

Between Tradition and Modernity: Representation of Women in Family Planning Campaigns in Pakistan

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Pakistan, the fifth most populous country in the world, has had various family planning campaigns since the 1960s, but the contraceptive prevalence rate (CPR) has remained low compared with other South Asian countries. The promotional messages of the nonprofits Greenstar Social Marketing Campaign (GSM) and DKT International Pakistan are analyzed to see how the discourse surrounding contraception and women's identity oscillates between the notion of tradition and modernity. The first part of the article focuses on how the promotional messages portray the dialectics between the traditional and biomedical approaches to family planning, while the second part examines how women's identities are portrayed in these messages. This research is grounded in a culture-centered approach to health communication. Fairclough's critical discourse analysis (CDA) approach was used as the main methodology. Promotional messages, including Facebook posts, newsletters, brochures, and images from 2009 to 2019, were analyzed. The biomedical approach to family planning is presented by GSM and DKT as a healthier, more successful, and more prosperous approach for Pakistani women, while the traditional approach is backgrounded in these messages or associated with poverty and misery, if mentioned.

Keywords: Family planning, representation, modernity, culture-centered approach

"Modern life is based on control and science: We control the speed of our automobiles. We control machines. We endeavor to control disease and death. Let us control the size of our family to ensure health and happiness" (1940s U.S. family planning poster; Gordon, 1977, as cited in Hartmann, 1995, p. 101).

Overview of Modernization

Modernization has been linked to development projects, such as family planning, in developing countries shown to be in constant need of development (Mayer, 2000). The development of any nation is generally viewed in terms of economic growth (Mitchell, 2000). The nation must follow a "modern" pathway to achieve welfare and happiness. In these modernist projects, women often become the emblem of progress

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Date submitted: 2020-11-07s

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and economic growth. Unsurprisingly, their lived experiences often disappear into the chasm that emerges between the battle of tradition and modernity (Mayer, 2000).

This study seeks to examine how ideas of modernity and tradition are negotiated in family planning campaign discourse through the portrayal of Pakistani women in these campaigns by a local and an international nonprofit organization. That said, the effectiveness of these messages is beyond the scope of this article. Generally, Pakistani women are required to be subservient to men and conform to traditional gender roles. Pakistani women are often caught in this battle between tradition and modernity. Being traditional is understood as preserving one's culture, but over the years, particularly in this age of new media, various discourses have presented women as modern, yet patriotic, people working for their country's development and welfare. In this article, the promotional messages of two family planning nonprofit organizations—Greenstar Social Marketing (abbreviated as GSM from here onwards) and DKT International Pakistan—are analyzed using Fairclough's approach to critical discourse analysis (CDA) as the main methodology. In many DKT and GSM promotional messages, the term "family planning" is often equated with modernity, as will be discussed later in the discussion and analysis section. An analysis of these promotional messages on family planning is essential to understanding their impact on the various factions in Pakistan. For instance, there are religious groups that resist family planning projects, seeing them as foreign interventions that undermine local values and culture (McCarthy, 2011). The findings of this study are, therefore, grounded in a culture-centered approach to health communication.

Family planning research and policy consider biomedical contraception as a solution to regulate fertility and ignore "traditional" contraception. The Alan Guttmacher Institute considers women who use traditional methods to be "in need of contraception" (Johnson-Hanks, 2002, p. 229). Modernity is generally associated with industrialization and a market economy, exposing the world to human intervention and political institutions like nation-states and mass democracy. In traditional societies, most actions are predetermined by customs and old beliefs, while in posttraditional or modern societies, there are more choices because of flexible laws and public opinion (Giddens, 1991).

Modernity and Women

Modernity has been conceived as a "post-traditional order" (Giddens, 1991, p. 4). Tradition thus becomes a "foil to the idea of modernity or a 'residual category'" rather than exploring the notion of tradition on its own (Phillips, 2004, p. 17). Modernization is never gender neutral. Women develop differently during this process of modernization. Until the first half of the 20th century, dominant gender narratives revolved around stereotypical roles of women as mothers and obedient wives. The processes of globalization and modernization laid the foundation for negotiating new cultural constructions for women (Roces & Edwards, 2000). The birth control pill is a strong example of this "subversion" of the "modern notion of family planning" by traditional contraception. The impact of modern technology and contraception on women's bodies spurs continuous discussion.

Gender norms—social expectations of appropriate roles for men and women—are among the strongest social factors influencing sexual and reproductive health. The Navrongo experiment, a community-based family planning program in Northern Ghana, achieved considerable success in changing contraceptive practices but

activated tension in gender relations (Bawah, Akweongo, Simmons, & Phillips, 1999). Data from focus-group discussions between 1994 and 1996 revealed that women feared using contraceptives because of the threat of losing their husband's affection, especially as men could easily remarry (Bawah et al., 1999). In a society where the payment of bride-wealth signified the necessity for women to bear children, practicing contraception signaled to men that women might be unfaithful. Men felt a loss of control over women who used contraceptives secretly or without consulting them (Bawah et al., 1999). A case study of India by Basu (2005) makes one revisit the concept of tradition and modernity within the family planning project.

Traditional vs. Modern Contraception

Basu (2005) provides an interesting case: urban, educated Indian women prefer using traditional methods of contraception, while women of low socioeconomic class prefer modern methods of family planning. The dominant narrative of successful family planning campaigns in the developing world is based on modern methods of contraception; traditional methods of contraception are synonymous with traditional mentalities and the failure to modernize and control fertility (Basu, 2005). The traditional method of contraception is defined as the noninvasive, nonmaterial way of preventing pregnancy, such as withdrawal, terminal abstinence, and/or use of condoms, while modern methods include pills, IUD, sterilization, and injections. Furthermore, it is the poor women with low levels of literacy who choose modern methods of contraception. In contrast, educated urban women lean toward traditional contraception, which is not surprising. In India, higher levels of income translate to greater body consciousness and a more organic lifestyle. Magazines and journals stress a return to Indianized Westernization, and traditional methods of birth control fit into these narratives (Basu, 2005). However, as Johansson (2001) pointed out, to develop consumer culture, IUDs and other hormonal pills are advertised to increase the sales of pills and IUDs. Hence, the biomedical approach to family planning is emphasized as crucial for the modernization of the nation and the family unit. In Indonesia, modernity is related to development, and accepting family planning contributes to the development of a nation. This hegemonic discourse is instilled in the citizens, though with some resistance from certain individuals (Bennett, 2005). Modernity is linked with patterns of consumption and materialism in Indonesia, where the state construction of modern families is small, wealthy, and prosperous (Bennett, 2005).

In Southern Cameroon, women prefer periodic abstinence to modern family planning methods because this allows them to have a disciplined, honorable, and modern identity. In their culture, managing sexual relationships by averting unintended pregnancies is a mark of modernity and modern honor. Despite the easy accessibility and low cost of modern contraceptives, most women are reluctant to use modern methods. It is important to note that women are using traditional methods in alignment with modern values (Johnson-Hanks, 2002). Hence, notions of modernity and tradition need to be revisited.

Religion and Modernity

To add to this layer of complexity in the postcolonial world, women's achievements are signifiers of a country's progress (McClintock, 1997). Changes in her attire and demeanor are therefore hastily condemned as threats to culture and tradition. Scholars have employed the concept of multiple modernities, which can be loosely translated into different cultural forms of modernity in non-Western civilizations (Chakrabarty, 1997; Chatterjee, 1989; Giddens, 1991; Mitchell, 2000), to analyze the multifaceted hierarchies that shape various

modernity projects. In countries where religion is a strong institution, the relationship between religion and modernity becomes more controversial, particularly with Islam being seen as "unmodern" and oppressive, especially toward women (Asad, 2003). This case study is unique in the sense that it examines how women are represented in a postcolonial Islamic realm with regard to family planning.

The Islamic modernity project in South Asia was a creation of the nineteenth-century Islamic revivalist movement. After the British colonized South Asia, the Muslims of the Indian subcontinent felt the need for a modern Muslim community. Muslim reformists attempted to present science and Islam as two compatible paradigms informing Muslims' daily lives (Metcalf, 1994; Minault, 1998). This was in direct response to the colonial enlightenment project, which portrayed Indian culture as uncivilized and backward (Chakrabarty, 1997; Chatterjee, 1989). These "colonial and Islamic" modernization projects mainly targeted middle-class women. The identity of an Islamic woman who is educated, pure, polite, and clean was constructed to contrast vulgar, sexually promiscuous, loud, and "un-Islamic" women (Chatterjee, 1989; Minault, 1998). This discourse of Islamic modernity, to this day, shapes how women make their choices. Addressing the case of a significant religious movement in Pakistan *Jamaat-e-Islami*, founded by Maulana Maudoodi in 1941, Jamal (2009) contended that women belonging to this religious group considered themselves to be quite modern. They rejected the class-specific signifiers of modernity, such as short hair and western dress (which were often associated with the upper class in Pakistan), to demonstrate the adoption of an Islamic self. *Jamaat* women were like participants in any other contemporary Islamic movement, aiming to recover from the aftermath of Islam's degeneration and subjugation by Western imperial powers in the 18th and 19th centuries (Jamal, 2009).

As a result, Pakistan's culture places considerable emphasis on a woman's honor. An honorable woman does not speak or dress provocatively or suggestively. Furthermore, in 1977, Zia-ul-Haq became the prime minister of Pakistan, and his aggressive Islamic regime was one of the darkest periods in the women's liberation movement. Interpreting womanhood and women's sexuality became a curious paradox. Women's sexuality was considered a threat to the moral fabric of society (Jafar, 2005). Women who had their heads covered with a hijab (veil) or *dupatta* were deemed virtuous (Mumtaz & Shaheed, 1987, p. 81). Zia's legacy continues to this day in Pakistan; women who wear hijab or *dupatta* are seen as more moral, traditional, and religious than women who do not. The dress is not only seen through the lens of gender but also that of class distinction (Jayawardena & De Alwis, 1996). Changes in clothing result from society's interaction with other societies via trade, foreign invasion, or colonialism. Bahl (2005) argued that defining a modern dress as progressive or traditional is backward and flawed. This is because traditional dress may be a symbol of defiance, as with Iranian feminists and African American Muslim women, or forced conformity, as in the instance of Afghani women under Taliban rule.

The next section places the contestation between tradition and modernity within Pakistan's sociocultural context.

Pakistan's Sociocultural Context

According to the 6th Population and Housing Census in 2017, Pakistan's population surged to a staggering 207.8 million, indicating an increase of 75.4 million people in 19 years (Zaafir & Haider, 2017).

Globally, Pakistan has had the third- and second-highest rates of newborn mortality and stillbirths (Cousens et al., 2011). Some experts estimate that, even if the birth rate slows, Pakistan's population would double again by mid-century, putting catastrophic pressures on water and sanitation systems, swamping health and education services, and leaving tens of millions of people jobless (Zaafir & Haider, 2017).

This is because Pakistan is a patriarchal society in which men are the primary authority figures and women are subordinate (Ali et al., 2011). Gender roles are socially constructed based on traditional roles and social values in Pakistan, reflecting the masculine and feminine traits of individual members (Stewart, Bond, Zaman, Dar, & Anwar, 2000). The literacy rate of women is low, with approximately half of the women lacking basic education (National Institute of Population Studies, 2007). Furthermore, Pakistani women lack social value and status because of the negation of their roles as producers and providers. Preference for sons dictates the allocation of household resources in favor of male members who are given a better education. In contrast, females are encouraged to improve their domestic skills and become good mothers and wives (Pal, 2000). Lack of skills, education, limited job opportunities, and sociocultural and religious restrictions limit women's chances of competing in the public arena and make them more dependent on men. However, the nature and degree of women's subordination vary across classes, regions, and rural/urban divides. Patriarchal traditions are stronger in rural settings where local traditions favor males over females, while women belonging to higher socioeconomic status have more opportunities in terms of education, employment, and other arenas (Pal, 2000).

The next section grounds the current study in the theoretical framework of a culture-centered approach to health communication.

Theoretical Framework

Culture-Centered Approach to Health Communication

Health campaigns have been conceived based on dominant paradigms of development driven by the belief that health interventions, such as family planning and aid, created at the center would be the ideal health solution. Various health campaigns in the past decades have been initiated in nation-states at the center (the United States and the United Kingdom) and have targeted periphery countries (India, Pakistan, Nepal, Mexico, etc.). These center/periphery locations are based on positions of power, access to resources, and geographical and colonial history. The economic development of peripheries entails following the path of modernization. In this sense, health interventions like immunization and family planning are viewed as indicators of development and modernity (Dutta & Souza, 2008).

Responding to this top-down approach to dominant paradigms of development campaigns that ignore culture, the critical-cultural approach makes culture central to planning, implementing, and evaluating health communication programs, empowering communities to initiate change within themselves (Airhihenbuwa, 1995). The critical-cultural approach, while criticizing the modernist framework, states that Western theories and models do not translate well into other cultures, as they do not focus on the voices of the subaltern (Dutta-Bergman, 2004). In health communication scholarship, there is now an increasing

emphasis on culturally situated assumptions about human identity, behavior, and values that underlie social scientific theorizing (Dutta-Bergman & Basnyat, 2006; Dutta-Bergman, 2005; Dutta & Souza, 2008).

According to Closser et al. (2014), the critical-cultural approach to health communication reconsiders health and development, whereby health is no longer a mere absence of disease, and development is no longer synonymous with modernization. This approach criticizes modernist assumptions underlying health communication and offers an alternative paradigm of reflexivity that criticizes the autonomous health campaigns that undermine local cultures. The idea of reflexivity applied to health campaigns makes planners continuously aware of their positions of power and the ideologies they serve in planning and executing campaigns (Dutta & Souza, 2008).

Dutta and Basnyat (2009) cite an example of a family planning program description from a Radio Communication Project (RCP) documentary that demeans the traditional way of life of Nepalese people and makes a case for modernity: "She asks them to change their old ways of thinking" (Dutta & Basnyat, 2009, p. 257). A character is described in the following way:

Sher Singh's oldest son Gopi is not educated; he is ignorant of the well-planned family. Because he is old-fashioned, he does not practice planning the family and keeps on having daughters in the hope of getting a son...His children are suffering from malnutrition and a lot of diseases. (Dutta & Basnyat, 2009, p. 257)

Although the RCP has a participatory approach to the Entertainment-Education (E-E) program, the Nepalese people's identity was constructed in terms of absence. These RCP programs are presented as an alternative to the older, one-way model of diffusing innovations and are considered more participatory, but in fact, they tend to colonize subaltern spaces in Nepal using modernist agendas (Dutta & Basnyat, 2009). In West Bengal, poorer Indian women balance tradition and modernization through their choices of birth control. The reason is not far-fetched. Traditionally, the role of an Indian woman is to be a housewife and a doting mother, as children are extremely important for women in this framework. In previous research, various women have been interviewed to investigate how they negotiate fertility control decisions. Many poor women wanted to have smaller families, and one of the reasons was that they wanted to be modern and progressive. They stated that today's world differed from yesterday's and having smaller families would not only benefit them but also the nation-state (Mookerjee, 2005). For many people, modernity is a lifestyle in an emerging local consumer society tied to global capitalism (Liechty, 2001).

The effects of modernity are stronger in less developed countries (LDCs) where decades of dependence on foreign aid have left an ideological residue that views modernity in terms of quantity (Pigg, 1992). Therefore, within this discourse of modernity is a subdiscourse of freedom, empowerment, and independence that is extremely appealing to Third World women, which is why the critical-cultural approach to health communication makes policymakers aware of perpetuating modernist ideology while encoding health messages in this case.

Methodology

Participants

In Pakistan, GSM and DKT International are the major social marketers of contraceptives in the private sector and have conducted various mass media campaigns to promote their products (Bill & Melinda Gates Foundation, & Population Council, 2016). These two organizations were specifically chosen because, over the years, they have had the highest number of advertisements aired on Pakistani television and the greatest visibility in terms of market penetration.

Study Design

Critical discourse analysis (CDA) examines the relationships between text, discursive practices (production and consumption of text), and sociocultural practices. It accounts for power, ideology, and discursive practices in producing and reproducing hegemony and unequal power relations (Fairclough, 1995). Using Fairclough's (1995) approach to CDA, the current study analyzes promotional messages (Facebook posts, images, advertisements) as the first part of a threefold analysis that occurs at the micro- (text analysis), meso- (interpretation or linking production and consumption of text), and macro-level (explanation through social analysis). At the micro-level—which addressed the actors, events, represented entities, and how they were represented—text analysis gained significance. The text (the communicative event), including language, visuals, and sound effects, was analyzed semiotically. The words "modern" and "traditional" and their related notions were used as focal concepts to identify and link themes in the data. For instance, in the Facebook posts, whenever the term "modern" was used, it was associated with the biomedical approach to family planning and was accompanied by other words, such as "empowerment," "freedom," and "happiness." In contrast, the term "traditional" was linked to poverty and a large family.

The second step in Fairclough's (1995) approach calls for an analysis of discourse practices that happen at the level of production and consumption. Here, the focus is on the production of promotional messages—how are they conceived? Who is conceptualizing them? What are the institutional and organizational policies and practices at play when conceiving the messages? How is the campaign funded, and does it impact the practices of producing the content? Fairclough's (1995) third step is an analysis at the sociocultural level, which considers intertextual analysis and the social and cultural context of the discourse. At the macro-level, the social context is analyzed—why are these actors and entities represented and why in this way? What ideologies are relevant? (Fairclough, 2010). This model moves from the bottom-up, as language and society are seen as constituting each other via discourse. The analysis then returns to the text level to explain how its text producers are not only influenced by contexts, but in turn influence them, constructing, reinforcing, and negotiating identities and social relations via the use of language (Vine, 2017).

Using Fairclough's (1995) model, this study looks at women's representation and notion of contraception in family planning campaigns and addresses the following research question:

RQ1: How are the ideas of modernity and tradition negotiated in family planning campaign discourse through the portrayal of women in campaign advertisements?

This question is addressed by looking at the family planning discourse and how the concepts of modernity and tradition are tied to it. It further analyzes how a Muslim woman's dress can be a much-contested issue regarding tradition and modernity.

Data Analysis

For the critical discourse analysis, the materials analyzed included television advertisements, press releases, posters, brochures, pamphlets, newsletters, and reports produced by DKT International Pakistan and GSM. They were downloaded from the website and analyzed from 2009 to 2019. The contents uploaded on GSM's and DKT International's Facebook pages were selected by purposive sampling from 2009 to 2019. For example, GSM had all the major campaigns like *Touch*, *Nisa*, and *Do+* on Facebook. Their Facebook content included images, advertisements, and short animated videos. Tables 1 and 2 present a comprehensive description of the campaigns used in the data analysis. DKT International has successfully launched the following campaigns in six years: *Josh* (condom campaign), *Dhanak/Heer* (IUD campaign), and *Prudence Premium* (condom campaign). GSM has launched the following campaigns: *Saathi- Jeet ka Sultan* Campaign, *Nisa* Campaign, *Touch* (delay) Campaign, and *Do* Campaign.

Results, Analysis, and Discussion

The mediated texts of DKT and GSM are sites of constant negotiation and contestation of women's identities, as women's representation is sundered in contests between "tradition" and "modernity." The messages of DKT International and GSM have presented family planning as a modern way of living. Traditional ways of family planning are rarely discussed in these messages and are presented as backward. Biomedical methods of family planning, such as IUDs or pills, are framed as a modern approach.

Table 1. GSM Campaigns.

Campaign	Parent Organization	Form of Data	Location	Image/Scene
(<i>Nisa</i> , 2016; Figure 2)	GSM	Digital	Facebook	Logo of <i>Nisa</i>
(<i>Saathi</i> , 2016a; Figure 4)	GSM	Digital	Facebook	Couple reading a pamphlet
(<i>Saathi</i> , 2016b)	GSM	Video	YouTube	Daily routine of a rural couple
(<i>Touch</i> , 2009)	GSM	Video	YouTube	Song showing life stages of a couple
(GSM, 2016b)	GSM	Report	Organization al Website	Sketch of rural woman with a child
(GSM, 2014)	GSM	Video	YouTube	Depressed woman complaining of her health
(GSM, 2016a)	GSM	Video	YouTube	Friends conversing with each other

Table 2. DKT Campaigns.

Campaign	Parent Organization	Form of Data	Location	Image/Scene
(DKT, 2016; Figure 1)	DKT	Digital	Facebook	Poor older woman sitting with her six children
(Heer, 2014; Figure 3)	DKT	Digital	Organizational Website	Heer Logo
(Heer, 2017a)	DKT	Digital	Facebook	Small happy family
(Heer, 2017b)	DKT	Digital	Facebook	Couple in a romantic pose
(Heer, 2017c)	DKT	Print	Brochure	Picture of an IUD
(Heer, 2015)	DKT	Video	YouTube	Two actresses having a conversation about family planning
(Heer, 2017d)	DKT	Video	Facebook	A woman holding the hand of another woman taking her to <i>Dhanak</i> clinic center
(Josh, 2019)	DKT	Video	Facebook	Robbery scene in a shop
(Josh, 2018; Figure 5)	DKT	Digital	Facebook	<i>Mathira</i> at the airport

There are various images in both campaigns where women who are advocating for the biomedical approach to family planning are often seen smiling, wearing nice clothes and makeup. In the discourse analysis of messages of DKT International and GSM, the word modern is frequently associated with "happiness," "empowerment," and "health," as evidenced in the following messages: "Family...a link to the past a bridge to our future. With *Heer* IUCDs build a happy future together. # healthy lifestyle # modern family planning *Heer* IUD # Quality kids time # happy family" (Heer, 2017b) and "*Heer* IUDs are the road towards a happy family. # healthy lifestyle # modern family planning *Heer* IUD # Quality kids time # happy family" (Heer, 2017a).

In the annual report of Greenstar Social Marketing (GSM, 2016b), the following sentence describes how "modern" is used with regard to family planning: "This program aims to influence consumer perception on modern contraception and ensure the provision of quality services..." (p. 17). Another excerpt from the report shows the modern methods of family planning as more effective than traditional family planning: "The most recent Contraceptive Prevalence Rate (CPR) of 35% includes 9% attributed to the use of traditional methods and 26% attributed to the use of modern methods" (GSM, 2016b, p. 32). Looking at the *Heer* campaign, the brochures of the *Heer* (2017c) campaign have the title "Trustable-for long time-modern concept of family planning."

It is important to note how the family planning program is presented within the dichotomy of tradition versus modernity, where a well-planned family represents modernity. In most advertisements, the use of medical doctors to guide women about the biomedical approach to family planning is emphasized. In a GSM (2016a) advertisement, a pregnant woman's friend advised her to visit the *Sabz Sitara* clinic (GSM clinics are called *sabz sitara*) to discover the right approach to family planning. The message of the advertisement assumes that the women have no knowledge of birth spacing and that following the

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

DKT and GSM frame traditional methods of family planning as backward and modern methods as healthier. Wherever the word family planning is used, the word modern follows it. The idea that modern medicine is better than traditional methods undermines the traditional cultural system (see Dutta & Basnyat, 2009). Most GSM and DKT campaigns emphasize relying on a *modern* approach to a well-planned, happy family life, juxtaposing it with the traditional approach. In most DKT and GSM images, larger families were shown to be impoverished (see Figure 1).



Figure 1. Family planning saves lives (DKT, 2016).

The messages are framed in a deprecating way, presenting the subaltern class as backward, rather than framing decisions as a resource issue, for instance. The campaign rarely addresses the main reason why the mother is having more children or whether she has a choice in making family planning decisions and negotiating the use of contraceptive technology in the relationship (see Dutta-Bergman & Basnyat, 2006). The results of this study align with Dutta and Basnyat's (2009) RCP project, as promotional messages in family planning campaigns construct women's identities using a modernist agenda. Traditional methods of family planning are backgrounded in this discourse.

Although family planning messages may be encoded in a glamorized modern way, promising a happier life and more empowerment, women decode the messages based on their lived realities. In some Pakistani subcultures, having a bigger family gives women more agency, respect, and control. Pakistan is an agrarian economy, and having a larger family is preferred in rural areas. Therefore, a culture-centered approach to health communication is critical to understanding how these co-constructions create "alternative entry points for

understanding the interpretive frameworks within which women from the subaltern sectors of the globe make sense of motherhood and their reproductive health, and simultaneously deconstruct the erasures in mainstream Eurocentric discourses of reproductive health” (Dutta & Basnyat, 2008, p. 281). Such points of entry are missing in DKT and GSM’s narratives of family planning; rather, Pakistan’s culture is represented as monolithic, with all women eager to have smaller families. Narratives like these erase the voices of many women who might prefer larger families.



Figure 2. Nisa logo (Nisa, 2016).

The biomedical approach to family planning is advertised as a healthy approach, and as one sees from the logo on the contraceptive pills of GSM and DKT, the pills are associated with flowers like tulips and daisies, and the image is infused with soft pastel tones symbolizing femininity (see Figures 2 and 3). The pill is shown as an extension of nature. This connection between the pill, nature, and women is not coincidental. It was seen in pills packaged in Canada in the 1960s, in an Oracon contraception campaign (Molyneaux, 2011). Hence, the biomedical approach to family planning is represented as safe, natural, and healthy for women, and its connection to nature masks its barely mentioned side effects.



Figure 3. Heer logo, Heer (2014).

In the television advertisements of GSM and DKT, women are told that they need to visit a family planning clinic to be happy, healthy, and modern. In one of GSM's television advertisements (2014), a wife has dark circles under her eyes and looks weak and depressed. The wife complains to the husband that he stopped paying her attention after she gave birth to three children. She complains that her health is suffering and that they should think about family planning. The scene shifts to a gynecologist advising women to practice family planning to improve their health and get their husbands' attention. The narrative in this advertisement emphasizes that "modern" family planning is essential for a mother's good health. It presents the husband in an authoritative role as the sole decision maker and the wife as too scared to voice her concerns or exercise autonomy on decisions concerning her body. In other advertisements of *Heer* (2015, 2017d), GSM (2016a), and *Saathi* (2016b), there is a recurrent theme in the RCP project of Nepal: Women are on the receiving end of family planning information rather than arguing and dialoguing with the information provider. Furthermore, GSM portrays women as ascribing to traditional gender roles, speaking less, and appearing less confident. From their messages, one can infer that "traditional" women appear shy, speak fewer sentences, barely argue, and involve themselves in mundane household chores. On the other hand, DKT attempts to present women as more autonomous and nonconforming to any gender roles. The female protagonist in DKT's advertisement is shown to be "modern," exhibiting traits, such as speaking authoritatively, walking confidently, exercising autonomy by asking the husband to help with household chores, and expressing her opinion on whether she wants to practice family planning or not. In a conservative society like Pakistan, a woman holding a pack of condoms or discussing contraception, even in an advertisement, is considered immoral. DKT advertisement producers seek to push these cultural barriers and encourage women to ask for condoms when they visit a retail shop by presenting a woman asking for a condom in the advertisement.

Closely tied to the concept of tradition and modernity is the attire of women. The next section elaborates on how a dress can be a marker of tradition or modernity and be closely associated with a woman's identity.

Dress as a Marker of Tradition/Modernity

Analyzing the advertisements and images on the Facebook pages of these campaigns, the messages of DKT International and GSM reveal interesting facts. The dominant theme of DKT campaigns, looking at the images of *Josh*, *Prudence Premium*, and *Heer*, is that a smaller family is a modern family that is happy, healthy, and prosperous in all respects. The couples are generally wearing neat clothes, and the family images show one or two children with smiling faces. GSM generally shows women in traditional roles and dresses (see Figure 4). Whereas most women in DKT International campaigns, such as the *Josh* campaign, wear western clothes (see Figure 5) and are well dressed. In both campaigns, a large family is considered backward and indicative of poverty and misery.



Figure 4. Saathi campaign, GSM (2016a).



Figure 5. Josh campaign, DKT (2018).

Josh campaign's TVC (*Josh* DKT, 2019) shows a woman wearing an off-shoulder dress walking into a clothing boutique with a designer handbag. A thief robs her bag, and she screams for help. A policeman comes running to help her, and she points out that to catch the thief, he must follow the condom packs lying on the floor. The policeman is successful in catching the thief and returning the bag to the woman. The woman takes out the condom pack and tells the policeman that the pack is more important than the bag. The actress wears an off-shoulder western dress that Pakistani women generally do not wear in public. She speaks seductively, authoritatively, and suggestively. Her demeanor, attire, and accessories signify her affluent class. This affluent class is synonymous with modernity in Pakistan. DKT advertisements show women as bolder, more confident, and more sexually liberated. According to Juan Garcia, the Country Director of DKT International, when DKT entered the market with the *Josh* campaign in January 2013, most

of its animated images wore *shalwar kameez*; however, this traditional approach failed to generate conversations within the target audience (Shaikh, 2014). Six months later, *Josh's* second campaign, featuring a scandalous celebrity, was launched, promoting condoms as "an instrument of pleasure" (Shaikh, 2014, p. 1). There was a considerable public uproar against their overtly suggestive sexual themes, as this was against Islamic teachings, but Garcia believed that "all publicity is good publicity" as sales increased tremendously (Shaikh, 2014, p. 1). DKT has since resorted to producing advertisements that are overtly sexual, stir controversies, and simultaneously increase demand for contraceptives.

In the GSM TVC (2016a), a village woman shows her newborn son to her female friend, who recommends that she consider birth spacing and visit a *Sabz Sitara* clinic. The woman goes to the clinic with her husband and meets the gynecologist, who informs them about the facts and misconceptions surrounding birth spacing. The women in this TVC wear the traditional Pakistani dress and have their heads covered with a *dupatta*. The voices and demeanors of both women demonstrate passivity; their heads bowed down. These modernity and tradition constructs need to be examined critically, as a dress does not signify modernity or tradition. Furthermore, tradition and modernity can exist simultaneously and need not be mutually exclusive.

Another advertisement, *Suno Zara* (Touch, 2009), was a beautiful song produced by GSM as a part of the *Touch* condom campaign. The song, by far, is the best representation of tradition and modernity combined in one message. The song shows different phases in the couple's life: getting married, going on a honeymoon, having a child, and seeing the child grow. The woman is wearing Western and traditional dresses on different occasions. The narrative considers family values and traditionally celebrates rituals like weddings. In one scene, the husband helps her make tea, which she later serves to the entire family.

The New "Hybrid" Woman

What is then a modern woman like? The term "modern women" is fraught with contradictions and has become a discursive ideological space for identification created by global/local media narratives (Munshi, 2001).

Over the years, there has been a shift in the representation of women in these campaigns. For instance, revisiting the GSM's advertisement "*Suno Zara*" (Suno Zara, GSM, 2009), we see a Pakistani woman with a new hybrid identity, a blend of modernity and tradition. In the advertisement, the dresses alternate from traditional to modern to a fusion of modern and traditional dresses. She adheres to all cultural values yet has her own identity and autonomy in her choice of a life partner. Overall, in DKT's *Heer* campaign and GSM's *Nisa* campaign, women are shown to be career-oriented, wearing both Western and traditional clothes. Furthermore, these women conform to gender roles and cultural expectations, such as doing household chores. This new hybrid woman is modern, yet traditional.

From these specific examples, the word "modern" needs to be redefined, and modernization needs to be looked at from a different perspective. What is considered a modern method for one woman can be traditional for another, and thus cannot be associated with income level or socioeconomic class, as seen in the case study of Indian women (see Basu, 2005). Moreover, being traditional might be understood as being more empowering and honorable, as one saw with Southern Cameroon women. Some nations resist modern family planning as a way of maintaining their sovereignty and holding onto their identity as a nation-state, while other countries

accept family planning in modern life as a mark of their nationalism. This example of Southern Cameroon again shows how contested the word "modernity" is, and hence, it needs to be used cautiously.

In a nutshell, what is modern for one woman may be considered traditional for another. Also, some women prefer being traditional, associating tradition with honor. Some women combine tradition and modernity in their identities, so their identities are a hybrid of the two. Jamal (2009) rightly contends that the discourse of Islamization interacts with the discourse of the Westernized woman as a rights-claiming individual. Muslim women's identity cannot solely be understood through a religious lens: Their subjectivities are an interplay of religious, cultural, political, local, historical, and various other dimensions. The next section concludes the article and mentions the limitations of the study.

Conclusion

The idea of modernity is often entangled with the idea of the West, as seen in this case study. This, of course, is no surprise given the history of modernity that emerged in the west and was culturally constitutive of the Western context. One observes that the dominant reproductive discourse represents the woman of the Global South as in need of advice on how to be a better mother and wife. The messages of DKT and GSM equate "modern" with family, whereby modern family planning is seen as the road to prosperity, health, and happiness. Women are told that the way to a good life is through the modern way of living (i.e., having a small family), as detailed in this study. Development discourses like these reveal a Eurocentric view of modernity. In both the GSM and DKT campaigns, women who wear *shalwar kameez* and cover their heads with *dupatta* appear more subservient to their husbands and fully engaged in household chores, while women who wear Western dresses appear more confident, bold, and autonomous. However, over the last few years, we have seen recurring images of women who wear traditional clothes and are more autonomous in GSM and DKT messages. The narratives have given birth to the new "hybrid" woman who is modern yet traditional, who is career-oriented yet loves to do household chores, and who wears Western clothes yet conforms to many traditional norms like cooking food for the family. The word "modern" is much contested, and according to Munshi (2001), becomes a discursive ideological space for identification created by the global/local media. As mentioned earlier, Ghumkhor (2012) and Jamal (2009) argued that Muslim women cannot be called traditional or modern based on their choice of clothes and appearance.

The biomedical approach to family planning is presented as modern, and women who adopt this approach are presented as healthy, happy, and prosperous. Dutta and Basnyat (2009) point out that in modernization narratives like these, the responsibility for health shifts to the individual, leaving out culture and the context in which actions are placed. One needs to question whether the voices of the marginalized are being erased here. The modernization project strongly impacts the reproductive health arena, where medicalization of the body remains the only way to have a long and disease-free life.

Finally, what is missing in the narratives of both campaigns is the use of alternative medicine for family planning. The use of herbal medicine is common among Pakistanis. In one of the rural areas, Samahni Valley in Pakistan, people use herbal medicine to treat sexual diseases and control birth rates. Many people still depend on medicinal plants to treat themselves (Muhammad & Khan, 2008). This practice is also

common in urbanized areas of Pakistan. In the promotional messages of these campaigns, the new approach of presenting modern medicine as superior to traditional medicine undermines traditional culture and values (Dutta & Basnyat, 2009).

This study is not without limitations. The findings in this study are limited to the specific site of analysis, and generalizations cannot be made from them. Other nonprofit organizations may represent Pakistani women differently. There are various other actors, nonprofit organizations, private organizations, and civil society actors in this field. Furthermore, before every advertisement is produced and the main theme of a campaign is decided, a meeting with the communication team occurs. The content is dependent on the team's vision; therefore, in the future, a change in the team may influence the way women are represented.

The current study examines how women's identities are portrayed by advertisement producers. These encoded messages are sites of struggle for accepting, negotiating, or rejecting dominant family planning ideologies and hegemonic governmental policies. The other side of the coin is to see how the audience interacts with these messages and how the messages are read and interpreted. For a richer study, intended users of contraceptives need to be interviewed to gain an understanding of the effectiveness of family planning programs. It is also important to examine how the subaltern interprets, selects, and evaluates these messages in their everyday lives. By doing so, one can see how the narratives of modernity provide discursive tools for unraveling traditions and creating new female identities.

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