the community worker for verification.

#### Ethical Considerations

Ethical clearance for the study was sought from the national research body (Pakistan Medical Research Council) and from the ethical committee of Karolinska Institutet, the medical university of Stockholm in Sweden. Before starting the interviews the study was introduced to the community. Verbal consent from all the participants was obtained prior to their participation in the study. The study was explained and queries addressed before the start of the interviewing. The consent of the participants was obtained after the permission from the decision maker in the house had been given. In most cases it was the mother-in-law in the absence of the husband. The consent statement was read out clearly explaining the study objectives and the expectations on the study participants to facilitate their understanding. Study participants were assured of confidentiality. The study could raise reactions and emotions difficult for the participants to handle and the community worker was asked to be available for those who needed extra support and comforting and to facilitate referral through the NGO if needed.

#### Results

The participants with their individual socio-demographic characteristics are presented in Table 1. Major topics reflective of the personal narratives include the following categories: (a) family network and its influences on decision regarding marriage, (b) puberty and menstruation, (c) preparation for marriage (dowry, relationship with the new family members), (d) sexual activity (e) contraception and child-birth (f) role of the husband and other family members, (g) future aspirations and expectations.

The following section is based on the stories of all the participants from which two thematic narratives were developed. They include selected verbatim quotes from some of the participants that illustrate experiences common to them. Themes helped to focus on the different parts or facets of the stories and served to compare participants' stories and illustrate the similarities and differences. Through deliberations and discussions the participants could be sorted into the following two groups: the submissive-accepting and the submissive-victims. Pseudonyms are used to protect the identities of the participants.

All the participants expressed their need for better preparation before marriage. The young adolescent women viewed marriage as the end of their childhood and were overwhelmed by the responsibilities that they were expected to fulfil after marriage. They were not prepared for initiation of sexual activity. None of the participants knew that sexual activity leads to conception.

**Table 1: Profile of Young Married Women**

No	Age	Marriage age	Information about menstruation	Decision about marriage	Husband's characteristics	Living arrangement/s
1	19	18	<b>Friend</b> informed on menstruation	Parents	25 years, 8 years schooling, shopkeeper	In parental home ( <b>narrative 1</b> )
2	19	17	<b>Mother</b> taught practicalities	Uncle	20 years, 10 years schooling, employee	With in-laws, parents in same city ( <b>narrative 1</b> )
3	20	19	<b>Friend</b> taught practicalities	Elders of the family	22 years, 10 years schooling, painter	With in-laws, parents in the village ( <b>narrative 1</b> )
4	20	18	<b>Mother</b> taught practicalities	Parents	21 years, 8 years schooling painter	With in-laws, parents in next street ( <b>narrative 1</b> )
5	17	16	<b>Teacher</b> taught menstruation and hygiene	Parents	24 years, master student	In parental home ( <b>narrative 1</b> )
6	13	13	<b>Mother</b> taught practicalities	Mother	15 years, no school, labourer	With in-laws, parents in the village ( <b>narrative 1</b> )
7	18	17	<b>Grandmother and aunt</b> taught practicalities	Father and Aunt	20 years, 5 years schooling, taxi driver	With in-laws, parents in same city ( <b>narrative 2</b> )
8	15	13	<b>Sister</b> taught practicalities	Parents and Uncle	18 years, 10 years schooling, farmer	In parental home ( <b>narrative 2</b> )
9	13	14	<b>Aunt</b> taught practicalities, managed alone first time	Father and Stepmother	30 years, 10 years schooling, tailor	With in-laws, parents in same city ( <b>narrative 2</b> )
10	17	13	<b>Friend</b> taught practicalities	Father	25 years, no school, shopkeeper	With siblings in parental home ( <b>narrative 2</b> )

**NARRATIVE 1***Submissive and Accepting*

My name is Shakira (Thankful) and I am 20 years old. I got married two years ago to my first cousin who is twenty four years old. He is a painter and has completed ten years at school. We live in a joint family system with my parents-in-law and my husband's married brothers and their families. I attended school for five years but when my father could not take me to school I dropped out.

I was engaged at birth and wore a string around my wrist. My aunt would refer to me as hers but I never understood why. Before my "nikkah" (legal marriage) at 14 years of age I menstruated two to three times. I had learnt about it in school and since I was close to my mother, she told me that it was normal and I was to have them monthly for five to seven days. She said I was no longer a child and should cover myself properly. She told me I had to be responsible as I was going to be married soon. I did not talk to my husband before marriage.

No one prepared me for the physical relationship I was to have with my husband. After three days of marriage I guess someone must have talked to him. That night he gave me 1000 rupees. He said that we had to start life together. I understood what he wanted, a woman knows. You age overnight the day you are labelled married. I was shocked by my experience, felt as if something bad had happened. My husband felt guilty for giving me pain. The

next day I expressed my shock to my mother. She simply replied, "This happens!" It took me 15 days to settle down. I had my periods once after marriage and then I conceived. It would have been easier if my mother had prepared me for the physical relationship with my husband. I had married friends who talked but I never really understood the meaning of marriage. I did not know that sexual activity would lead to conception. I missed my periods and mentioned it to my sister-in-law who told my mother-in-law and my mother. Both were thrilled. Seeing my confusion my mother told me that when I was born she had the same *problem* implying that I was going to have a baby. I was upset as I felt that this was too soon and I was too young to have a baby.

My pregnancy went fine. The doctor came to deliver the baby at home. The baby was exclusively breast-fed and vaccinated. My mother came to help me after my delivery as I was weak. She taught me everything. I couldn't have managed without my mother's help. She would assist me in the household work. The baby was one year old when I had my menses once. I did not know that I was pregnant till my older sister-in-law asked me to have the pregnancy test done again. A few days later I had spotting and was taken to the doctor who told me that I had miscarried.

My husband has gone to Middle East as a labourer for three years. He sends money to my father-in-law who gives me some for my expenses. I like the joint family sys-



tem. My parents-in-law love me and I attend to the household chores with my sister-in-law.

My childhood is gone. I have entered into a responsible life. If I have a daughter, I will marry her at 20–25 years after she has completed her studies. My husband says we should have no more than two to three children. He has seen his brother with his five children. My husband believes in educating the children. We want to be financially independent.

## **NARRATIVE 2**

### *Submissive and Victim*

I am Masooma (Innocent) and I am 15 years old. I always wanted to study and my mother encouraged me. My life changed when my mother died three years ago. She burnt herself to death after having a fight with my father. He pretended to be asleep while my mother poured kerosene oil on herself and set herself on fire. My six year old brother watched and cried. She died three days later. Our father could not look after us. I did not know how to attend to household work or cook. My mother always had told me to concentrate on my school work. For almost a year we struggled like this. When I had my first periods I thought I was going to die. I was the oldest amongst my siblings. I have four younger brothers. I told my father I had urinary infection and he got me some medicine. When my aunt came to visit us three days later she told me that this is part of growing up.

One year later seeing the pathetic state of the house and children my father re-married. We were very upset and did not like our stepmother. She told my father to wed me off and in less than a year's time I was out of the house. I came to know of my marriage only one week before my marriage. I was going to school and was in class eight. I wanted to study and not leave home but my father blackmailed me into it by saying that he might die and that boys can live on their own but women need security. I therefore obliged him by agreeing to my marriage.

I found out that my husband worked as a clerk in an office and was 16 years older than myself. I cried a lot but look what happened. I am five months pregnant. My parents-in-law want a grandson as their other son who is married has four daughters. My husband's two sisters and one older brother are married too. His younger brother is getting married next year to his cousin. My mother-in-law took me to the hospital as I was vomiting a lot at home. When I saw the nurse and the doctor scolding the patients I was scared. I found that very insulting. I am afraid to go there for my delivery. My mother-in-law says home deliveries are convenient and comfortable.

My husband wants his things his way, wants the house to be in order, parents happy and having no complaints

about me. If he gets upset he starts beating me. I hope I have a son so that I am respected.

When I got married I did not think that I would have a life like mine. My stepmother is far better than my mother-in-law. I am responsible for all household work. At first when I would mess up my work or cooking, my mother-in-law would get upset and hit me. She would instigate my husband and he would beat me up, too. Hit me with whatever came into his hand. My mother-in-law likes to create a drama.... I complained to my father but my husband poses to be so sweet in front of him that my own father does not believe me. On our wedding night he really freaked me out. I was barely 14 years old. He gave me a lot of pain. I was so upset. I would not let him touch me. I resisted for a couple of months. He complained to his mother who told him to tie me up and have sexual activity with me anyway. She said that I was very cunning and not a child. My husband complained to my father. My father and the community health worker came over and talked to me. I felt cornered and I let nature take its toll. I still do not find my physical relationship with my husband pleasant. Once I conceived I thought my husband would let me be. I thought the whole idea was to conceive, which I did but it still continues. I did not know initially that such relationship leads to childbirth but I learned this through the community health worker. I thought having a child would change things in my life. I wonder if it really will!

There is constant nagging at home. My mother-in-law says I am not innocent and my husband says that I have to learn to be obedient and submissive. I am not allowed to leave home unaccompanied. I worry for myself. Where is my home and who am I?

## **Discussion**

The two narratives based on the interviews of the study explain how the different levels of family, community and society impact on the young women's lives. The parents by deciding about their marriage often without their involvement and consent, the parents-in-law by often taking on an oppressive and demanding role and the society with its expectation that young women be obedient, all contribute to their submissive nature.

### **Home Situation and Preparation for Marriage**

The interviews showed that the position of young married women is very vulnerable in the low-income setting of the study. At the age of 13–19 years they pass from being a daughter to a daughter-in-law and wife in a new home. The limited information they had about marriage did not prepare them for what was waiting. They were raised to be obedient and not question decisions of the elders. They were taught how to adjust in their new homes but received no or deficient information on or around sexuality from

their mother or other members at home. Women belonging to the first group came from stable homes where parents were keen and supportive in the settlement of their daughters in new homes. This support continued after marriage. Two respondents continued to live with their parents after marriage and were provided facilities to help secure a better future. The women belonging to the first group living with the in-laws were welcomed and continued to have support of both their parents and in-laws after marriage. If the parents lived nearby these young women felt more at ease in their new homes.

The women identifying themselves as victims came from families where they had felt unwanted, often with a step-mother replacing the dead mother. Three out of four respondents came from households where the young women were exploited and in a disadvantaged situation even before marriage. This feeling of not being wanted followed them into the new home. They were married in families where they did not feel welcomed, had low status and were victimized. The findings suggest that there was a lack of interest by the parents and guardians in finding a good home for these women. Marriage was in some cases perceived as putting the responsibility of these young women on others.

The traditional way of preparation when the girl is mentally prepared to move into a new home and environment worked to some extent for the first group but failed for the second, who apparently had little preparation, which can explain their discomfort and unhappiness. The move to a new environment worked for the first group as long as the expectations in the new home coincided with the preparation before the marriage.

The role of the husband was closely tied to the family system in both the first and the second group of respondents. His attitude towards his wife was consistent with the level of welcome that she received in her new home.

#### **Adjusting to the New Situation**

The women in the study had moved into a life situation which in many ways was foreign to them. They all struggled to communicate with their husbands and other members of the new families. All women were surprised or even shocked to experience sexuality. They had either received no or deficient information on the topic prior to their marriage. Even the upcoming marriage did not cause any discussion on or around sexuality with their mother or other members at home.

Despite not having been prepared for marriage, the women accepted the situation and adjusted to their new environment as seen by the participants represented by the first narrative. However, others were unable to adjust and hence were struggling and suffering in their new

homes, represented in the narrative of the victims. Acceptance is here defined as the participant's adjustment to the environment and was determined by her own experience of marriage, a comparison with others in worse situations and the expectations she had in accordance with what her mother had told her and prepared her for.

A review of the two representations identified in the life-stories of the young women showed two distinct modes of reacting to and coping with the new challenges. In the accepting narrative the young women felt welcomed and enjoyed their new status and the husbands' families showed preparedness to receive and welcome them. The accepting women were older than the women identifying themselves as victims, and they were able to undertake and carry out the expected household chores. They were also communicating with their husbands and were prepared to take the new role and avoided conflicts in the new home. They were in a position to plan for the future and looked forward to it as opposed to the second group where the young women saw themselves as the most inferior in their new home with no hope for the future. They were also expected to take on the role of a wife, a daughter-in-law and a mother with little support from their new families and lacking the support of the old family. This often led to conflicts as they were unable to cope with their responsibilities and interpreted this as being unprepared for their new role. They told about being physically and verbally abused for their inability to cope with their duties but saw this as normal based on earlier experiences and what they had heard about married life. The power dynamics in the extended household were clearly demonstrated in their life stories. These findings are similar to those brought out by other researchers both in Pakistan [10,15,17] and in the Bangladesh [18]. These participants had no dreams for future. The disadvantages in childhood by belonging to dysfunctional families continued into adulthood and marriage. The findings suggest that dysfunctional families marry their daughters into dysfunctional families and supportive families select equally supportive families. This is supported by Mahmood [2003] who suggests that the prevalence of family dysfunction is underestimated in Pakistan. He found verbal abuse, physical abuse and social pressures amongst 30–40 year old married women living in joint families prevalent across all socio-economic strata; such patients with dysfunctional relations often presented to family clinics [22]. Another study in urban areas of Pakistan [23] exploring the importance of social relations and depression among pregnant women showed that poor social relations with husband, in-laws, household work and pregnancy symptoms predicted depression.

Certain similarities between the two type narratives were identified. The mother-in-law or the head of the household was expecting a pregnancy and taking all decisions in

relation to health care needs. The women had no financial or social independence nor were they in a position to decide on purchasing things they needed. These findings are similar to findings in other studies [3]. Although all would have liked to learn more about sexuality before marriage they had not dared to ask for clarity on the deficient information. Delaying the first pregnancy was desired by the young women but due to lack of knowledge and inability to speak with their husbands no contraception was used. Similar to other studies most men were embarrassed even to talk to their wives in the presence of other household members [15] and the wife was expected to find her place in the new home by pleasing everyone. The couples had little time together and the young women soon entered motherhood. Reproductive health and rights stipulate women's autonomy over their bodies and lives including the right to decide when to bear children [24]. For the women in the study conception was a possibility to gain status, fill an emotional void and at the same time the pregnancy was a surprise and a shock as they were not aware of the connection between sexual life and conception. The young women accepted decisions of others regarding their marriage and subsequent child bearing which was concurrent with their submissive nature.

#### Methodological Considerations

To ensure trustworthiness the findings were shared with the community worker who recognized them as an adequate representation of the participants' lives. The respondents were interviewed multiple times, which added to the richness and credibility of the data, as the participants could expand on and explain earlier responses. The diversity of the research team members enriched the analysis and their different perspectives helped tease out the narratives and their meanings. The findings of the study cannot be generalised to young women in Pakistan, but the richness of the data suggests explanations for the vulnerability and difficulties many poor, young women in Pakistan experience.

#### Conclusion

Our study of young women shows that they were poorly prepared for marriage. Whether young or old, whether accepting or victimized all the participants lacked access to correct information regarding sexual activity and its consequences at or around the time of marriage. They all craved for knowledge and felt that the right person to impart such knowledge should have been the mother or an elder sister. The challenges of transition from childhood in the parental home to married life in the new home need to be recognized at both individual and community level. Trends of modernization and globalization influence the transition from childhood to adulthood underlining the need for new ways of preparing young

women for marriage. This should include information about sexuality, childbirth and inter-spousal communication acceptable to the community. Mothers will only respond to their daughters' wishes if it is socially accepted. At the same time there is need for innovative interventions to reach out to young women in disadvantaged homes. There is need to identify and provide support to such families to find suitable solutions to their difficult situation within the local context. The study shows that young women's lives are affected by the mesosystem and the exosystem of Bronfenbrenner's model. It is essential to bring rifts in the outer circles of the framework at the societal level to improve the lives of these young women entering a new phase of life.

#### Competing interests

The authors declare that they have no competing interests.

#### Authors' contributions

SH was the main author of the manuscript and involved in all aspects of the study. EJ and BR provided scientific oversight and feedback throughout the development of the study and manuscript. All co-authors have seen and approved the final version of the paper and have agreed to its submission for publication.

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II



RESEARCH ARTICLE

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# Security lies in obedience - Voices of young women of a slum in Pakistan

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## Abstract

**Background:** Existing literature shows that young people, especially women, have poor knowledge about sexuality and reproductive health. Many of the difficulties young women experience are related to beliefs and expectations in society making them more vulnerable to reproductive ill health. The objective of this study was to explore how young women living in a slum in Islamabad are prepared for marriage and how they understand and perceive their transition to marriage and the start of sexual and childbearing activity.

**Methods:** Twenty qualitative interviews and three focus group discussions were conducted with young women residing in a slum of Islamabad. Content analysis was used to explore how the participants represented and explained their situation and how decisions about their marriage were made.

**Results:** The main theme identified was *security lies in obedience*. The two sub-themes contributing to the main theme were *socialization into submissiveness* and *transition into adulthood in silence*. The theme and the sub-themes illustrate the situation of young women in a poor setting in Pakistan.

**Conclusion:** The study demonstrates how, in a culture of silence around sexuality, young women's socialization into submissiveness lays the foundation for the lack of control over the future reproductive health that they experience.

## Background

Although teenage marriages are on the decline in Pakistan, one out of six women aged 15-19 years is married [1]. Strong societal, cultural and religious expectations are attached to the sexual innocence and ignorance of women as a sign of purity and virginity, with marriage marking the beginning of sexual relations and childbearing [2]. There is great societal pressure on parents to arrange marriages for their daughters [2], with marriages traditionally arranged by families with minimal involvement of the couple [3]. In the 2002 Adolescent and Youth Survey of Pakistan, 80% of women and 85% of men reported being married to relatives [4]. Marriage initiates new living arrangements and many new relationships, including the husband and his family, and most women find motherhood the main focus of their new life at the expense of personal or relationship development in other areas [3]. Existing literature shows that young people, especially women, have poor knowledge about sexuality and

reproductive health [5-10]. A community-based study by Sajan & Fikree (2002) in the squatter settlements of Karachi found a high prevalence of gynaecological morbidity among young married women. Women who began sexual activity in their teens, as compared to women who started after 25 years of age, reported a greater burden of reproductive ill-health. This affirms the risks associated with early marriage and the need to improve and broaden reproductive health services and education [11]. In an earlier study the authors interviewed newly married young women in the same slum area about their experiences of marriage. A narrative analysis of the interviews revealed the submissive nature of the respondents [12]. The submission described by participants was instilled in the young women through the impact of diverse levels of the family, community and society on their lives: their parents deciding about their marriage, often without their consent, the extensive demands placed on them by their parents-in-law and the pervasive societal expectations for them to be obedient in all spheres of life. Many of the difficulties young women experience are related to societal beliefs

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and expectations that make them more vulnerable to reproductive ill health [11,13,14].

To further investigate the situation of young women living in the slum area in Islamabad this study explores how they are prepared for marriage and perceive their transition to marriage and start of sexual and childbearing activity.

### Methods

A qualitative approach using latent content analysis [15] was used to explore the situation of poor young urban women at the time of their marriage and to study their knowledge of and expectations for married life. In qualitative research human behaviour is understood from the perspective of those being studied; their perceptions, attitudes and experiences are the focus [16]. For this purpose the Principal Investigator (PI) approached the respondents through a community worker and met them multiple times to establish rapport with them. Multiple meetings helped the participants to open up to the PI and discuss sensitive issues regarding sexuality and growing up with reference to their marriage and other related topics of their choice. In this respect unstructured interviews helped elaborate on the topics of participants' choice and probe further their concerns something which could not have been achieved through participatory observations. In using in-depth interviews and focus group discussions (FGDs) information was sought to increase the understanding of young women's interpretations of their situation [16]. The FGDs were conducted following the in-depth interviews using a field guide based on the interviews with the respondents to further explore young women's preparedness for marriage, their knowledge about sexuality, sources of information and their experience of growing up.

### Research Team

The research team comprised a Pakistani medical doctor specialized in public health (PI), a Pakistani community worker and two Swedish public health scientists. As a Pakistani woman and public health doctor the PI had both social and cultural knowledge, spoke the language and could move in the community without arousing curiosity. The community worker was a resident of the community who met regularly with the women's groups and played a key role in giving the insider's perspective to the study and facilitating the entry of the PI to the community. The insider's view of the Pakistani researcher was broadened by the outsider's view of the Swedish researchers, whose experiences living and working in low-income countries enriched the understanding of the data and contributed to the analysis.

### Setting

The study was conducted in a slum community in the outskirts of Islamabad city. There are 900 houses in the community with almost 400 having more than one family living in the house. The residents are mainly daily labourers and the majority are illiterate. Few women have attended school beyond the primary level and many have never even started. The young women have limited opportunities for employment and are mostly married shortly after puberty. Their marriage is viewed as a social and religious duty for the parents. If the marriage is delayed it is usually rather because of economic reasons than for lack of finding a suitable partner. The family has to save or generate resources to bear the expenditure of dowry and wedding celebrations.

### Participants and Data Collection

With the help of the community worker, young women aged 15-24 years and engaged to be married within three months were identified. Twenty women who agreed to participate were included in the study. Parental consent was taken as well. Interviewing was done till saturation was reached. Altogether twelve 15-19 year old and eight 20-24 year old women were interviewed. The PI interviewed all of the participants. Given the sensitive issues under discussion the authors counter checked whether the age of the PI could be an obstacle in opening up of the respondents to the PI and candidly sharing concerns about growing up. A younger interviewer could have been more aware of the world of the young women; using familiar language and raising issues with them she could facilitate their communication and discussion with her. For this five of the respondents were also interviewed by a young data collector. Since the information gathered by the data collector and the PI was the same, it was decided that the interviews carried out by the PI were valid. The participants were interviewed in their homes on three occasions with a few days in between to overcome the barrier of talking about sensitive issues with the researcher. This series of conversational interviews gave the women an opportunity to expand on a range of issues that they wanted to discuss [16]. Their knowledge about sexual activity, child bearing and sources of sexual and reproductive health information were explored. Following the interviews, three focus group discussions (FGDs) were held with 14 additional 15-19 year old women. Four or five young women participated in each FGD, which were conducted in the home of one of the participants at their choice. The FGDs were conducted to explore participants' views about adulthood with a focus on womanhood. The young women were asked to base



their answers on community perceptions and not on personal feelings [17].

**Data Management and Analysis**

Most of the interviews and FGDs were conducted in the local language by the principal investigator (PI) who also transcribed and translated them into English. The transcripts were read several times to gain an in-depth understanding of participants' life experiences and their views on their preparation for and knowledge about sexual and childbearing activity. The data were analyzed by the research team using latent content analysis, with a focus on the description and interpretation of message meanings and concepts. Latent content analysis entails a constant comparison of different parts with a constant attention to the overall individual- and group-level data in a search to achieve an accurate understanding of the underlying meaning [15]. It is only through this careful examination of the women's perspectives that authors were able to understand the situation of the young women in the study. In the interviews and FGDs meaning-units were identified, condensed and then coded. The codes were grouped into categories and abstracted into sub-themes and a main theme, always maintaining the practice of constant comparison during the coding process.

**Trustworthiness**

Various assurances were integrated into this study in order to ensure trustworthiness of the data during data collection and analysis. During data collection, information was collected using both in-depth interviews and focus group discussions. The women that participated in the interviews were visited several times to increase interviewer-participant rapport, to provide participants with the opportunity to recapitulate their story, and to provide the interviewer to confirm what had been told and understood. Two interviews and the FGDs were coded by other qualitative researchers who were not involved in the study and compared to the coding done by the research team. Any differences in coding were discussed and a consensus was reached about the final set of codes. The codes generated from the interviews

and FGDs were similar, which added to the credibility of the data. The findings were brought back to the community worker for verification.

**Ethical Considerations**

Ethical clearance for the study was granted by the Pakistan Medical Research Council and the Karolinska Institute. Verbal consent was taken from the decision maker in the house and the respondent. In most cases the decision maker was the mother who gave consent in the absence of the father. The consent statement, which explained the study objectives and the expectations of the study participants, was read aloud to facilitate their understanding. Study participants were assured of confidentiality.

**Results**

The two sub-themes illustrate the ideals, *submissiveness* and *silence*, that the Pakistani women are socialised into from childhood. These were combined into the theme of the study, *security lies in obedience*, thus illuminating the situation of young women in a poor setting in Pakistan. The data are presented starting with the sub-themes and their relation to the categories of analysis and concludes with how they contribute to the main theme (Table 1).

**Socialization into submissiveness**

The first sub-theme refers to the experiences of the young women who described how they were socialised from childhood into submissiveness and obedience. These ideas represent the expected ideals in the social environment of the local society, which underlie the customs guiding the socialisation of girls. The psychology of participants' parents became apparent in the varying degree of freedom and opportunity that different parents allowed their daughters. This socialization into submissiveness was achieved by:

**Living up to family expectations**

The young women described the behaviours, duties and responsibilities they were brought up to fulfil. They understood their primary role to be tending to their household and listed the typical duties such as cooking

**Table 1 Analysis Process for moving from Categories to Themes**

Category I	Category II	Category III	Category 1	Category II
Living up to family expectations	Finding security in learning obedience	Level of freedom defined by family	Becoming a woman in silence	Finding cracks in the wall of silence
Sub-theme I Socialization into submissiveness			Sub-theme II Adulthood transition in and into silence	
Main Theme Security lies in obedience				

and cleaning as the main things that gave them personal value. They had agreed not to attend school, instead staying at home out of a sense of duty and thus enabling their siblings (especially brothers) to go to school. They preferred to work at home, looking after everyone else's needs and literally serving as substitutes for their mothers. To be selfless, loyal and possess empathy for the family were important characteristics valued in their upbringing.

*"My mother is away visiting relatives for the past 5 days. She told me to be a good daughter and look after the family. I have been looking after my younger brothers and sisters and my father and have done rather well. My younger brothers and sisters are happy and not missing Ami (mother) ...." (15 years old)*

#### **Finding security in learning obedience**

The young women were expected to be obedient and faithful, to defer to their parents for decision-making and to oblige their future in-laws in the same manner. All decisions regarding their marriage were entrusted to the family and the family's (not the women's) opinions were what mattered most.

*"There is a girl, who married by her own choice against her parents will. ...the husband does not work and beats her.... she used to be so pretty and now she is in such a pathetic state. I think she should have married the person her parents wanted her to marry." (15 years old)*

When asked to express their aspirations for the future they were unable to enlist any wishes and showed reservations to elaborate. Disobedience by participants resulted in displeasure on the part of their parents, especially mothers, who stressed that their behaviour reflected their upbringing and thus disobedience reflected badly on the parents. They learnt that the sole path to being looked after and feeling secure was to abide by the rules. The young women said that they had to learn to control their tongue and exercise *sabar* (patience), the main competencies for a successful future married life.

*"My mother tells me to show sabar (patience) and not to answer back. My behaviour is a reflection of my parental upbringing." (19 years old)*

Young female participants illustrated the subservient role of women in society by referring to television serials. A young woman in a FGD referred to a serial that showed how all decision-making lay in the hands of the husband and then concluded that the woman had no control over her life. This perspective was echoed by other participants, who voiced the importance of

obeying their future husbands to avoid the consequences of divorce and being left for another wife. They understood the fragility of marriage and the ease of remarriage for a man in society.

#### **Level of freedom defined by family**

The young women stated that their mobility both inside and outside the home was closely monitored by the elders in the family. They feared that these restrictions would continue after marriage.

*"My fiancé is shakki (does not trust). In the village when we visit them, he does not like it if I talk to our other relatives. I am afraid of what will happen after my marriage." (19 years old)*

#### **Adulthood transition in and into silence**

In the FGDs the young women discussed the challenges of menstruation and body changes, which caused discomfort and raised questions to which they were given few answers. They saw the onset of menstruation as the first sign of growing up and the end of childhood and freedom. They also considered this physiological change as marking the beginning of an era of confinement.

#### **Becoming a woman in silence**

Not prepared for their first menstruation, participants were shocked by the experience. When they approached their mothers they were told not to talk about it and only shown how to handle the bleeding. Through friends, aunts or their mothers they learnt that they were not to offer prayers during menstruation and to take a cleansing bath once the bleeding stopped. Young women felt severely inhibited in their ability to ask questions about physical and related changes and they understood that keeping silent on women's health issues was part of being a grown-up woman.

*"I stopped going to school as I was afraid of having to deal with menstruation in school. No one at home asked me why I stopped and nobody at home told me to go to school either." (17 years old)*

Silence around sexuality was expected and curiosity, although evoked at the time of marriage, was not addressed. Instead they learned that talking about sexuality and having questions about married life was a sign of having no shame.

*"I am looking forward to my marriage and I want to ask questions but I do not talk about this with my mother.... she doesn't even know I menstruate. How can we talk about these things?" (19 year old)*

The young women either lacked or had deficient knowledge about sexuality, contraception and

pregnancy. They knew marriage included some kind of physical contact with the husband but could neither explain nor understand the actual sexual encounter. When asked how a woman conceived a child they responded that it happened after marriage and at God's will.

*"My sister is happy. Her husband is a plumber. My elder sister used to say that she has had enough children but then she had another son... now she says the same thing. It's your fate as to how many children you will have and God's Will!" (22 years old)*

#### **Finding cracks in the wall of silence**

The young women interviewed knew about contraceptives through television (TV) advertisements, but they lacked full understanding of how to use and access them. The mothers approved of their daughters having contact with older cousins, sisters and aunts as a source of information about sexuality and childbearing near the time of their marriage. The information however was vague and not fully understood by the young women. There were a limited number of young women who sought out or accepted "pockets to think," which we define as space and time approved by their mothers to talk with their fiancés prior to marriage. Those young women communicated with their fiancés briefly about general issues using mobile phones. These conversations sparked the women's own thinking about planning for their married life and the number of children they want to have, although this thinking was not shared with others. This small sub-group was keen to learn about child spacing and accessibility to contraceptives.

#### **Security lies in obedience**

The main theme identified from the perspectives women shared in the interviews and FGDs as the underlying meaning of their lives well illustrates the feelings and experiences of the young women regarding their upcoming marriage: security lies in obedience. They claimed to love and trust their parents, listening to their opinions and feeling secure in following their rules as they were older and more knowledgeable. A "good daughter" was defined as one who abided by the rules. The young women trusted that continued family support would ensure security in future life.

*"I love my mother. If she is happy so am I. I know that my parents know what is best for me as they are older and wiser. If they think I should marry this person then I am fine." (17 years old)*

Participants expressed fear of the consequences of not following the rules.

*"If one decides oneself on whom to marry, then one does not have the support of the parents. You are bound to like the husband chosen for you by your parents. If one decides oneself and does not like the husband later then parents say it was your choice and you lose ..... you are alone.....have no one to turn to and no support from the family and no security anywhere." (FGD 1)*

### **Discussion**

In the traditional Pakistani society, marriage is seen as a family, communal and societal affair more than a joint enterprise of the couple. Girls are socialised from childhood into the role of a wife who should fulfil the expectations of the mother-in-law and husband and who the parents were proud of handing over to the new family [18,19]. This was brought out also in the earlier study by the authors, which interviewed married young women. It showed how the women were raised by parents, family and broader society to practice obedience in silence and to not question the decisions of elders, first in their parents' homes and then in their new homes after marriage [12]. The unmarried participants in the current study affirm the perspectives of the married women in the earlier study, sharing in detail how the foundation for the ideals of submissiveness, obedience and silence is laid.

#### **Socialized towards family**

Participants were brought up in a social environment in which adolescent girls were neither expected nor allowed to move on their own outside the home or to meet young men. Instead they were busy in the home learning household chores and helping their mothers, who underscored the need to learn *sabar* (patience) and to trust the decisions of the elders, including about their own health and fertility. The message of *sabar* that was forcefully reiterated from childhood prepared them for the coming challenges of a minimal voice in the decisions around marriage. These findings are in accordance with the Pakistani tradition where collective welfare outweighs individual well-being. Only after considering all other family members needs are women allowed to think about their own [20]. Participants learned that "being acceptable" in society's eyes meant becoming selfless. This limited self-concept is also described by Kagitcibasi, who illustrated how children in collectivist societies in Turkey lack an understanding of self, as a concept of a person with her or his own desires, preferences, attributes and abilities [21]. In our study the young women defined their self-identity in relation to the community and family, especially the parents, which is consistent with other findings from South Asia [22].

A study by Wilson-Williams et al (2008) on violence against women in India describes the same socialization into submissiveness and obedience. The women expressed that their husbands felt that wives should always obey them and failure to do so resulted in their being abused and asked to leave home [23]. Our earlier study on young married women illustrates how the submissiveness they are trained into from childhood results in lack of control over their life [12].

#### **Remaining in the comfort zone until the time of marriage**

At the time of puberty and first menstruation the young women learned to keep quiet about women's issues and avoided thinking about marriage, sexual relations and childbearing, about which they had little knowledge. Instead they remained in their comfort zones, postponing thinking about such issues until the time of marriage. Living in an illusion of being safe by not admitting their own desires and ambitions, the young women did not realise their lack of control over their lives. This false perception of safety, comfort and control was supported by their families, who curtailed their mobility and ensured few external exposures. These findings are supported by studies in Pakistan and India, where women reported that they had limited control over their lives and that decisions pertaining to their pregnancy were taken by others [18,24,25]. Likewise, Mathur et al (2001) showed that Nepali adolescent girls were unable to realize their hopes for continued education, better paid jobs and delayed marriage and childbearing because of restrictive social norms and institutions [26]. This is also consistent with other studies identifying the need for accurate information about sexuality, reproduction and contraception in South Asian adolescents [2,9,12,21,26].

#### **Role of media**

In our study the young women referred to TV advertisements as a source of information on contraception. Television played the role of a peer in the participants' lives, as a source of both entertainment and education. A study in Pakistan found that men had access to different types of media while young women had limited access because of their restricted mobility and fewer opportunities from which to choose themselves [7]. Participants also referred to TV serials as showing importance given to the husband and his family which evoked their fears about lack of control over their future lives. The young women identified and recognised how the roles in society affected the lives of women and caused them to question societal norms and wonder about their future. Some parents allowed the young women to communicate with young married cousins and/or their fiancés during the engagement period. They started to

discuss married life and their approaching marriage triggered their thinking. They were keen to learn more about reproductive health issues and hoped to be able to communicate with their future husbands.

#### **Methodological considerations**

In this study, FGDs followed individual interviews. While the interviews focussed on individual concerns, the FGDs revolved around concerns about young women in general, and proved to be a successful strategy for further exploring feelings towards marriage and adulthood. They proved to be a valuable complement to the individual interviews as they allowed the participants to freely carry out lively discussions and bring up issues pertaining to their friends and acquaintances. Allowing the young women to choose the venue for the interviews created a favourable environment for discussions, which provided a safe, comfortable forum in which they were able to openly voice their thoughts and feelings about growing up and entering into marriage.

A limitation of the study could be that the participants might have had to report to their parents and therefore preferred not to answer certain questions. They could even have been instructed by their mothers between the first and second interview.

The findings of this study are based on a limited number of interviews and focus group discussions. They can thus not be generalised, but it is plausible to think that what the participants shared is also valid for other young women from similar backgrounds and in similar situations.

#### **Conclusions**

The experiences, views and fears of the young women in this study demonstrate how their socialization into submissiveness in a culture of silence around sexuality, lays the foundation for lack of control over their future reproductive health. This study identifies the role of television as a peer in their lives and highlights the need to bring about attitudinal changes within the home and extended family environment so that young women's confusion and needs regarding sexuality can be addressed prior to marriage. Since these young women are allowed to move in a social network that is judged as acceptable by the family, community-based initiatives could provide socially acceptable informal discussion groups where young women could meet to discuss sexuality, child bearing and other marriage-related issues and have their queries addressed. These discussion groups and other future innovative initiatives, which are based on an understanding of the young women's needs and have community acceptability, are much-needed and will be useful. Uplifting women's self-identity and integrating women into decision-making, first with their

parents and later with their husbands, must be recognised and promoted at all levels in society and integrated into these initiatives. The results of this study are important for public health planning in Pakistan and for those working on women's health issues nationally and internationally.

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#### Authors' contributions

SH was the main author of the manuscript and involved in all aspects of the study. EJ and BR provided scientific oversight and feedback throughout the development of the study and manuscript. All co-authors have seen and approved the final version of the paper and have agreed to its submission for publication.

#### Competing interests

The authors declare that they have no competing interests.

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III





# ‘Good parents’ strive to raise ‘innocent daughters’

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## Abstract

This paper presents the views of parents regarding marriage preparedness for their daughters in a slum setting in Pakistan. Twenty-five parents participated in four gender specific focus group discussions. Content analysis was used to explore parents’ views and perceptions with regard to their daughters’ marriages and how they prepared their daughters for it. The main theme identified was ‘*Good parents’ strive to raise ‘innocent daughters’*’. The three sub-themes contributing to the main theme were: *a daughter: a responsibility and a burden*; *social and sexual innocence* and *parents’ roles in the preparation for marriage*. The theme and the sub-themes illustrate how the parents saw themselves as responsible for raising ‘innocent daughters’ and arranging good marriages. The parents realised, though, that bringing up daughters for marriage requires not only obedience, but also building confidence and knowledge during their childhood.

*Keywords: sexuality, marriage of young women, Pakistan, obedience, up-bringing*

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## Background

Various studies have examined the influence different types of parenting have on the behaviour of young people. Parents are expected to monitor their children’s activities to shape their behaviour in their social environment (Biddlecom, Awusabo-Asare, & Bankole, 2009; WHO Press, 2007). Parenting styles typically parallel the outcomes that are most valued in their respective contexts (Baumrind, 1966; Gardiner, Kosmitzki, & Mutter, 2008). Parents in poor Pakistani families are typically authoritarian (Malik, 2005), which implies that they attempt to shape, control and evaluate the behaviours and attitudes of their children in accordance

with a set standard of conduct (Baumrind, 1966). Families in Pakistan expect children to be inherently obedient and respectful to elders (Malik, 2005). The Urdu word *tarbiat* carries many of the connotations of guidance in raising children. In childhood, obedience and acceptance of the authority of elders is expected and conformity is highly valued. Respect for parents who hold a place ‘second only to God’ is an important prescription of Islam. ‘Honour’ is a central family value and maintaining the family *Izzat* (honour) is an important determinant of behaviour (Malik, 2005; Stewart et al., 1999; Therborn, 2006). There is increased sensitivity regarding

application of tools of psychology across cultures as most of them are based on studies with Western people (Kagitcibasi, 2005; Stewart et al., 1999). It is therefore, important to consider that constructs may have different relevance in different cultures. The authoritarian parenting style in Pakistani context should not be equated with lack of love for the children (Malik, 2005).

In the Pakistani society, there is a great societal pressure on parents to arrange marriages for their daughters (Durrant, 2000; Khan & Pine, 2003; Pakistan, 2008). Sexual activity usually begins with marriage. Though teenage marriages are on the decline, one out of six women aged 15-19 years is already married (Pakistan, 2008), with a higher number of early marriages in less educated and poorer families (Pakistan, 2008). The wife's obedience is a norm and newly-weds are under great pressure to have a child soon after marriage (Durrant, 2000; Therborn, 2006). Since Pakistani social and cultural norms discourage discussions on sexuality, most young women lack knowledge regarding sexuality and reproductive health (T. S. Ali, Ali, Waheed, & Memon, 2006; Haberland, Chong, & Bracken, 2004; Hennink, Rana, & Iqbal, 2005; Shaikh & Rahim, 2006). Evidence on the relationship between parent-child communication and adolescent sexual behaviour is complex, but stresses that parent-adolescent communication improves adolescents' knowledge about risky behaviour (Cui, Li, & Gao, 2001; Eisenberg, Bernat, Bearinger, & Resnick, 2008; Fisher, 1992; Somers & Paulson, 2000). Recent literature shows that young people in Pakistan generally obtain only vague information through friends, television and other media (M. Ali, Bhatti, & Ushijima, 2004; T. S. Ali et al., 2006; Hennink et al., 2005). Our previous studies on married and unmarried young women identified mothers as the most obvious person to inform young women about sexuality (Hamid, Johansson, & Rubenson, 2009, 2010). In this study we explore the views and perceptions of

the parents and how they see their role in preparing their daughters for future married life.

## Methods

A qualitative approach was undertaken to understand the parents' role, perceptions and views. In qualitative research the goal is to attain an insider's view of the group under study. A true representation of the research subject should be based on the perspectives of the people being studied with their lives and world understood "through their eyes" (Ragin, 1994; Ulin, Robinson, & Tolley, 2005). Four focus group discussions (FGDs) were conducted with ten fathers and fifteen mothers of young women. FGDs refer to a qualitative data collection method that gathers a group of people to discuss a specific topic of interest and allows significant interaction between group participants. Participants are given an opportunity to share their personal views and experiences, as well as that of people they know, and hear those of others (Barbour & Kitzinger, 1999). Using FGDs was suitable to explore and elucidate how parents saw their roles in preparing their daughters for married life. The FGDs were analysed using latent content analysis (Graneheim & Lundman, 2004).

## Setting

This study was conducted in a slum community in the outskirts of Islamabad city. There are 900 houses in the community, 400 with more than one family. The residents are mainly daily labourers and the majority are illiterate. Few women have attended school beyond primary level and many never even started. There are limited opportunities for employment for young women and they are often married shortly after puberty. Arranging their marriage is a social duty for the parents and dowry is given to the young women at marriage. Most young women move into the home of the groom's parents after marriage.

### ***Research Team***

The research team comprised a Pakistani medical doctor specialized in public health (PI), a Pakistani community worker and two Swedish public health scientists. As a Pakistani woman and public health doctor, the PI had both social and cultural knowledge and spoke the local language. The community worker was a resident of the community and regularly met with women's groups and facilitated the entry of the PI into the community. The insider's view of the Pakistani researcher was broadened by the outsider view of the Swedish researchers, who had experience of living and working in low-income countries.

### ***Participants and Data Collection***

With the help of the community worker, parents of young women, who were soon to be married, were identified and invited to the FGDs. Only participants, who had time and were willing to participate in the discussions, were included. The questions chosen to open the FGDs were “How do you as parents of young women prepare them for their marriages?” and “What do you keep in mind and when do you know that they are ready for marriage?” During the discussion, issues such as dowry arrangements, the selection process for a future husband for their daughters, societal expectation of a good daughter and modernisation trends such as importance of education and skilled work were spontaneously brought up by the participants and pursued by the moderator.

The venue and timing of the FGDs were chosen by the participants at their convenience and the FGDs were held in the home of one of the participants or of the community worker. The number of participants in each FGD ranged from 5-8 and some participants knew each other. FGDs were conducted separately for mothers and fathers as mixed gatherings of men and

women are not culturally acceptable. Given the patriarchal society it was expected that men would dominate the discussions if the groups were mixed. Probing was done for shared or conflicting views. A research assistant was trained as note keeper and the community worker functioned as observer. Before starting the discussions, some time was spent creating a relaxed atmosphere between the researcher and the participants. Most participants expressed having enjoyed the discussion on such a common and relevant issue. The FGDs, which lasted an average of 90 minutes, were tape recorded with the consent of the participants. FGDs were scheduled for different days to give the research team time to share notes and discuss content and observations. Emerging, interesting issues could then be further explored in subsequent FGDs. The PI moderated the FGDs in Urdu, the national language.

### ***Data Management and Analysis***

The PI transcribed and translated the FGDs into English. The transcripts were read several times to get an overview of the data and then analyzed with a focus on the description and interpretation of meanings and concepts. Content analysis was done, which entails a constant comparison of the different parts with attention to individual and group level data in a search for the underlying meaning (Graneheim & Lundman, 2004).

### ***Ethical Considerations***

Ethical clearance was granted by the Pakistan Medical Research Council and the Karolinska Institutet. Verbal consent was obtained from all the participants. The study objectives and the expectations of the participants were read out aloud to facilitate their understanding. All queries were addressed prior to starting the FGDs.

## Findings

The analysis of the data led to the identification of the main theme, *'Good parents' strive to raise 'innocent daughters'* (Table 1).

### ***'Good parents' strive to raise 'innocent daughters'***

The main theme illustrates the parents' ambitions with their daughters' upbringing as they strive to fulfil their duty as good parents. Parents perceived arranging marriages for their daughters as their primary duty, saw the daughters as a reflection of their own position in society and referred to them as their ambassadors. A daughter was seen as a burden by the parents and they felt relieved once their daughter was married. Society expected them to raise and marry 'innocent daughters'. A daughter was expected to be obedient, innocent and competent in household work. For the parents, innocence was equated with chastity, both physical and of the mind, which meant that young women were only vaguely informed about sexuality and related matters. As 'sex' was a culturally taboo subject the parents avoided having any discussions regarding sexuality while their children were growing up. Even at the time of marriage parents were shy when talking about sexuality, child bearing and what marriage would entail for the young women. While fathers denied any responsibility, mothers feared that open discussions would damage the concept of an 'innocent daughter'. The quotes from fathers, mothers and moderator

are specified hereunder by use of 'F', 'M' and 'Mod' respectively.

*Mod: "So what is the role of mothers in giving information regarding the husband - wife relationship?"*

*M1: "When girls are about to get married, we spend a lot of energy on preparing the dowry. We talk about these things while fighting or jokingly .... Pass a remark here and there for information on sexuality and growing up...so that they can pick up this kind of information. But the information is always vague and indirect."*

*F1: 'I talk to my daughter. I scold her when she is careless and irresponsible in her household work and tell her that when you go to your new home, what will they think if you do not carry yourself well. The in-laws expect an innocent and obedient young bride.'*

The sub-themes contributing to the main theme are discussed in the following paragraphs.

#### *A daughter: a responsibility and a burden*

The parents perceived the responsibility of settling their daughters a burden. They felt that the burden started with the birth of a baby girl and subsequently several daughters meant more responsibility.

**Table 1: Analysis process moving from categories to theme.**

Main theme 'Good parents' strive to raise 'innocent daughters'					
Sub-theme 1 The daughter: a responsibility and a burden		Sub-theme 2 Social and sexual innocence		Sub-theme 3 Parents' roles in the preparation for marriage	
<b>Category 1</b> Societal expectations on girls' up- bringing	<b>Category 2</b> Changing roles and modernisation	<b>Category 1</b> Societal norms on sexual information	<b>Category 2</b> Societal expectations on young women's behaviour	<b>Category 1</b> Societal expectations on a good marriage	<b>Category 2</b> The different roles of mothers and fathers

However, this could not be equated with less love and affection for their daughters – rather they were concerned and apprehensive of what the future may hold, whether they would find good husbands and homes for them and if they would be happily settled in their new life.

F2: *“If you have several daughters then marry them as soon as they grow up, if the proposal is good. You never know how long you will live. It is a burden to be a parent of daughters.”*

Parents brought up their daughters according to the societal expectation of teaching them obedience and acceptance of their fate under all circumstances. They understood the role of a woman to be that of enduring hardship and prepared them accordingly.

F3: *“Daughters are innocent. Tears are for the girls. They have to accept their fate and the worst thing that can happen to them is that they are so badly treated that they commit suicide. Suicide? No one in the boy’s family ever commits suicide.”*

Another respondent added

F4: *“Now people have no patience. Patience has gone from all walks of life. This applies to everyone. Parents especially the fathers should investigate the household and assess whether their daughter can live in that environment or not.”*

The parents’ teachings primarily revolved around training daughters to be competent in household chores like cooking and cleaning and around how to conduct themselves. They understood the role of a woman as that of being compliant and flexible in adapting to the new environment:

F2: *“Mother should give information and training, i.e. train daughters how to attend to household chores and ensure cleanliness, and how*

*to conduct themselves well. This is reflected in their household duties such as cooking, washing, cleaning, and ironing and in their social responsibilities. A daughter’s behaviour is the reflection of her upbringing and she has to uphold her family’s reputation so that we can be the proud parents and not ridiculed by the in-laws.”*

Fathers and mothers recognised the importance of educating and imparting vocational skills to their daughters. The parents expressed that even if the daughters did not work out of home after marriage, the training could be useful in case of any adverse event in the future. This further added to the burden and anxiety of the parents.

M1: *“Educated mothers will rear good children so education is essential. [...] One does not know about the future. In case of mishap she would be able to sustain herself and her children.”*

Given the modern trends, there was a growing acceptability for involving the young women in decision-making. Although the assumption that girls are innocent was used to justify that marriages should be arranged, parents were beginning to understand that young women should be allowed to select their husbands themselves. The parents were aware that romances occurred at family occasions and that such courtships generally continued through words, gestures and secret escapades without direct physical contact. This acceptance of a young women’s choice of husbands was seen by the parents as a wise approach to avoid an unhappy marriage or a delayed settlement of the daughter.

M2: *“These days daughters are asked about whom to marry. Girls might even like someone so we have to ask them. That was not the case with us. We were always too shy to talk about marriage. We did not even see our husbands before marriage.”*

*Social and sexual innocence*

When the subject of preparing young women for the physical relationship with their husbands and for child bearing was introduced, all parents were reserved. They avoided discussions around sexuality and mentioned sources of information for their daughters, claiming that since they were intelligent they did not need any preparation.

When asked about their role in providing information regarding sexuality, the fathers denied any responsibility for informing their daughters and considered it the domain of the mothers. Although fathers recognized the importance of education prior to marriage, they felt shy even bringing it up and discussing it with their wives.

F1: *"Well, the fathers can talk to the mothers. This is not the role of fathers."*

*The mothers' role is very important for this. We do not discuss this even with our wives!!"*

F2: *"We have not used contraception. How can we tell this to our children (laughs)?"*

F3: *"No, no, the father cannot talk about it. The father can ask the mother to but he himself cannot. I have a niece who has 7-8 children and she is not advised to stop having children. Her husband has no job either. We cannot tell her.....It is not for us to say!"*

Mod: *"Why?"*

They all went quiet for a few seconds and replied:

F2: *"Well, that's it".*

F4: *"That is how it is."*

F5: *"We just do not!"*

Mothers were hesitant to discuss sexuality with their daughters as had been their experience. They believed that their daughters were intelligent and would be able to cope with sexuality and child bearing when the time came after marriage. The mothers felt that girls today learnt everything

through friends and were far ahead of them when they were that age.

M3: *"No one explained anything to us and we learned and so will they....It is not appropriate to talk about such issues"*

Mod: *"Why?"*

M3: *"One discusses such issues only after marriage."*

M4: *"These days children are more intelligent than us. They come to know through the internet. My daughter was told by her married friends. If there are no married friends then it's the parents' duty...."*

Instructions regarding dealing with menstruation reflected the culture of silence as well.

M5: *"I taught my daughter about menses. Well I told her about bleeding and to keep quiet about it, told her about the cleansing bath, not to pray and to look after her hygiene. Well, it is part of growing up..... You do not talk about this in detail with the mother. How can the mother say such things?...."*

*Parents' roles in the preparation for marriage*

Parents saw themselves as primary decision makers for the selection of the groom giving importance to the groom's household and family when choosing. They followed certain criteria for good proposals and selected a family that fulfilled most of them. These included selecting a family that was decent and known to them with a boy who had a job. Marriages within the extended family were preferred as they were considered to have a better chance of success.

A mother referred to a local proverb:

M1: *"Haven't you heard the saying 'apna mar kay chaoon ich satda hai tay gair dooph ich' - Your kin will beat you and then throw you in the shade of a tree but one outside of the family will throw you out under the burning sun."*



Another participant disagreed:

M2: *“I will go for ‘accha ghar’ - a good home. Good people, comfortable living irrespective of their being relatives or not.”*

The parents described the role their economic status played for a good proposal coming to their home. They explained the importance of the dowry and the consequences of a dowry that was not up to the expectations of the groom’s family.

F2: *“Dowry has become a culture.”*

Mod: *“How?”*

F3: *“No one wants to come into a poor household and ask for their daughter’s hand in marriage, as the bridegroom’s family knows they won’t get much dowry/many things.”*

Mothers and fathers expressed that the decision was based on the choices they had as they had to wait for other families to send a proposal for their daughters. Fathers recognized their role as the main decision maker in the selection of a husband. They involved the extended family and wife in the process of selection but kept the final say, which the other family members accepted. The fathers felt stressed by the possible implications of their decision on the future of their daughter. They worried about the consequences of taking a wrong decision and felt responsible, if the groom’s family did not turn out to be decent, the daughter was abused or the marriage did not work out.

F2: *“It is easier said than done. I was too naïve. Apparently the boy’s family seemed okay and said, ‘you have a grown up daughter at home.’ Then they told me that your prayers will not be accepted until your daughter is married so give us the rishta (accept the proposal). I took them to be very pious and religious people. I invited my brothers over to their home. They entertained us well and all of us were impressed. It was only later that we saw their true nature.*

*My daughter is back with us.”*

F4: *“Well, I think it is the responsibility of the father not to make hasty decisions. It is wise to wait and ponder.”*

Providing a valuable dowry ensured a good future for the daughter. Out of love fathers wanted to provide all the assets needed for a good life. Mothers saw themselves as implementers of the fathers’ decisions. Their role was in the upbringing of the daughter according to the expectations and they supported the preparation of a dowry within their means.

To ensure a good married life for their daughters, parents took certain protective measures such as involving and showing off their extended family to the groom’s family. At the same time they felt the pressure of the extended family and feared offending the *baradari* (extended family), especially if the boy within the extended family was not as promising as the one outside the family. For parents the breakup of a marriage was a last option and only acceptable under extreme situations. It would also be their responsibility to re-settle their daughter after a breakup. A protective measure described to save a marriage ‘*wata sata*’ was to marry a daughter and a son into the same family (an exchange of daughters) when possible.

## Discussion

The findings confirm parents as the main socialising agents in their daughter’s life with the obligation to find a good husband for her.

### **Drive to socialise daughters into submissiveness**

Our study highlights the societal expectations on ‘good parents’ to raise ‘innocent daughters’. Despite realising society’s changing trend due to education, media and globalisation, the parents remained conventional in the upbringing of their daughters. From childhood daughters were trained to be competent in household chores

and to be obedient. An ‘innocent daughter’ should be quiet and obedient, not question her elders, and silently grow up into a woman bringing honour to her parents. The parents explained how submissiveness was instilled in young women. The protected environment at home ensured their innocence and exposure outside the home was controlled, especially after puberty. An earlier study by the authors showed that young women are socialised into obedience in silence first in their parents’ homes and then in their new home after marriage (Hamid et al., 2009). Several studies highlight the value society in South Asia gives to subservient young women and how deviations result in varying degrees of abuse (Wilson-Williams, Stephenson, Juvekar, & Andes, 2008; Winkvist & Akhtar, 2000). Winkvist (2000), while evaluating the perceptions and experiences of bearing sons or daughters and the resulting health effects among poor women in Pakistan, revealed gender-based inequalities permeating the fabric of family and cultural life. The study showed that women felt they had limited control over their lives, as evidenced by early marriages and high expectations on newlywed women (Winkvist & Akhtar, 2000).

Certain aspects of parenting that may have high salience in the West may be less relevant in non-Western cultures. The training for autonomy, which has a high value in cultures, where independent thought and action are valued, may not be as important in cultures, where obedience is the desired norm. “Strictness,” typically interpreted negatively by the Western child, may be equated with parental concern, caring and involvement in other societies (Gardiner et al., 2008; Stewart et al., 1999). Kagitcibasi, a distinguished cross-cultural psychologist with a non-Western viewpoint residing in a Muslim country identified two distinct dimensions, agency (autonomy/heteronomy) and interpersonal distance (connectedness/separation) that underlie the self construct showing that an autonomous self can exist in a collectivist society (Kagitcibasi, 2005).

As described in a WHO report the role of parents can be organised into five dimensions, which influence adolescent health outcomes: connection/love, behaviour control/limit, respect for individuality, modelling for appropriate behaviour and protection and provision of services for the adolescents. Connection constitutes behaviour of parents that convey to children that they are loved and accepted (WHO Press, 2007). Stewart et al (1999) identified the need to investigate young people’s situations within their own economic and social context to further understand socialisation processes that mediate the relationship between parenting practices and healthy outcomes (Stewart et al., 1999).

#### *Silence around sexuality*

The parents in our study had lived all their lives in silence and had a tendency towards fear and shame around issues of sexuality. They saw no need to inform their daughters, even at the time of marriage. The young women received guidance about how to deal with menstruation but to keep quiet about it. These findings are supported by other studies in Pakistan (T. S. Ali et al., 2006; T. S. Ali & Rizvi, 2009).

The parents claimed that young women learnt marriage dynamics through television serials. Television as a source of vague information of limited educational value has been brought out in other studies on young people in Pakistan (Hamid et al., 2009, 2010; Hennink et al., 2005). Parents also shared that young women received some information through their mothers, female relatives and friends. They believed that reference to such issues in a round-about way prior to marriage was sufficient and that their daughters would be able to deal with sexuality after marriage. Parents in our study saw their role as settling the daughter in a good future home and implicit was subsequent good reproductive health. They deemed that their daughters, although innocent, were intelligent and capable of



coping with future challenges of married life and child bearing. Family interdependence and the socialisation into ‘innocence’ were prioritised at the expense of informed young women.

### ***Parents at the cross roads***

In the discussions with the parents it was apparent that they were ambivalent in their raising practices. They valued innocence and obedience in their daughters, but also accepted their daughters participating in decision making for spousal selection given the modern times. They wanted to prepare them for unforeseen mishap in future by sending them to school. They raised them as ‘innocent’ daughters and married them to good husbands while hoping that they through education, television and other contacts would pick up information and knowledge that they were too shy to voice themselves. Parent-child communication about sexuality, is not common and fraught with discomfort. In this study it was apparent as the parents never raised the issue in the FGDs. They were rather taken aback when the topic was introduced. The parents in the study on one hand wanted to raise ‘innocent’ daughters according to the societal expectations and on the other hand ‘confident’ daughters, who would participate in decision making. They remained unsure about how to address it. Our study highlights the possibility of tapping the dimension of ‘connection’ in parenting as described in the WHO report (WHO Press, 2007), to the advantage of young women in Pakistan. This would need openness between parents and daughters in discussing sexuality and other dimensions of married life, which could help them cope and possibly protect them from reproductive ill-health and abuse.

### ***Methodological Considerations***

The interactive environment and the choice of venue and time for the FGDs proved suitable for exploring parents’ perceptions about issues related to their daughters’ marriages. Prior acquaintances among the participants

contributed towards creating a comfortable environment with little need to moderate or intervene, especially in the mothers’ groups. The mothers showed concern about the recording of the proceedings when discussing sexuality rather than worrying about such discussions being carried out in each other’s presence.

Throughout the data analysis the findings were discussed with the community worker and public health researchers outside the research team who had experience of working with reproductive health issues. This was done to supplement the perspectives on the emerging categories and themes and to check for dependability. The prolonged involvement of the community worker and previous acquaintance with some of the participants facilitated discussions. The mothers were grateful for having been given the opportunity to discuss sexuality issues and for the realisation that it is important to carry out such discussions with their daughters. In terms of transferability, it is plausible to think that much of what the participants shared is also valid for other parents with similar backgrounds in similar situations.

### **Conclusions**

The discussions of the parents demonstrate how they socialise daughters to retain the ‘innocence’ that they consider an asset for a successful marriage and a key to earn the status of ‘good parents’ in the society. The parents did not believe in addressing sexuality prior to marriage and avoided discussing it openly. They believed that their daughters were intelligent and capable of coping with future challenges of married life. This leaves young women uninformed or misinformed with its possible repercussions for their reproductive life and social role. Platforms such as women groups and TV serials could help break the silence and encourage parents to raise obedient, confident and at the same time knowledgeable daughters.

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IV



# Marriage Decision Making, Spousal Communication and Reproductive Health among Married Youth in Pakistan

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## Abstract

### Background

Married young women's reproductive needs are a challenge in traditional Pakistani society. The decisions regarding family planning and pregnancy are controlled by the family, often involving complex negotiations. The current study was undertaken to explore how young married women's involvement in the arrangements surrounding their marriage is associated with their ability to negotiate sexual and reproductive health decisions in marriage.

### Objective

The study explores the associations between young women's involvement in their marriage arrangements and their ability to negotiate for contraceptive use and fertility decisions.

### Methodology

A subset of 1803 married young women aged 15-24 years was drawn from a nationally representative adolescent and youth survey conducted in Pakistan in 2001-2002 by Population Council. Regression models were fitted to outcomes: reported agreement with spouse on the number of children to have, current use of contraceptives, intention to use contraceptives in future and the time elapsed between marriage and first contraceptive use. Key co-variables of interest were variables that measure the involvement of young women in their marriage: (a) having a say in selection of spouse, (b) having met him prior to marriage and (c) whether he was related to respondent's family. Other factors explored were respondents' mobility outside of household, social role and decision making in their homes.

### Results

Having a say in the selection of spouse was significantly associated with agreement with spouse over number of children to have, intention to use contraceptives and the time between marriage and first contraceptive use. These relationships existed after controlling for education, socioeconomic status, mobility outside of house and decision making in the home.

### Conclusion

Women who had decision making freedom in their parental home carried this ability with them into marriage in their new home and were better able to negotiate about their fertility.

**Key words:** youth, married women, agency, Pakistan

### Introduction

The role of communication between husband and wife on desired fertility and consequently on contraceptive use is well established [1-5]. Inter-spousal communication has been recognized as a key factor for adoption and sustained use of family planning, because it allows couples to

discuss what might appear unclear and exchange information that may change strongly held beliefs [2, 4, 6]. Young women and especially those in arranged marriages have less decision making within marriage [7]. Arranged marriages tend to occur at an earlier age and in traditional societies

than marriages agreed upon by the partners [7]. They are less common in youth who have had media exposure and participated in youth clubs [8]. Previous studies show that those who enter arranged marriages are less satisfied with marital relationships, face more restrictions from their husbands and have less decision making power [9, 10]. Younger age at marriage, family class and education, have been found to be associated with less say in selecting a spouse [7]. Some studies have shown that the more say a woman has in selecting her spouse, the greater is the spousal communication about family planning and modern contraceptive use [7, 11]. Familiarity with the husband before marriage may not be easy to gauge in cultures where communication between engaged couples prior to marriage is discouraged [7].

This paper focuses on young married women in Pakistan drawing a sub-dataset from a national survey on youth and adolescents in 2001-02 [12]. In traditional Pakistani society, decisions regarding family planning and pregnancy are controlled by the husband and the mother-in-law [3, 13]. Marriage, mostly arranged, marks the beginning of sexual relations and childbearing [14]. Marriage is accorded central significance in young women's lives, with newly-weds aware that they have to adjust to multiple changes in their lives. The dominant expectation on them is that through marriage, they become sexually available to their husbands and bear children, preferably sons, within a stable marital union [15]. Women owe their husbands respect, and in return, husbands are required to house, feed, clothe, and care for all their dependents. The social pressure to conform remains powerful especially for less educated women belonging to poor families. The majority of married women in Pakistan have given birth to one child by the age of twenty, often within the first year of marriage [14].

This study draws upon the model of 'agency, interpersonal distance and types of self and family' to explain the situation of young women in Pakistan [16]. The model put forward by Kagitcibasi, involves a fourfold combination of the two dimensions, agency (autonomy-heteronomy) and interpersonal distance (relatedness-separation), leading to different types of selves and the societal

and familial contexts in which they develop. The definition of agency in this model refers to motivated action with a sense of efficacy towards a desired outcome as described by Bandura [17], which involves volition without a sense of coercion. Similarly separation and relatedness, the two spectrums in the interpersonal distance dimension can be equally volitional. The model is used in this study to understand young married women's situation in the Pakistani setting. We argue that this approach, with its emphasis on relatedness and interdependence while maintaining agency is congruent with the Pakistani context where individuals largely conceive themselves as the composite of relationships that produce them. This notion is consistent with the findings in earlier qualitative studies by the authors where young women described how they were socialised through the impact of diverse levels of the family, community and society resulting in their disadvantaged position with societal expectations to be obedient in all spheres of life [18, 19].

In Pakistan a majority of marriages are arranged and young women have little say in whom to marry [20]. One potentially important element of agency may be marital agency (having a say in whom to marry). If a young woman is able to express her opinion and be part of the decision for her own marriage – have a say in whom she marries and meet her future husband prior to marriage - then she may be confident in communicating and negotiating with her husband once married. It can be speculated that marital agency could influence contraceptive use as a result of more equal relations between husband and wife. Whether marital agency has independent associations with reproductive health needs further exploration. The current study was undertaken to explore how young women's marital agency is related to their ability to negotiate sexual and reproductive health decisions once married.

In 2001-02 recognizing the dearth of information on young people's situation in Pakistan, the Population Council embarked on a nationwide survey of adolescents and youth [12]. The reports and studies generated so far from this survey demonstrate constraints in education of rural girls, premature uptake of adult work burden and persistence of traditional gender roles [21, 22].



Faizunnisa and Haque (2003) explored the possible linkage between early marriage and intention to use contraceptives, and the variables, autonomy (adolescents giving their views on work, education and marriage) and agency (adults' views on adolescents' decision-making ability). With their definition of agency and autonomy they found a positive, but weak association, between the two variables and age at marriage and intention to use contraceptives. [23].

This paper examines whether young women, who report a degree of marital agency also report agreement with their husband on number of children to have and on contraception (their intention to use contraceptives in future and current use).

### **Methodology**

A cross-sectional study using a secondary dataset was carried out. The data for this analysis come from the nationally representative adolescent and youth survey. In 2008, Population Council released the dataset for secondary data analysis by other researchers with due acknowledgment of the source of the data.

### **Data and Methods**

The sampling frame for the survey was based on the 1998 census and a two staged stratified sampling technique was used to randomly select 254 primary sampling units (PSU). A full listing of all households in each PSU was followed by selecting 25 households within each rural and urban PSU using a random starting point. In all 6812 households were contacted. The sample included 10760 resident young people between 15-24 years in 4884 sampled households. Out of this 8074 (75 %), 3333 male and 4741 female interviews were completed using a structured questionnaire. Many of the households had no resident young people (26%). Of the 8074 young people, the response rate was 75%. Young people not found at home in the three days the team remained in the vicinity were not interviewed. The questionnaire collected data on the participants' demographic and socioeconomic characteristics, in addition to knowledge of puberty, marriage, fertility and contraceptive use [12].

The present analysis excluded males and unmarried females as our primary interest was on married

young women and their ability to negotiate with their husbands after marriage. The final sample consisted of 1803 married women aged 15-24 years. The data was cleaned and checked for missing information. The analysis was done in SPSS 16.0 version.

### **Measures**

Four outcome variables were chosen to represent the ability to negotiate in marriage. The first binary outcome was created from two questions examining spousal communication a) Have you ever discussed how many children to have with your husband? If yes: b) Do you agree with your husband on the number of children to have? The variable is coded 1 if the woman reports that she has discussed the number of children she wants and agreed with her partner on the number of children they would have. The second and the third binary variables were intention to use contraception in future and current use of contraceptives. Both variables were coded 1 if the woman reported intention to use contraceptives in future and if she was currently using a contraceptive. The fourth variable was a continuous outcome measuring the time (in years) between marriage and first use of contraception. The variable was calculated by subtracting the reported date of marriage from the reported date at first contraceptive use. The time ranged from 0-9 years having excluded all the respondents married before age 15. The rationale for this exclusion was that the dataset did not include the age at cohabitation. There could be a gap between marriage and actual living together if the marriage took place before puberty or the ceremony of leaving the parental home was delayed for economic reasons. The total number was thus reduced to 1451. For the non-users the duration of marriage was taken into account for this variable.

The outcome variables theoretically represent the ability of young women to have a voice over their fertility in marriage i.e. to be able to negotiate with their spouse on the number of children to have and when to start using contraceptives. For each of these outcomes, our key co-variables of interest were variables that measured the processes around marriage: marital agency (having a say in selection of spouse), having met him prior to marriage, whether he is related to the respondent's

family, age difference with spouse and duration of marriage. Other factors explored were respondents' education, mobility outside of home, social roles and decision making in the home.

We created an index to measure mobility. Respondents were asked if they were able to go alone, with permission or not at all to 10 places (neighbors, nearby shop, school, sports ground, friends, relatives, fields inside/outside village, nearby community and nearby health outlet) (0= can go alone, no permission needed, 1=can go alone with permission, 2= can go with permission with someone, 3=cannot go at all); the index ranges from 0-30, with 0 representing those women who report they were able to go alone to all 10 places. The index was summative, and a higher score indicated a more restricted mobility outside home. Similarly we created two indices to measure gender equity and decision making in the household respectively. The women were

asked who should be responsible for household chores (earning money, going outside to buy household goods, cleaning and washing, fetching water, cooking and feeding the family, helping kids with homework, taking care of sick inside home, taking sick to the hospital or doctor and taking care of livestock) and decisions at home (spending household earnings, schooling of boys and girls, women working for an income, whether boys should be allowed to go abroad, marriage of children). We assigned a score of 0 to each chore she was responsible for and 0 to each decision a woman said women were solely responsible for; the indices ranged from 0 to 27 and 0 to 15, with 0 representing views of a woman who reported full responsibility and total decision making power across the elements examined. The operational definitions of the variables used in the analysis are given in table 1.

**Table 1. Operational Definitions**

Variable	Definition
<b>Marriage process involvement, gender and mobility</b>	
Marital agency	Respondent reports question of who to marry was discussed, she was able to express an opinion, and she felt her opinion was listened to (3 questions).
Respondent met husband prior to marriage	Respondent met or talked to her fiancé before marriage
Respondent was related to husband prior to marriage	Husband was related to respondent's family
Role index	Respondent's views on who should be responsible for household tasks (earning money, going outside to buy household goods, cleaning and washing, fetching water, cooking and feeding the family, helping kids with homework, taking care of sick inside home, taking sick to the hospital or doctor and taking care of livestock)
Decision Making Index	Respondent's views on who should be responsible for decision making (spending household earnings, schooling of boys and girls, women working for an income, whether boys going abroad, marriage of children).
Exposure outside of home index	Respondent's ability to travel with or without permission to neighbors, nearby shop, school, sports ground, friends, relatives, fields inside/outside village, nearby community and nearby health services

Bi-variate analysis for identification of patterns of association was followed by fitting regression models for each of the outcome variables reported here. For the binary outcome variables logistic regression models are reported. Hosmer Lemeshow test was used to assess the goodness of fit for the regression models. For the continuous variable linear regression model is reported.

### Results

One third of the married women included in the study were aged 15-19 years (32.6%) and only 31.7% had some education (Table 2). While 26.5% of the fathers had some education almost none of

the mothers had any. The mean age at puberty was 13 years, and 31.9% had been informed about menstruation before it first occurred while 73.2% had wanted more information. When asked about the appropriate age for marriage, mean age given was 20 years whereas the actual mean age at marriage was 16.4 years. The reasons for young women to get married were physical maturity (16%) and accomplished to manage household work (19.9%). As shown in table 2 one third were the same age as their spouse whereas 33.9% had spouses older by 1-5 years and 29.9% had spouses more than five years. Half the respondents were

**Table 2. Characteristics of married Pakistani young women (15-24) (n-1803)**

	Percentage/ Mean (range)
<b>Background characteristics</b>	
Age	
15-19	32.6
20-24	67.4
Years of education	
0	68.3
1-5	16.4
6-10	12.5
11+	2.9
Household asset index quartiles	
1	32.1
2	22.7
3	23.6
4	21.6
Father received some education	26.5
Mother received some education	6.4
Mobility outside of home index	22.8 (1-30)
Role Index	22.9 (13-27)
Decision Making index	11.87 (5-15)
<b>Marriage characteristics</b>	
Age at marriage	16.4 (10-24)
Duration of Marriage	3.8 (0-16)
Spousal age difference	
No difference	36.2
Husband 1-5 yrs older	33.9
Husband 6+ yrs older	29.9
Marital agency	11.5
Respondent met husband prior to marriage	26.8
Respondent was related to husband prior to marriage	52.4
<b>Fertility and contraceptive use</b>	
Number of Pregnancies	2.0 (0-9)
Number of live births	1.46 (0-8)
Currently using a modern contraceptive method	9.9
Discuss number of children with spouse	55.1
Agree on number of children with spouse	44.2
Time (months) between marriage and first contraceptive use	13.8 (0-13)
Intention to Use Contraceptives in Future	910.0(50.5%)

related to their spouses, one quarter had met their fiancé prior to marriage and 11.5% had input into the decision as to whom they should marry. Average number of live births was 1.46 and 9.9% of the respondents had used a contraceptive method. Approximately 50% had an intention to use contraceptives in future. More than 50% had discussed number of children with their spouse and 44.2 % had agreed on the number of children.

As shown in table 3, respondents having marital agency (a say in their marriage) were 1.71

times more likely to discuss and agree with their husbands upon the number of children to have compared to those who had no say in the selection of their spouse at the time of their marriage. Similarly they were 1.58 times more likely to use contraceptives in future. However this association was not found to be statistically significant for current users. Having marital agency was associated with earlier adoption of contraceptives (Table 4).

**Table 3. Logistic regression model of agreement with spouse on number of children, intention to Use contraceptives and Current Users among married, Pakistani young women (15-24)**

Variable (reference group)	Agree on number of children with spouse Odds Ratio (95%CI) N= 1803	Intention to Use Contraceptives in Future Odds Ratio (95%CI) N= 1729	Current Contraceptive Users Odds Ratio (95%CI) N= 1803
<b>Background characteristics</b>			
Age (20-24 years)			
15-19	1.14 (0.83-1.57)	1.42 (1.01-2.00)	0.98 (0.54-1.78)
Years of education (0)			
1-5	1.19 (0.90-1.57)	1.57(1.16-2.10)	<i>1.66 (1.04-2.64)</i>
6-10	1.21 (0.86-1.70)	1.38 (0.95-1.99)	<i>1.89 (1.13-3.18)</i>
11+	<i>2.06 (1.04-4.08)</i>	1.24 (0.59-2.61)	1.73 (0.65-4.60)
Household asset index quartiles (1)			
2	0.96 (0.74-1.24)	1.18 (0.91-1.55)	1.30 (0.77-2.21)
3	1.09 (0.84-1.44)	<i>1.70(1.28-2.26)</i>	<i>2.08 (1.35-3.44)</i>
4	1.25 (0.92-1.70)	1.69 (1.21-2.34)	<i>2.94 (1.71-5.06)</i>
Father received some education	<i>1.27 (1.01-1.60)</i>	1.13 (0.88-1.44)	<i>1.54 (1.06-2.25)</i>
Number of live births	<i>1.18 (1.03-1.36)</i>	<i>1.26 (1.08-1.46)</i>	<i>3.18 (2.34-4.33)</i>
Mobility outside of home index	1.0 (0.98-1.02)	<i>0.97 (0.96-0.99)</i>	0.97 (0.95-1.00)
Decision Making index	<i>0.93 (0.89-0.98)</i>	<i>0.93 (0.89-0.98)</i>	0.95 (0.87-1.00)
Role Index	0.99 (0.97-1.03)	0.97 (0.95-1.00)	0.98 (0.94-1.03)
<b>Marriage characteristics</b>			
Age at marriage (Less than 15 yrs)			
15-17 years	1.19 (0.89-1.60)	<i>1.46 (1.07-1.99)</i>	1.56 (0.93-2.64)
18-19 years	1.34 (0.90-1.99)	<i>2.16 (1.41-3.29)</i>	1.44 (0.71-2.92)
20-24 years	1.36 (0.81-2.28)	<i>2.60 (1.49-4.54)</i>	1.64 (0.69-3.92)
Duration of Marriage(less than a yr)			
1 year	1.35 (0.91-1.98)	1.50 (1.00-2.23)	1.44 (0.93-2.25)
2-5 years	1.16 (0.79-1.68)	1.00 (0.68-1.49)	<i>2.00 (1.27-3.16)</i>
More than 5 years	1.24 (0.73-2.11)	0.78 (0.44-1.37)	1.63 (0.88-3.03)
Spousal age difference (no difference)			
Husband 1-5 yrs older	1.11 (0.89-1.41)	0.98 (0.77- 1.25)	1.49 (0.95-2.32)
Husband 6 + yrs older	1.04 (0.82-1.34)	0.96 (0.74-1.25)	<i>1.91 (1.24- 2.97)</i>
Marital agency	<i>1.71(1.25-2.34)</i>	<i>1.58 (1.13-2.21)</i>	0.91 (0.55-1.52)

\*Significant results at  $p \leq 0.05$  in italics

**Table 4. Linear Regression model of time between marriage and first contraceptive use among married Pakistani young women (15-24) (n=1451)**

	Beta Coeff (95% SE)
<b>Background characteristics</b>	
Age (20-24)	
15-19	-0.24(0.13)*
Years of education	-0.14 (0.07) *
Household asset index quartiles	-0.15 (0.52) *
Number of live births	0.35 (0.05) *
Decision Making index	0.04 (0.03)
Marital agency	-0.05(0.16)*

\*Significant results at  $p \leq 0.05$  in italics

Table 3 showing the logistic regression models shows that the respondents with spousal age difference over 6 years were 1.91 times more likely to be using contraceptives. However, respondents married for 2-5 years were twice more likely to be current users. This finding is consistent with the cultural expectation of having a child right after marriage. The odds of intention to use contraceptives were higher among respondents aged 20-24 years at marriage as compared to 15-19 years old. The more children the respondents had, the higher was the likelihood of discussing and agreeing with their spouse on number of children to have, intention to use contraceptives or be current users. Those respondents whose fathers had some education as compared to those with fathers with no education had higher likelihood of discussing and agreeing with their spouse on number of children and of being current users. The more involved the respondents were in decision making at home, the higher was the likelihood of discussing and agreeing with their spouse on number of children and intention to use contraceptives. Higher mobility outside the household was associated with higher intention to use contraceptives. Age, educational level and socioeconomic status were not strongly associated with the three outcome variables (table 3).

Table 4 showing the linear regression model shows that older age at marriage and higher educational level were associated with earlier adoption of contraception. The initiation of contraceptive use was delayed for respondents belonging to lower socio-economic groups and those with more number of living children.

Our findings did not reveal a significant association of being related to spouse or having met him prior to marriage with any of the outcome variables.

### Discussion

This study examines how women's marital agency is related to their negotiating ability on the use of contraceptives and in discussing and agreeing with their spouse on the number of children to have. The findings highlight the importance of marital agency with the ability to negotiate in marriage. It remained a significant factor even after controlling for factors such as education, socioeconomic status, mobility outside of the home and decision making in the home. In addition education, socio-economic status, father's education, age at marriage and decision making were significant predictors for discussing and agreeing with spouse on the number of children to have and with intention to use contraceptives. These findings are consistent with earlier research [24-27].

Literature shows that positive relationship with parents and connectedness lead to healthy development [28]. The Kagitcibasi model falls short of addressing questions regarding why and how different types of self develop in young women, and which types of socialisation processes lead to having marital agency. Our study highlights the contextual developmental orientation and the construct of the autonomous-related self. Young women who were raised and given decision-making agency at home carried it with them to the new home. This is reflective of the trend towards modernisation, similar to the findings in earlier work by the authors where

parents of young women in a poor semi-urban locality were beginning to accept their daughters' choice of husbands [29].

In South Asia a young bride holds a subservient position in the household [30]. Literature shows that decisions regarding fertility and child bearing are largely the domain of older female relatives. Once married young women exert influence in subtle and un-confrontational ways as explained by Mumtaz in her study from Pakistan (2007). The study shows that women's use of antenatal care is decided in a complex interplay of gender and age hierarchies. Decisions related to antenatal care lie with authorities such as the husband and the mother-in-law; thus the well being of the woman lies in her relationship to these key family members [31]. In our study the Kagiticbasi model, sensitive to the kinship ideology of togetherness, highlights the linkages and relationships important for framing a woman's identity. It incorporates women's sense of self as individuals connected to their families by ties of love and affection as well as claims and obligations. The relationships of young women after marriage extend beyond the couple. The strength of a woman's linkages with her husband and his family, determines the degree of her embeddedness in her new family. She has to make a place for herself and negotiate for her reproductive health. Our study shows that those women who were allowed to participate in decision making in their parental home carried it with them into marriage in their new homes. Although current use of contraceptives was not associated with marital agency, one can contend that for young married women who have not yet completed their family, the intention to use contraceptives in the future is a stronger indicator of their negotiating ability than current use. As most marriages are arranged and within kinship, factors such as whether the woman had met her husband prior to marriage or if she was related to him were explored and not found to be significant predictors of their negotiating ability. Durrant (2000) has shown that married adolescent girls express little desire for family planning because of the pressure to produce an offspring, resulting in a short gap between marriage and first birth [30]. Higher involvement in early decision-making was positively associated with agreement

with spouse on the number of children to have and intention to use contraceptives in future. Higher mobility was only associated with higher intent to use contraceptives in future. These findings are consistent with findings from a previous study on contraceptive use in Pakistan which showed that education and decision-making were associated with contraceptive use [32]. Our study explores factors that improve decision-making on fertility in marriage early on, so as to help young couples achieve their desired family size, have more control over their life and better reproductive health.

### **Limitations**

The key variable in the study was "agency =having a say in marriage." This key variable was generated from affirmative responses to a series of three questions in the research instrument. We generated three indices on the decision-making, mobility and social gender roles. The validity of such indices can be discussed. When constructing an index one is always confronted with decisions and trade-offs concerning e.g. the choice and treatment of the variables included, the weighting scheme and the aggregation method. All elements in the dataset pertaining to the three indices were included with equal weight given to each element examined. The indices produced followed a careful examination of all the elements constituting them. Qualitative information would have been a valuable supplement.

### **Conclusions**

The results of our study emphasise the importance of an individual's agency for improved reproductive health among young married women in Pakistan. If young women are brought up in their parental home with more involvement in decision making and are trained to speak up for themselves, they are more likely to be involved in decision making once married. Promoting an environment in the parental home where young women are encouraged to participate in decision-making about their marriage has positive future implications on their reproductive life.

### **Competing interests**

The authors declare that they have no competing interests.



### Authors' contributions

SH was the main author of the manuscript and involved in all aspects of the study. RS supervised the selection of variables, drawing of the sub-dataset and analysis. RS and BR provided scientific oversight and feedback throughout the development of the study and write up of the manuscript. All co-authors have seen and approved the final version of the paper and have agreed to its submission for publication.

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