

## DAFPAK CASE STUDY

# THE DOORWAY TO CHANGE



**DAFPAK CRP ASMA (LEFT), SMILING FOR A PHOTO ALONGSIDE DAFPAK BENEFICIARY SAJIDA (RIGHT)**

"I recall not being welcome in this household a few months ago. Now, I'm a regular guest," said Asma Tayyaba, beaming as she sat perched next to a young woman and her mother-in-law.

Asma is a Community Resource Person (CRP) working in the cluster Akri Wala, within the district of Jhang. She joined the Delivering Accelerated Family Planning (DAFPAK) project in the beginning of January 2018 – an occasion she describes as a life-changing experience.

"My husband works at a dispenser outside the village. He worked as a CRP for a previous project in our district, and was already familiar with the benefits of undertaking community work with the Punjab Rural Support Programme (PRSP). The local Village Health Committee (VHC) informed him of a recruitment drive for female CRPs for a new

childbirth spacing project in January, and asked if his wife would be interested in community work. My husband sat down with me later that night and promised me he would fully support whatever decision I make about this opportunity. I'm glad I agreed, as now I not only earn an income for myself but spend my day doing gratifying work."

However, as Asma somberly noted, many village members showed hesitance in accepting her message on using modern contraception for planned conceiving with a two year interval between children. "I faced many challenges in the beginning," she recalled. "In a lot of the households I visited, my message was contested hotly with a declaration that using contraception is un-Islamic. Getting pregnant has been considered the natural will of God, with any interference in this process deemed sinful. With much

## DAFPAK CASE STUDY

# THE DOORWAY TO CHANGE

persuasion I was able to slowly and gradually convince the community I was not leading them astray, as Islamic teachings call for mothers breastfeeding their children for a minimum of two years. In order to follow this teaching, breastfeeding mothers must avoid another pregnancy till then.”

Yet, Asma is optimistic about the difference she is making in her community due to her work. “Thankfully, I can contact the VHC whenever I run into any complications while working. Sajida (the young woman sitting next to her) here had gotten married at the age of 18 and had borne a daughter by 19. Her husband wanted to try for a son immediately after, with her mother-in-law’s approval, however Sajida’s health was rapidly deteriorating. She had become gaunt and weak, and was struggling to look after her newborn. I was shunned by her husband whenever I visited, which was upsetting as I had her best interests at heart. I confided in the VHC, and its members reassured me and assigned a male and female member to accompany me to her house. They helped me reason with the hesitant husband and mother-in-law duo, and we swayed them to finally see the merit in all the evidence supporting birth spacing. They found it difficult to explain away the decline in Sajida’s health, and understood that a pregnancy at this sensitive stage would put her at further risk of becoming anemic. Therefore, at the next programme camp, with their approval Sajida opted for condoms, and a month later switched to Depo-Provera injections for three months of continuous hassle-free protection. She is now a close friend as well. Our community changed for the better when PRSP mobilised us into setting up a VHC here. I’m blessed!”