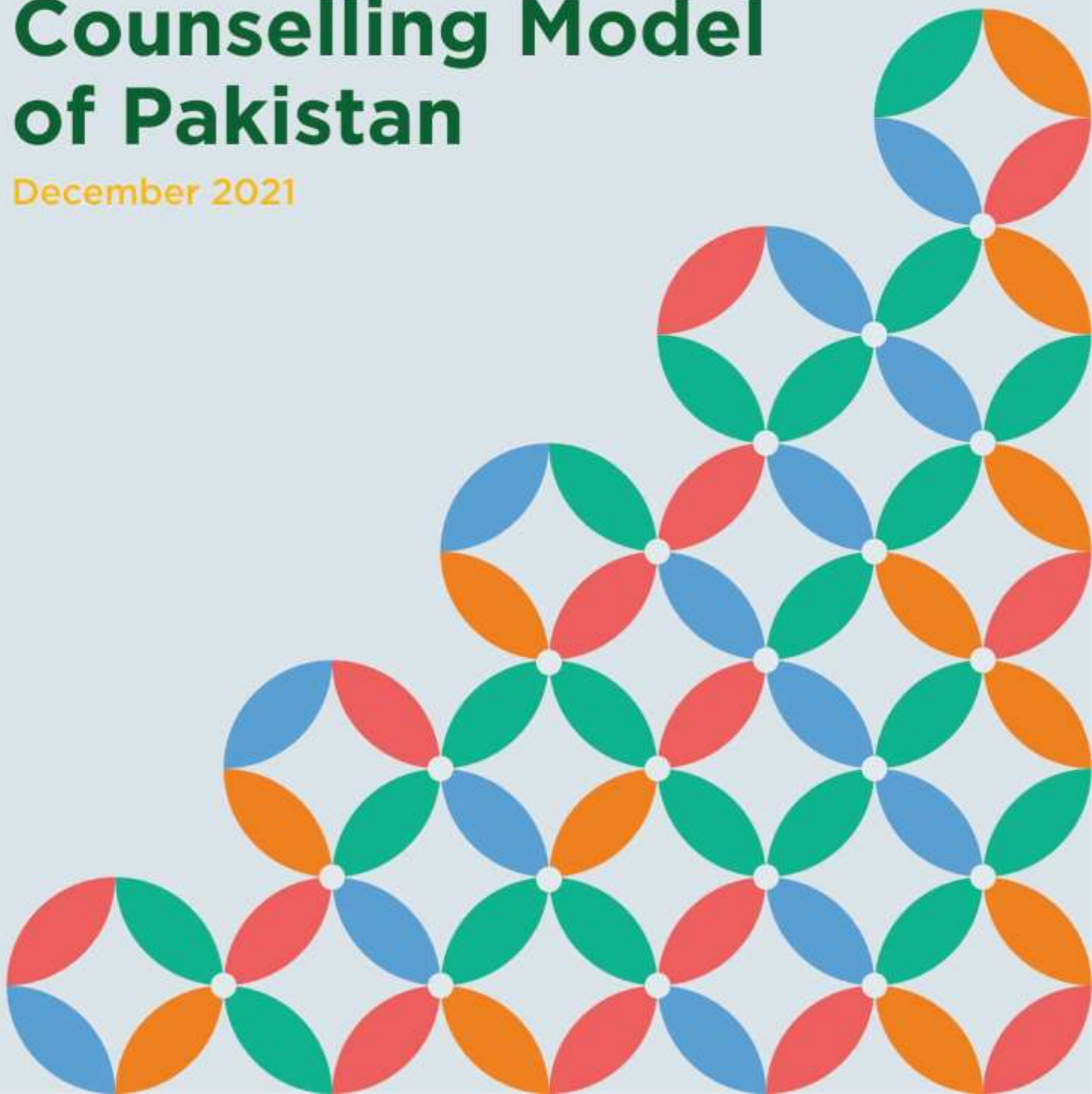




# Premarital/Marital Counselling Model of Pakistan

December 2021







AGHAAZ

آغانزا

PREMARITAL / MARITAL COUNSELLING

صحت مند ابتداء صحت مند معاشره



*“A very good initiative has been launched wherein married or to be married couples are provided counselling and guidance on how to take care of their family’s health.*

*This as a complete package will prove fruitful, because we want to ensure that the subject of women and family health care is addressed in full, including child vaccinations, nutrition and frequent pregnancies.”*

**Address by President of Pakistan, Dr. Arif Alvi  
at International Donor Conference on Population Dynamics and Family Planning  
Islamabad | November 26, 2021**



*“Government of Pakistan has decided that there is need to have premarital counselling for both boys and girls. They need to be aware about the multiple challenges to their health and psychological pressures with regards to marriage. In this regard the Government of Pakistan has initiated the chapter of premarital counselling.... Aghaaz is a very good initiative, and it focuses on young people from where we want to start premarital counselling.”*

**Remarks by DG Population, Ministry of National Health Services, Dr. Sabina Durrani,  
at National Consultative Workshop on Premarital/Marital Counselling  
Islamabad | November 23, 2021**



*“Aghaaz discusses several important areas, ranging from pre-marital screening to the how’s of fostering a healthy relationship with one’s life partner. A range of resource material is available on its web portal that can be used by educational institutions, health care providers, civil society organizations and religious leaders to provide information to young people.*

*For us Aghaaz is only the beginning. Our vision is to create a Pakistan where all young people have the information and resources they require for a robust and productive marriage.”*

**Comments by WHO Representative in Pakistan, Dr. Palitha Mahipala  
Islamabad | December 5, 2021**

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## Acronyms and Abbreviations

ADHOs	Assistant District Health Officers
CCI	Council of Common Interest
CEWG	Country Engagement Working Group
CPR	Contraceptive Prevalence Rate
CSE	Comprehensive Sexuality Education
CSOs	Civil Society Organizations
DHOs	District Health Officers
DoH	Department of Health
DPWOs	District Population Welfare Officers
FGDs	Focus Group Discussions
FP	Family Planning
FP&RH	Family Planning & Reproductive Health
FPAP	Family Planning Association Pakistan
FSM	Forum for Safe Motherhood
FTOs	Field Technical Officers
FWWs	Family Welfare Workers
HIV	Human Immunodeficiency Virus
HTSP	Healthy Timing & Spacing of Pregnancy
IDIs	In-depth Interviews
IPPF	International Planned Parenthood Federation
IRMNCH&N	Integrated Reproductive, Maternal, Newborn & Child Health and Nutrition
LHS	Lady Health Supervisor
LHVs	Lady Health Visitors
LHWs	Lady Health Workers
LSBE	Life Skills Based Education
MoNHSR&C	Ministry of National Health Services, Regulation & Coordination
MTPS	Multi-Touch-Point Sensitization
MWRA	Married Women of Reproductive Age
PCP	Population Centre Pakistan
PDHS	Pakistan Demographic and Health Survey

PMC	Premarital Counselling
PMSGC	Premarital Screening and Genetic Counselling
PPW	Population Planning Wing
PWD	Population Welfare Department
SRH	Sexual and Reproductive Health
SSLE	South-South Learning Exchange
ToC	Theory of Change
ToT	Training of Trainers
UNFPA	United Nations Fund for Population
VHCs	Village Health Committees
WHO	World Health Organization

## Preface

This document captures the development of Aghaaz – A Multi Touch Point Sensitization Model for provision of premarital/marital counselling in Pakistan. It targets decisionmakers and development partners with the aim of creating the realization that considering the country’s alarmingly high population growth rate, premarital/marital counseling may serve as the missing link for influencing fertility behaviours, educating couples on their rights and responsibilities, and helping improve health outcomes.

Aghaaz, the first of its kind model of premarital/marital counselling in the country, derives its *raison d’etre* from the Action Plan for Implementation of Recommendations Approved by the Council of Common Interest (CCI) Regarding Alarming High Population Growth in Pakistan, which mandates provision of premarital counselling as a must for marriage registration. As a pioneering counselling model it not only stands informed by the work done by other partners in this domain, but more importantly builds on it. In the process, it advocates a holistic approach by identifying the different avenues for providing counseling to a young couple, and chalking out the required next steps at different levels for the same.

The development of this model is an output of a collaborative venture undertaken by the Population Planning Wing (PPW) of Ministry of National Health Services Regulations & Coordination (MNHSR&C) and Forum for Safe Motherhood, with the support of World Health Organization. The process for the development of this model involved extensive primary and secondary research, a series of consultative meetings and workshops with key reproductive health experts from across Pakistan, in-depth assessment exercises carried with the country’s youth; and learning exchange sessions with other countries in the region practicing premarital/marital counselling.

Premarital/marital counseling is emerging as a growing trend worldwide. In the coming years, this type of counselling will be the key factor in improving maternal and child health indicators. The development of Aghaaz and its strategic implementation will be the first step in this direction.

## Acknowledgements



The development of “Aghaaz – A Multi Touch Point Sensitization Model for Premarital/Marital Counselling in Pakistan” owes its development to the untiring efforts of a dedicated group of individuals.

This entire initiative is a product of the collaborative venture undertaken by the Population Planning Wing (PPW) of Ministry of National Health Services Regulations & Coordination (MNHSR&C) and Forum for Safe Motherhood, with the support of World Health Organization.

In this context, I would like to acknowledge with deep gratitude the leadership and support of Dr. Sabina Durrani, Director General, Population Planning Wing, Ministry of National Health Services, Regulation and Coordination, as well as her invaluable guidance throughout this endeavor.

The continuous and unwavering support by World Health Organization (WHO) in ensuring that Aghaaz becomes a reality, is also appreciated. The ready support and continued assistance provided by Ms. Ellen Thom and Dr. Qudsia Uzma throughout the course of the project deserves special mention.

We are especially grateful for the assistance extended by WHO in the successful arrangement of hybrid SSLE meetings. The contributions from United Nations Population Fund, Population Welfare Department Punjab, Aahung and Aman Health Care Services (Sukh Initiative) in the development of resource material under Aghaaz, merits special mention.

Thanks are owed in great part to the senior government officials, reproductive health experts, development partners, religious leaders, members from academia and media representatives, who participated in the virtual and in-person meetings, sessions, and workshop.

All young people who participated in our baseline and impact assessment studies and provided their honest and candid opinion deserve our gratitude.

True to their tradition, members of Forum’s Governing Body exhibited their unparalleled spirit of voluntarism by providing valuable input and guidance throughout the course of this initiative. We stand indebted to them for their unwavering support.

Last but not the least, each member of Forum’s team involved in this initiative exhibited the highest level of professional commitment and dedication, and their role in its successful completion as well as in the development of this report is duly acknowledged. Thanks are owed in great part to: Dr. Haris Ahmad who developed the Multi Touch Point Sensitization Model and its related resource material; Mr. Imran Asim for the development and launching of virtual tools; Mr. Asim Nazeer for conducting the base line and impact assessment studies; Mr. Shakeel Yasin for designing of this document and other resource and visibility material; Mr. Haroon Mahmood for his support and assistance throughout the intervention; and finally Ms. Rafia Rauf for the leadership that she provided to the team and to the entire initiative.

At the end, I would like to thank all those who stood with us and played their part in ensuring that premarital/marital counselling is adopted as the critical factor for a stable and healthy marriage.

### **Dr. Amanullah**

*Chief Executive Officer*

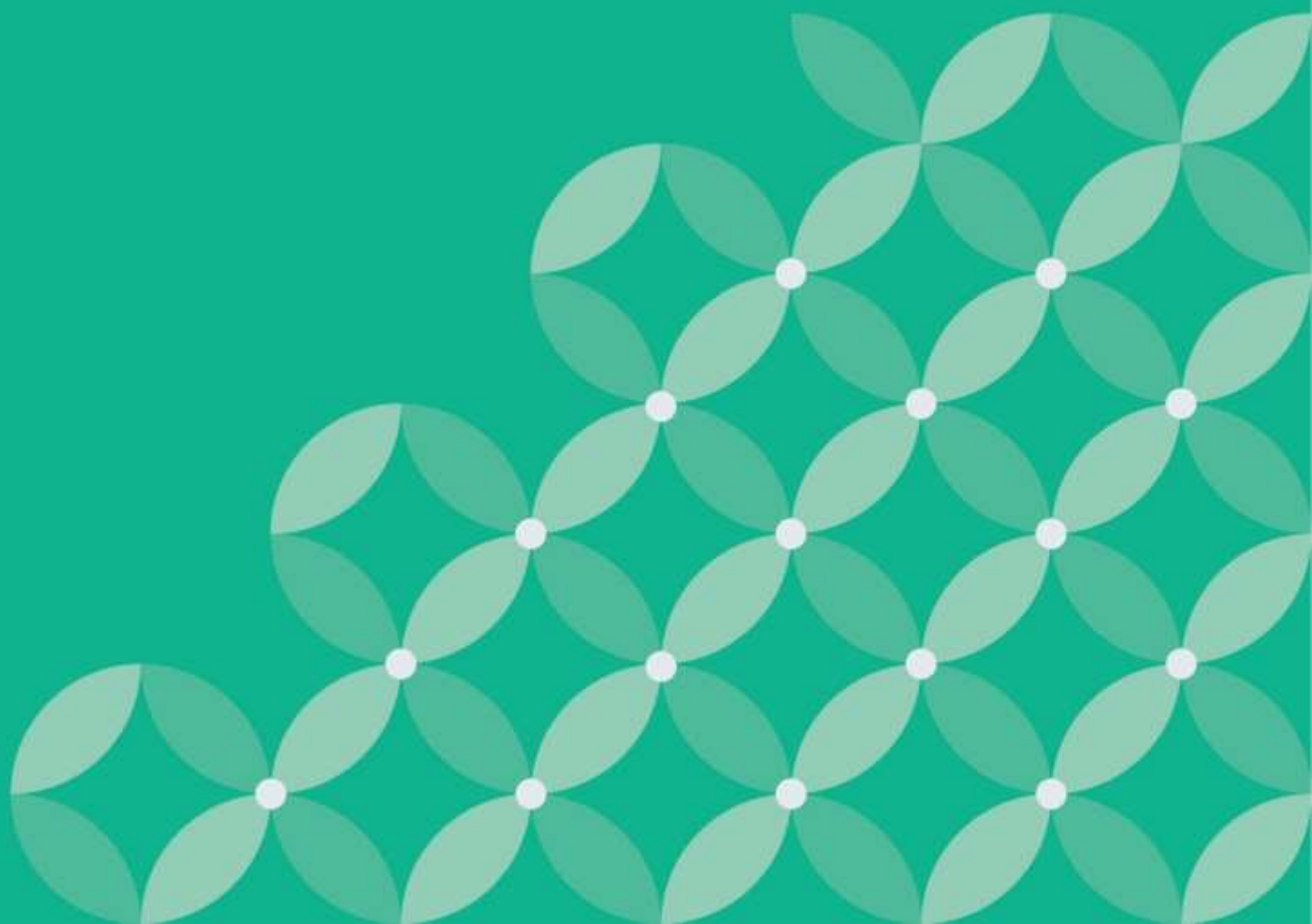
Forum for Safe Motherhood

SECTION 1

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# Introduction & Background

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## Premarital/Marital Counselling – The Why and Wherefore

Paul Popenoe (1888 – 1979), oft considered the father of marriage counselling in the United States, in his well know book, 'Marriage is What You Make It', wrote that *“most of the failure in marriage is unnecessary, and can be prevented by proper education before marriage.”*

Marriage is a special event in a woman's and man's life, and indeed in the life of their families. This is the time of hope, excitement and joyful anticipation. However, it can also be a journey into the unknown if those involved are not adequately prepared to face the many challenges this union brings with it. Post-marriage problems exist in every society; however, many developed countries have been able to alleviate these issues by ensuring that every married couple has access to premarital/marital counselling.

**Premarital/Marital counselling** is a therapy which helps a couple prepare for a long, healthy marriage. It enables them to discuss several important areas, ranging from compatibility issues and finances to children and family planning, and a lot more. It also helps couples find potential conflicting areas and equips them with necessary skills to overcome them successfully. In short, premarital/marital counselling helps couples build a robust foundation for marriage.

It is important to note that when a couple brings their history, values, culture and opinions in a relationship, they don't often match that with their partner's. There always comes a conflict in expectations and views about life. At times, people get married believing that it will fulfill their financial, social, sexual and emotional desires, but it happens otherwise. In all such cases premarital/marital counselling can play a vital role. With professional guidance a couple can strengthen their bond, enhance their communication skills, identify any conflicting areas that may come along the way, get tips for financial planning, ideas for family planning, and above all build a tolerance of opinions and an acceptance of differences.

Premarital/Marital Counselling is basically a preparation for the new life ahead. In this context it:

- allows couples to discover new things about themselves as unaddressed issues from families of origin or previous marriages are highlighted. Counselling helps uncover immaturity in one or both partners that can spell disaster to the marriage. At the same time, premarital/marital counselling directly addresses serious problems that are likely to destabilize the marriage;
- brings reality to unrealistic expectations as people often assume that their relationship is unique and perfect, and hence they will not encounter any marital problems. It also helps couples establish a positive attitude about seeking help down the road;
- helps unearth potential strengths and weaknesses as well as areas of disagreement that must be resolved by setting realistic goals and expectations. It also helps create understanding of the role and responsibilities of each partner;
- improves communication skills, conflict-resolution skills, listening skills as well as anger management which are not only crucial for a successful marriage but also for other aspects of your life;
- provides couples an opportunity to address various issues and plans for the future such as number and spacing of children, household & financial management, interaction with in-laws, roles and responsibilities of each partner, etc.

## Premarital/Marital Counselling: A Historical Reality

Premarital/Marital Counselling is not something new to the world. It has its roots in 20<sup>th</sup> century Germany. Seeing its success, the United States soon followed suit. This was also the time when the Great Depression had disturbed the cultural and social fabric of American family, and there was a strong and evident need for promoting marriage and family stability, and protecting maternal health. Consequently, the first marriage counselling institution was opened at Los Angeles in 1930. In 1932

there were only two marriage counselling centers in the United States. These continued to grow and multiply in the subsequent years so much so that by 1968 there were 1800 licensed Counselors in California alone.

Today, keeping in view the prevalent reproductive health issues, parenting, household economics, divorce rate and managing a family, every developing and developed country is adopting a policy to counsel a would-be married couple before they tie a knot so the outcomes may be different. While almost all of the *European countries* have been able to decrease their social problems through properly counselling couples, yet it remains a dream in many other countries.

*Asian countries* have also shown some positive outcomes regarding maternal health and child protection in the recent years by adopting premarital/marital counselling. This has led to improved Family Planning (FP) practices in neighbouring countries including Iran and Sri Lanka and in countries like Indonesia and Malaysia. Even countries like Cyprus, Middle East and Saudi Arabia have incorporated premarital/marital counselling approach, although it is specific to identifying congenital diseases especially for couples marrying in family. In India, premarital/marital counselling is yet to be launched at scale, whereas in China and Turkey this is a very effective program, being sponsored by the respective governments.

In the *Muslim world* at large, premarital/marital counselling is not a foreign concept. It is clearly stated on UAE's Department of Health website that a premarital medical examination is compulsory for those who plan to get married in the UAE. This premarital screening and counselling program is designed to help young couples start their new life in a positive and healthy manner, also ensuring that their progeny is safe from potential genetic disorders or other infectious diseases.

Mandatory premarital screening and genetic counselling programs have been implemented in various Middle Eastern countries to reduce at-risk marriages and thus disease prevalence. This is because inherited blood disorders are high in this part of the world. These include the autosomal inherited haemoglobinopathies, thalassemia and sickle cell disease. Premarital screening aims to identify carriers of the haemoglobin disorders, to assess the risk of having children with a severe form of disease. It is also used for identification of HIV (human immunodeficiency virus) and Hepatitis Viruses B and C (HBV and HCV). In this scenario, premarital screening and counselling plays a critical role in persuading would-be couples to get screened to detect any possible defective trait so as to reduce the incidence of a deadly disease and hence, ensure that couples have a healthy progeny. Consequently, now mandatory Premarital Screening and Genetic Counselling (PMSGC) programs to reduce at-risk marriages and thus disease prevalence, are implemented in 8 Middle East countries, namely, Turkey (1995), Iran (1997), Palestine (2000), Jordan & Saudi Arabi (2004), Bahrain (2005), Iraq (2008) and UAE (2011).

While PMSGC programs have been unsuccessful in discouraging at-risk marriages, these have however been very effective in reducing the prevalence of affected births in countries providing prenatal detection and therapeutic abortion. A case in point being that of Saudi Arabia where Premarital Screening Program was implemented for six years i.e. from 2004-09. Saudi Arabia has a high prevalence of hereditary hemoglobin disorders. Out of all men and women examined in 2004, 70,962 (4.5%) and 29,006 (1.8%) were carriers or cases of sickle cell disease and  $\beta$ -thalassemia, respectively. While the prevalence of sickle cell disease was constant between 2004 and 2009 (average 45.1 per 1000 examined persons), the prevalence of  $\beta$ -thalassemia steadily decreased from 32.9 to 9.0 per 1000 examined persons. The frequency of at-risk couples also decreased by about 60% between 2004 and 2009 (from 10.1 to 4.0 per 1000 examined persons)<sup>17</sup>.

Today, the world recognizes that it is imperative to reach out to men and women at a younger age where they can be counselled for controlling hereditary disorders by promoting early screening, discouraging cousin marriages, preventing unintended births, and promoting early adoption of modern family planning.

Considering that nearly half of the global population is under the age of 25, a global effort aimed at increasing investment in Sexual and Reproductive Health (SRH) initiatives targeting young people, such as premarital/marital counselling is indeed the need of time. In this scenario, Pakistan as the sixth most populous country in the world with a current population of over 212.22 million, a high population growth rate (2.4%) and fertility rate (3.8 per woman), and with approximately 42 million individuals aged 15-24 (51% m, 49% f) accounting for around 20% of the population thereby positioning them as the key target segment for SRH interventions, is an ideal candidate for premarital/marital counselling<sup>1,2,6,7</sup>.

## Premarital/Marital Counselling in Pakistan

According to UN Foundation's Universal Access Project, it is an individual's right to choose his/her partner, decide whether or not and when to have children, have consensual sexual relations or marriage, and seek, receive, and impart sexual & reproductive health education, either pre or after marriage<sup>11</sup>.

Pakistan's reproductive health landscape is engulfed with social taboos and marked with lack of formal reproductive health education. While adolescents and young adults do have some knowledge of SRH issues – with males being relatively more knowledgeable than females, such as about puberty (68% m, 58% f), pregnancy (55% m, 43% f), family planning (62% m, 50% f) and sexually transmitted infections (56% m, 44% f) – a large majority still needs clarification on their concepts and perceptions<sup>12</sup>.

There are also numerous cultural practices in Pakistan which violate sexual and reproductive health of young individuals in Pakistan. Despite various laws being present which protect SRH, cultural norms continue to influence implementation of such laws. For example the legal age of marriage according to Muslim Family Law Ordinance (1961) is 16 for female and 18 for male but cases of child marriages continue to be reported, with UNFP reporting 3% girls getting married before they are 16. Early age marriages bring their own batch of problems with 35% getting married before 18 years of age, and 54% by 20 years, according to UNFPA<sup>13,14</sup>.

Majority of newly married couples are also unprepared to deal with issues related to sexual and reproductive health. Many couples end up having children in the first year of their marriage due to lack of knowledge as contraception is not discussed prior to marriage. Prevalence of contraceptive usage is alarmingly low among youth in the country with only seven percent of 15-19 aged married women of reproductive age (MWRA) using a modern contraceptive method<sup>2</sup>. Prevalence is slightly higher in the 20-24 group at 15%, but it is still 11 percentage points lower than the national Contraceptive Prevalence Rate (CPR)<sup>2</sup>. The average age at marriage is 19 in Pakistan, and as evidence has shown, awareness of contraceptives is low at that age which is why women do not adopt family planning until they have already had two to three children<sup>2</sup>. According to the Pakistan Demographic and Health Survey (PDHS), 81% married women aged 15-19 and 59% married men aged 15-19 are not exposed to any kind of family planning messages disseminated by different types of mass media i.e. radio, television and newspaper/magazine<sup>10</sup>. Furthermore, it was reported that only 32% of married women aged 15-19 were exposed to messages related to use of contraceptives. Added to this scenario is the fact that often there is family opposition to contraception, despite the couple's own wish to postpone pregnancy.

Most of the marriages in Pakistan are arranged which may later result in psychological disturbances that occur from inequality in social and financial status, education, nature of employment, earning capacity, previous marriages and children and a joint family system. Moreover, nearly 50% of these marriages are consanguineous, which results in increased autosomal recessive disorders like  $\beta$ -Thalassemia, RH factor incompatibility, causing natal morbidity and mortality<sup>16</sup>.

Added to this are the challenges brought in by increased modernization contributing to lack of communication, weakening personal relationships, and a constant struggle for economic resources,



which have augmented the matrimonial issues of people in Pakistan. According to a survey done by Gallup Pakistan in 2010, 48% people believe that divorce rates have escalated in the country. Majority of these people see this increase as a direct result of lack of patience between the partners.

In the given scenario, where matrimonial issues are skyrocketing, premarital/marital counselling can play a vital role in promoting healthy relationship of couples while also improving their health outcomes. As one of the most cost-effective strategies available in the realm of public health, premarital/marital counselling will help ensure that couples have a better chance for a stable and satisfying bond. Interestingly, in a study conducted in Karachi in 2021 for assessing the awareness of premarital counseling among undergraduate students, it was found that 76.3% students believed it to be beneficial, and 79.3% students thought that it can bring down the divorce rate<sup>16</sup>. From this it appears that the country's youth at large recognizes the importance of premarital/marital counseling as a beneficial tool for improving the overall health outcomes of both individuals as well a couples.

Given the above, the Government of Pakistan at the highest national forum of Council of Common Interest (CCI), has drafted a set of recommendations that include implementing premarital counselling at large through different forums. The CCI approved recommendations are a set of interventions in eight focused areas with further specific action points for each. One of the actions points to a CCI recommendation is to ensure provision of mandatory premarital Family Planning & Reproductive Health (FP&RH) services by all general health care facilities in the public and private sector; Lady Health Workers (LHWs) to provide family planning, ante-natal and postnatal counseling and contraception services on priority basis; and making premarital counselling mandatory for Nikah registration.

The section below documents the different measures taken by the provincial and national governments as well as the various development partners for the realization of CCI recommendations.

## Policy Level Interventions:

In **Punjab**, a summary for amendment in the Early Child Marriage Restraint Act, and mandatory premarital counselling has been initiated by the Local Government and Community Development Department. Moreover, premarital counselling has been made mandatory at Adolescent Centers across Punjab.

Whereas in **Sindh**, the 'Reproductive Healthcare Rights Bill 2019' has been passed to promote reproductive healthcare rights of women and men as well as to redress the complications related to pregnancy and childbirth. Premarital counselling also forms part of this bill.

In **Khyber Pakhtunkhwa**, FP&RH Bill is being vetted by the province's Law, Parliamentary Affairs and Human Rights Department, of which premarital counselling is a part. The province's Population Welfare Department (PWD) has also undertaken a pilot initiative whereby premarital counselling was made part of the Nikkah Registration Form in two districts, Abbottabad and Kohat.

No tangible measures have been taken so far in Balochistan, Gilgit-Baltistan, and Azad Jammu and Kashmir in this context.

## Facilitating Service Providers:

At the **national level**, United Nations Fund for Population (UNFPA) in collaboration with Ministry of National Health Services, Regulation & Coordination (MoNHSR&C) has developed a Module of Premarital Counselling & Family Wellbeing for Service Providers. The module provides vital information to engaged couples about marriage and how they can live in harmony with in-laws. It also covers information about male and female sexuality, healthy timing and spacing of pregnancy, caring for family (especially children's health) and tips on home management.

The module is intended for use by trainers/service providers as part of comprehensive premarital counselling training in planned parenthood. It is designed to be used by service providers to train Lady Health Workers (LHWs)/Lady Health Visitors (LHVs), Family Welfare Workers (FWWs)/ Field Technical

Officers (FTOs), others and Khateeb/Ulemas. The purpose of this training module is to produce competent health care providers who can efficiently assess clients' needs and give effective premarital and family planning counselling.

The Module is endorsed by the Ministry and training of trainers in Islamabad Capital Territory and KP has been initiated. In August 2021, 52 participants hailing from 10 districts in KP were trained as Master Trainers in Swabi. These included District Population Welfare Officers (DPWO), Demographers, District Health Officers (DHOs) and Assistant District Health Officers (ADHOs).

In **Punjab**, the Population Welfare Department (PWD) has also developed a similar training module, using UNFPA's premarital training manual as the base document. FPAP, Aurat Foundation and Bedar facilitated the department in developing this manual. The model was piloted in some areas of Lahore. Following which PWD has notified all Counsellors appointed at the 17 Adolescent Centers across Punjab to provide counselling to potential couples using this manual. PWD is currently in the process of establishing 20 more Adolescent Centers in the province.

### Engaging Religious Leaders:

In **Punjab**, PWD has developed a Counselling Manual on FP&RH. Ulemas have been trained on this manual and PWD is following up on its implementation.

In **Khyber Pakhtunkhwa**, PWD has also developed a training manual on FP&RH for Ulemas and is providing incentives to them for using its learnings at their Friday Sermons.

In **Balochistan**, under a pilot project, 400 Community Workers and Ulemas in 2 districts stand trained in premarital counselling before Nikah Registration.

### Embedding in Education:

In **Sindh**, Life Skills Based Education (LSBE) module was developed by a local organization Aahung. This was later approved by the Government of Sindh and its modules are now included in the curriculum for Classes 7<sup>th</sup> & 8<sup>th</sup> by Sindh Textbook Board. More than 3,000 teachers across Sindh have been trained on this.

Similarly in **Punjab**, Family Planning Association Pakistan (FPAP) in collaboration with International Planned Parenthood Federation (IPPF) has modified /updated their own and Aahung LSBE modules to a certified online course. This is endorsed by Punjab Government. FPAP has also recently launched an audio/visual version of LSBE module that will be uploaded on Youth Mobile Application of Government of Punjab and on the Mobile Application of FPAP.

Aspects pertaining to premarital counselling are present in both these modules, thereby ensuring that young people who in a few years will be embarking on this journey are fully aware of its pre-requisites, and are also adequately prepared for addressing its many challenges.

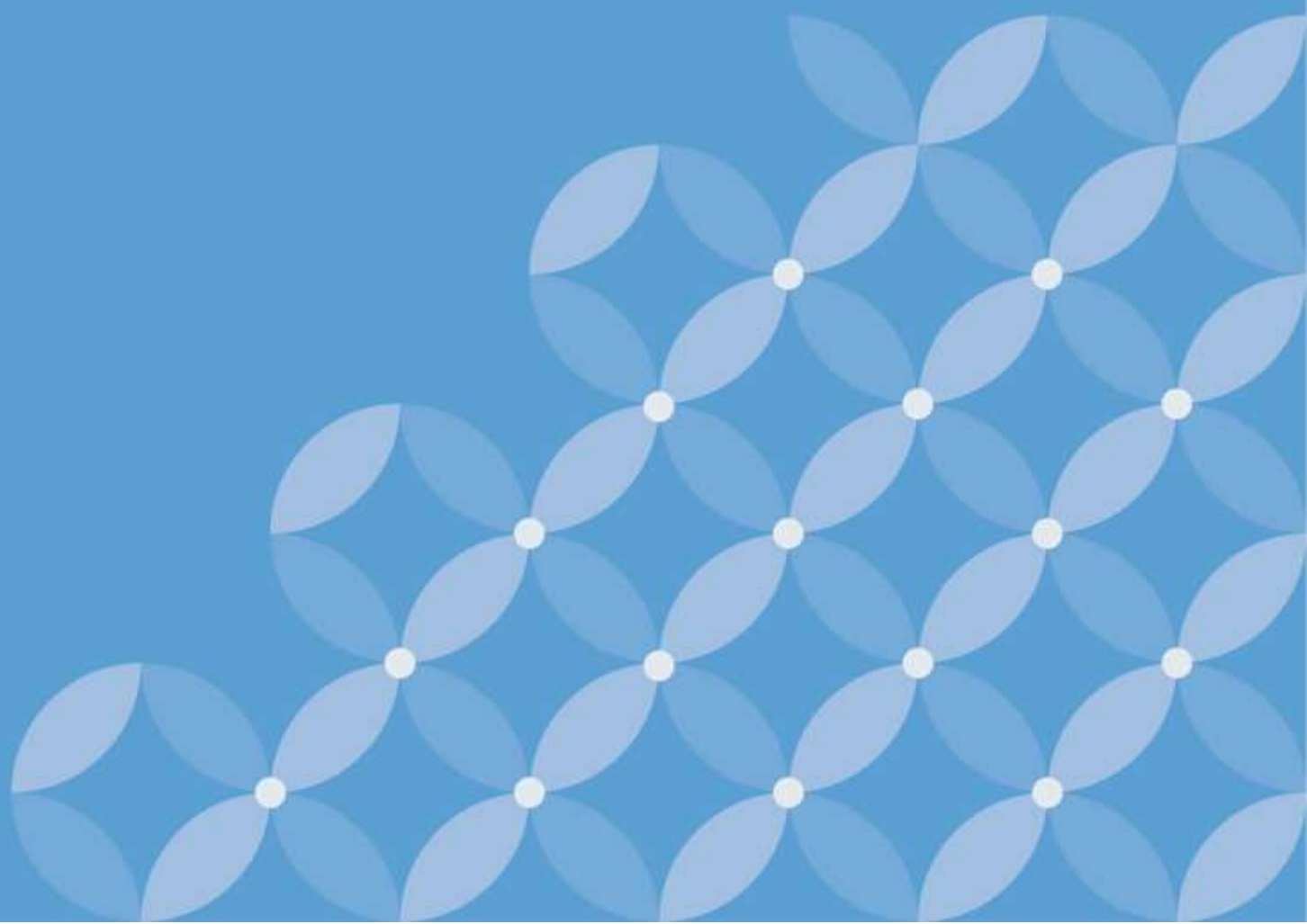
However, with the exception of Punjab and Sindh, LSBE is not available in other provinces/regions of the country.

SECTION 2

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# Process

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## Overview

In early 2021, World Health Organization (WHO) commissioned a Scoping Review for inclusion of family planning in premarital counselling in Pakistan. Undertaken by the Population Centre Pakistan (PCP), the review aimed at assessing the perspective of key stakeholders on introducing premarital counselling in Pakistan, its feasibility, acceptability and political will. In the process, premarital/marital counselling practices in countries with comparable socioeconomic conditions and religious and cultural traditions were also looked into so as to identify global evidence of what has worked elsewhere.

Building on the findings of that work and in an attempt to take these forward, WHO engaged Forum for Safe Motherhood to:

- a) Develop a well thought out premarital/marital counselling model that can be easily implemented in Pakistan;
- b) Develop and test a multi-pronged net-based virtual intervention which is based on the above-mentioned model.

The underlying aim of the entire initiative being to facilitate young people who are either about to start married life or are recently married, in obtaining information and services for better health outcomes, fertility, pre-conception care, pregnancy, and use of family planning.

This section documents the process adopted by Forum for the achievement of above-mentioned aim & objectives.

## Process

### I – Inception Meeting:

At the very launch of the initiative, a meeting was held with the senior officials of the Population Planning Wing (PPW), Ministry of National Health Services, Regulation and Coordination (MoNHSR&C) and WHO. The objective of this was to create interest, initiate involvement and ensure buy in of the key stakeholders in the planned initiative.

In the said meeting held on August 27, 2021, need for premarital/marital counselling was highlighted. In particular, work done on this front within Pakistan, at the national and provincial level, was brought forward and areas requiring further attention were identified. Finally taking into consideration what has been achieved so far and what is contextually possible, a strategic framework for the development of a premarital/marital counselling model that helps align all the work into a cohesive whole was put forward.



The meeting was successful in garnering interest and approval in the relevant quarters. More importantly, it enabled the organization to finalize the project's very roadmap & implementation plan in accordance with the input received at this forum and the consensus developed thereat.

(Inception Meeting Report is given at Annex-A).

## II – Development of Model & Virtual Tools:

Following the guidelines provided in the Inception Meeting, Forum commenced work on the development of the premarital/marital counseling model and the net-based virtual intervention, which essentially comprised of a web based portal and a mobile app. For the purpose the following three activities were undertaken in a parallel manner and initiated at around the same point in time:

### a. Primary and Secondary Research:

This comprised of both desk research as well as consultative meetings and discussions with relevant government officials and key development partners.

The **Secondary Research** was focused on the review & analysis of premarital/marital counselling practices in neighboring countries with comparable socioeconomic conditions and religious and cultural traditions, with the objective of identifying key features of a model of premarital/marital counselling in Pakistan that is aligned with global practices. In this reference, special reliance was placed on the "Scoping Review on Inclusion of Family Planning in Premarital Counselling in Pakistan" developed by PCP. From its analysis, some premarital/marital counselling models being followed by a few neighboring countries of Pakistan were narrowed down with a view of understanding their strategy, determining their effectiveness, understanding the role played by the state in introducing them at the country level, and the challenges encountered in having these embraced and adopted by the community at large.

(A comparison matrix of these models is given at Annex-B).

An analysis of research done at the local/regional/international level on premarital/marital counselling programs was also carried out to benefit from their given recommendations.

(A meta-analysis matrix documenting effectiveness of premarital/marital counselling programs is given at Annex-C).

In addition, an attempt was made to identify the work already carried out in Pakistan with regards to premarital/marital counselling and to undertake its comprehensive and critical review with the objective of utilizing the learnings for informing the process of development of both model and the net based virtual intervention.

(List of Documents reviewed and websites visited during this secondary research is given at Annex-D).

The above effort was supplemented by **Primary Research** which constituted of a series of consultative meetings (both online and in person) with different relevant individuals such as: District Health Officer, Islamabad; Additional District Health Officer, Islamabad; Deputy Director MNCH, Khyber Pakhtunkhwa; LHW Coordinator, Khyber Pakhtunkhwa; Director Health Services, Baluchistan; Additional Secretary, PWD Punjab; and Dr. Talib Lashari, Technical Advisor PWD Sindh.



In this context, the opportune holding of Country Engagement Working Group (CWEG) meeting at around the same time provided the Forum with an opportunity to bring forward its ongoing work on premarital/marital counselling in front of a larger audience comprising of senior officials of Health and Population Department from all across the country, engage with key stakeholders, and obtain their expert opinion and guidance.



This entire research exercise played a critical role in helping Forum develop the overall framework as well as specific components of the premarital/marital counselling model, as well as finalizing the content and focus of the net based virtual intervention.

**b. Baseline Survey Report:**

To gauge the knowledge and understanding of our predominantly youth target audience regarding reproductive health, and also to identify their preferred medium and aspirations for better adaptation of the content, attractive designing of different products, and overall effective positioning of the virtual tools, a baseline survey was carried out.

Conducted in the Islamabad Capital Territory, this survey exercise adopted a mix of tools. A total of 15 In-depth Interviews (IDIs) were conducted with 16 respondents (9m, 7f) with ages ranging from 16-24 years. 04 Focus Group Discussions (FGDs), two each with male and female

respondents were also organized in educational institutions with a total participation of 30 (16 m, 14 f). One FGD was also arranged at the community level with 09 youth participants. Finally, 02 interviews were held with elderly respondents (parents) to validate the information obtained through youth centered FGDs.

This baseline survey culminated in providing information about youth’s level of understanding & interest in premarital/marital counseling; their internet & social media usage habits & current trends, and their expectations from online tools developed for the purpose. The topline findings from this exercise were considered in the development of the premarital/marital counselling model; and incorporated in the initial planning and development of the virtual tools. These also served as guidelines for strategizing the social media promotional campaign in accordance with youth’s social media consumption habits.

(Baseline Survey Report is given at Annex-E).



### c. South-South Learning Exchange (SSLE):

In the spirit of benefiting from regional experiences and learnings, for the introduction of premarital/marital counselling in Pakistan, a series of South-South Learning Exchange (SSLE) meetings were held.

Organized with the support of WHO and guided by its ‘Step-by-Step Guide to South-South Learning Exchange’, a series of 3 hybrid meetings were held. Of these the first served as an introductory meeting in which the process and envisaged benefits of SSLE were communicated. In the second meeting representatives from Sri Lanka, which boasts successful implementation of premarital/marital counseling at a national scale, shared



their premarital/marital counselling model, the modus operandi adopted for its implementation and the challenges faced in the process. In the third and final meeting, representatives from several other countries such as Nepal, Nigeria and Uganda presented their work on premarital/marital counselling.

These meetings provided Forum with the ideal opportunity of multi-directional sharing of both explicit and tacit knowledge. In particular, the strategy adopted by decisionmakers of different countries for introduction and acceptance of premarital/marital counselling at mass scale, and the focus of their premarital/marital counselling frameworks provided Forum's team with key insights that guided the process of model development.

The above given exercise resulted in the development of Aghaaz – a Multi-Touch-Point Sensitization (MTSP) Model of Premarital/Marital Counselling, as well as the designing of virtual tools (i.e. Web Portal and Mobile App) under it.

### III – Consensus Building Meeting:

Held on October 4, 2021 at the office of PPW, MoNHSR&C and attended by senior officials from the Wing as well as key development partners, this meeting was arranged by the Forum to present its premarital/marital counselling model by the name of 'Aghaaz'.

The given model identified the different avenues for providing counselling to young people, and chalked out the required next steps at different levels for the same. The fact that the development of this model was not only informed by the work done by other partners in this domain but also built on it, was particularly highlighted in the meeting. In addition, the manner in which virtual tools will be used for taking the collective learnings in the area of premarital/marital counseling to the target population was also brought forward. In this context, the fact that all work done so far will be centralized on the virtual platforms for ensuring ease of access and avoiding duplicity, was also underlined.

The meeting was successful in developing consensus on the proposed strategy by all concerned, as well as in obtaining endorsement for Aghaaz Premarital/Marital Counseling Model from the office of PPW, MoNHSR&C. In addition, agreement about the design and layout as well as placement and hosting of the virtual tools (Web Portal & Mobile App) on the Ministry's website, was also reached.

In the meeting, the need for compilation/organization of relevant resource material for ensuring provision of premarital/marital counseling by different entities at different points of time in a young person's life, was also stressed. Forum was advised to assemble the required material and share it, along with the virtual tools, with national level stakeholders for review and input.

(Minutes of the Consensus Building Meeting are given at Annex-F).





## IV – Development & Promotion of Virtual Tools:

For providing youth with online premarital/marital counselling, **development of Web Portal and Mobile App** were focused upon.

The **Web Portal** was designed as a self-paced, self-guided, self-learning platform using a medley of options, such as downloadable information material, interview clips from experts with each focusing on a specific area/theme covered under premarital/marital counseling, infographics, message banners, FAQs and helplines, to equip those interested with



realization and knowledge of planned parenthood and related sexual & reproductive health matters. The fact that the portal would have an interactive user interface which is easily accessible on computers and tablets, and that it will have its own social media pages such as Facebook, Instagram, Twitter, etc. was also ensured during its development.

Whereas, the content for the portal was primarily extracted from ‘Module of Premarital Counselling & Family Wellbeing for Service Providers’ as developed by UNFPA and approved by MoNHSR&C, as well as relevant material developed and published by WHO. Due to target segmentation and special focus on youth, only the core topics relating to the key findings of the rapid assessment were finalized for the portal. These included adolescence, marriage, pregnancy, HTSP (Birth Spacing), parenting and home management. All content was tailored to ensure easy comprehension with a breakdown of all key features on the subject matter knowledge.

In addition to the portal, a **Mobile App** was also developed for increasing accessibility. For the purpose Cross Platform Application Development was utilized so as to make it compatible with both Apple and Android operating systems. In terms of layout and content, the App served as the mirror image of the Portal.



Both Web Portal and Mobile App have been hosted online. The web portal has been hosted on the World Wide Web under the domain of [www.aghaaz.com.pk](http://www.aghaaz.com.pk) for a period of 1-year, which is further extendable. Whereas, the App is being uploaded on Google Play store and App store respectively. The duration for this is also one year, which is also extendable. At present it can be downloaded directly from the following link: [www.aghaaz.com.pk/aghaaz.apk](http://www.aghaaz.com.pk/aghaaz.apk)

Both the virtual applications along with their content management system and codes/credentials will be handed over to MoNHSR&C for incorporation onto their web pages and app stores accordingly.

Following development, focus was placed on the **promotion of Web Portal and Mobile App**.

Due to the digital nature of the virtual products, social media was a natural choice for launching the promotional campaign as product promotion and point of sale both exist on the same platform.

In this, the communication strategy adopted was based on positioning Aghaaz as a youth friendly brand that is ready to address almost all major concerns on youth-based problems including premarital/marital counselling, sexual and reproductive health. The strategy evolved around a series of direct messages with a high ‘call for action’ appeal, while positioning Aghaaz counselling as the basis for a healthy and happy married life.

Upon finalization of the virtual applications, a soft launch was held on November 23, 2021 which also signaled the launch of the promotional campaign. Aghaaz brand was launched on leading social media

platforms including Facebook, Instagram and Twitter. The colorfully designed promotional campaign aimed to create awareness, engagement and dialogue amongst the youth. The duration of the campaign was one month, with one post on daily basis across all three platform, and included a host of static posts (information based and typographic), video messages from experts and blogger engagements. In short, the outreach strategy was based on the approach of reaching out to all point of contacts where target audience can be engaged.

Due to the online nature of social media, Google analytics was used to gauge campaign's reach. Weekly reports were compiled on extensive analytical and comparative analysis on performance of content, strategies, campaigns, and events on all digital platforms. It is to be noted that the Social Media Promotional Campaign is still ongoing and will culminate by end-December, 2021 however, till mid-December more than 250,000 people have been reached through it.

(Report on Development & Promotion of Virtual Tools, as well as the latest Social Media Analysis Report are given at Annex-G).

## V – Compilation of Resource Material:

As per the guidance provided by PPW, MoNHSR&C, Forum commenced work on the compilation of resource material. In line with the touchpoints put forward in the model, following material was put together:

1. Handbook for Couples (In Urdu)	To sensitize a prospective or newly married couple about the union of marriage and what it entails, in both the short and long term.
2. Training Module for Mother-Daughter Counselling (In Urdu)	To facilitate LHWs in conducting mother-daughter counselling sessions in which questions & discussion about RH is encouraged.
3. Handbook for Religious Leaders (In Urdu)	To enable Religious Leaders to provide premarital/marital counselling. It caters to different faith-based approaches to the subject.
4. Handbook for Village Health Committees – VHCs (In Urdu)	To guide members of VHCs on providing premarital/marital counselling, and disseminating RH related information to young people.
5. Handbook for Civil Society Organizations – CSOs (In English)	To inform CSO members on what they need to know regarding premarital/marital counselling and how this information can be used to educate couples.

For the development of these handbooks, reliance in terms of content was primarily placed on relevant material available from MoNHSR&C, UNFPA, WHO, Aahung, and Aman Healthcare Service (Sukh Initiative). All 5 Handbooks are available on [www.aghaaz.com.pk](http://www.aghaaz.com.pk)

(All 5 Handbooks are given at Annex-H).



## VI- National Consultative Workshop:

For sharing Aghaaz – the Multi-Touch-Point Sensitization (MTSP) Model of Premarital/Marital Counselling as well as the virtual tools and resource material developed under it – at the national level, a Consultative Workshop was organized on November 23, 2021.

The workshop was attended by relevant senior government officials from the provinces as well as Azad Jammu and Kashmir (AJK) and Gilgit Baltistan (GB) regions, key development partners, members from the academia and research institutions, leaders of different religious faiths and members of the media, with the Director General, PPW, MoNHSR&C serving as the Chief Guest.

Designed to generate discussion and debate on the resource material and virtual tools through group work, the workshop resulted in comprehensive review and in-depth feedback by the participants. The event enabled Forum to not only create awareness at a national scale about its groundbreaking and innovative work on premarital/marital counselling, but more importantly to ensure that all material used under it and also shared through the virtual tools, would be finalized with the input and consensus of all concerned stakeholders.

(Report on the Workshop is given at Annex-1).



## VII – Impact Assessment:

Following the launch of virtual tools, an attempt was made to assess their efficacy and effectiveness as well as their acceptance among youth in terms of their usefulness and authenticity. For the purpose an impact assessment was carried out.

For the purpose, feedback received from different social media sites on the portal and app was taken into consideration. In addition, four FGDs (02 boys and 02 girls) were conducted in educational institutions with a total participation of 29 males and 36 female participants. In these, the participants were first provided an orientation on the virtual tools and then after a week's time, their feedback on the given content/features and the level of improvement in their understanding vis a vis premarital/marital counselling was assessed.

The impact assessment showed up to 90% knowledge building regarding all touch points of the virtual tools, thereby rendering them as an ideal fit for providing premarital/marital counselling to young people.

(Impact Assessment Report is given at Annex-J).





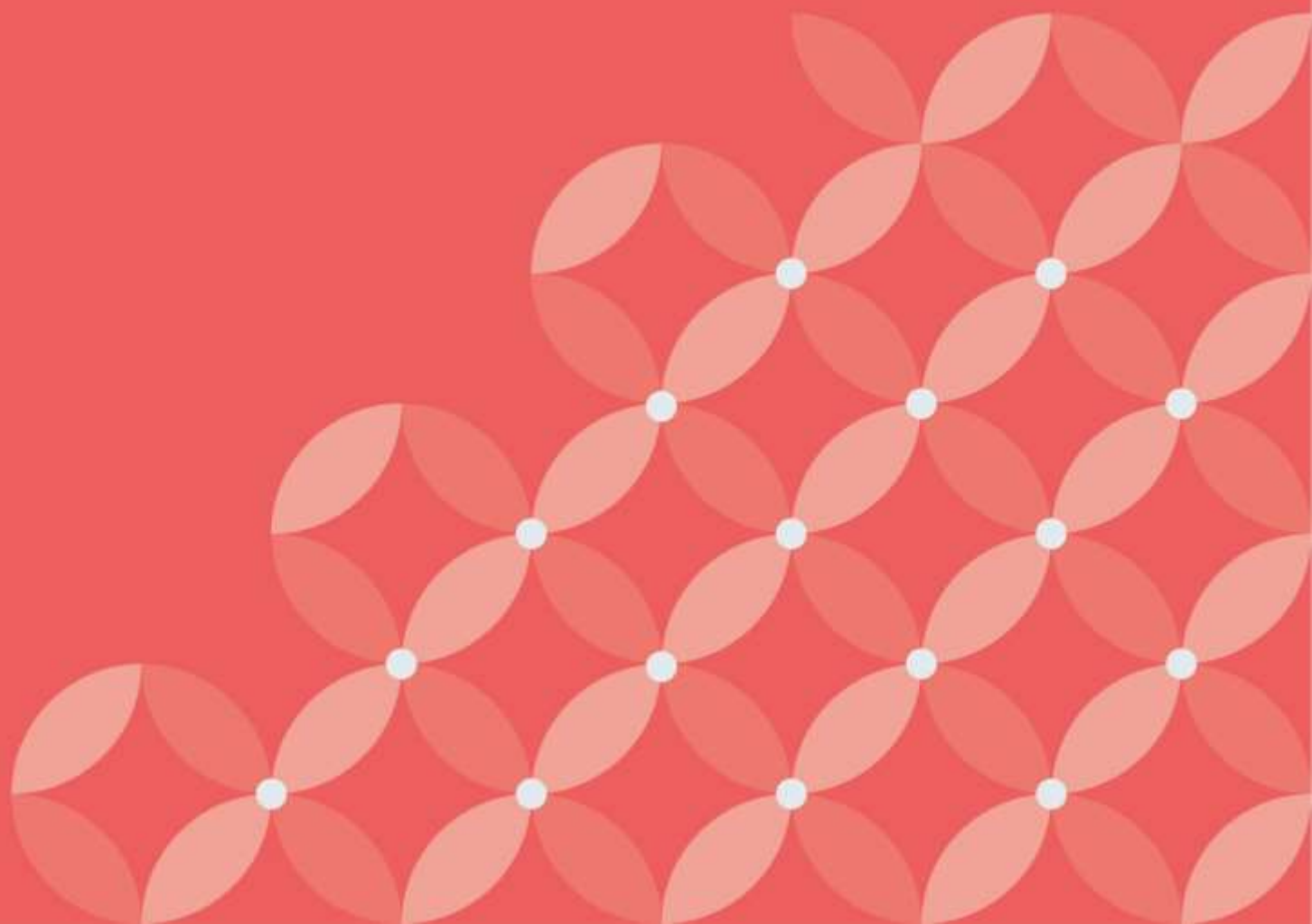
SECTION 3

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# Aghaaz

A Multi Touch Point Sensitization Model for  
Premarital/Marital Counselling

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# **Aghaaz The Brand**

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Aghaaz is an Urdu word that means 'Beginning'.

Marriage is a starting point of a lifelong journey that requires planning and guidance. The word Aghaaz has been used to depict this new beginning. The concept being that as a journey it is one that has to be wisely planned so as to meet the many challenges that such a union entails.

## Logo

The overall look & feel of the Aghaaz logo has been kept bright and attractive to create a sense of positivity and entice engagements and call to action on the part of the target segment i.e. youth.

The Aghaaz logo consists of two dominating colours – Golden Yellow & Pakistan Green.

The Golden Yellow represents prosperity, wealth and quality of life that is highly essential for a decent household and lifestyle.

The Pakistan Green colour depicts growth, freshness, fertility, and environment, which are all key attributes of a healthy relationship.



## Logo's Symbolism & Typography:

The two inter-connected rings in the logo are symbolic of the mutual understanding and goals that a married couple needs to develop in a relationship.

The difference in colours of the rings depicts the individual identities that go hand in hand towards a mutually beneficial relationship.

The typeface of the logo is kept sleek to complement the dual languages as the word appears both in English and Urdu. The English font used is 'Brand Regular' while Urdu is a 'Calligraphic style'.

Subjective typeface and colour have been kept 'neutral gray' to stand out of the clutter and without leaving room for brand assumption or imagination. It defines that product with a very direct approach.



## Relatability:

The overall logo impression represents the connection that two people develop through the institution of marriage. The concept of long-lasting marriage is highlighted through the inseparable rings that are symbolically exchanged at the time of marriage.

The logo further reveals the concept of togetherness through the interconnected rings which depict the true essence of a marriage.

The word Aghaaz is a common word in Urdu language with a single meaning hence it will always relate to a new beginning and the brand impression will remain in line with the key brand attributes that include:

Knowledge – Accessibility - Prosperity – Confidence – Supportive - Guidance

### Tagline:

The Aghaaz tagline represents the overarching brand shout which in case of premarital/marital counselling must offer an individual as well as collective call to action and appeal.

صحت مند ابتداء، صحت مند معاشرہ

Since the core outcome of premarital counselling is enhanced awareness and knowledge which leads to a healthy beginning, while on a collective level it is bound to improve the overall wellbeing of society.

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# **Aghaaz**

# **The Theory of Change**

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Aghaaz is grounded in a Theory of Change (ToC) that describes why premarital/marital counselling will be effective. It demonstrates how the envisaged change will take place in the short, medium, and long term to achieve the intended impact of a healthy married life.

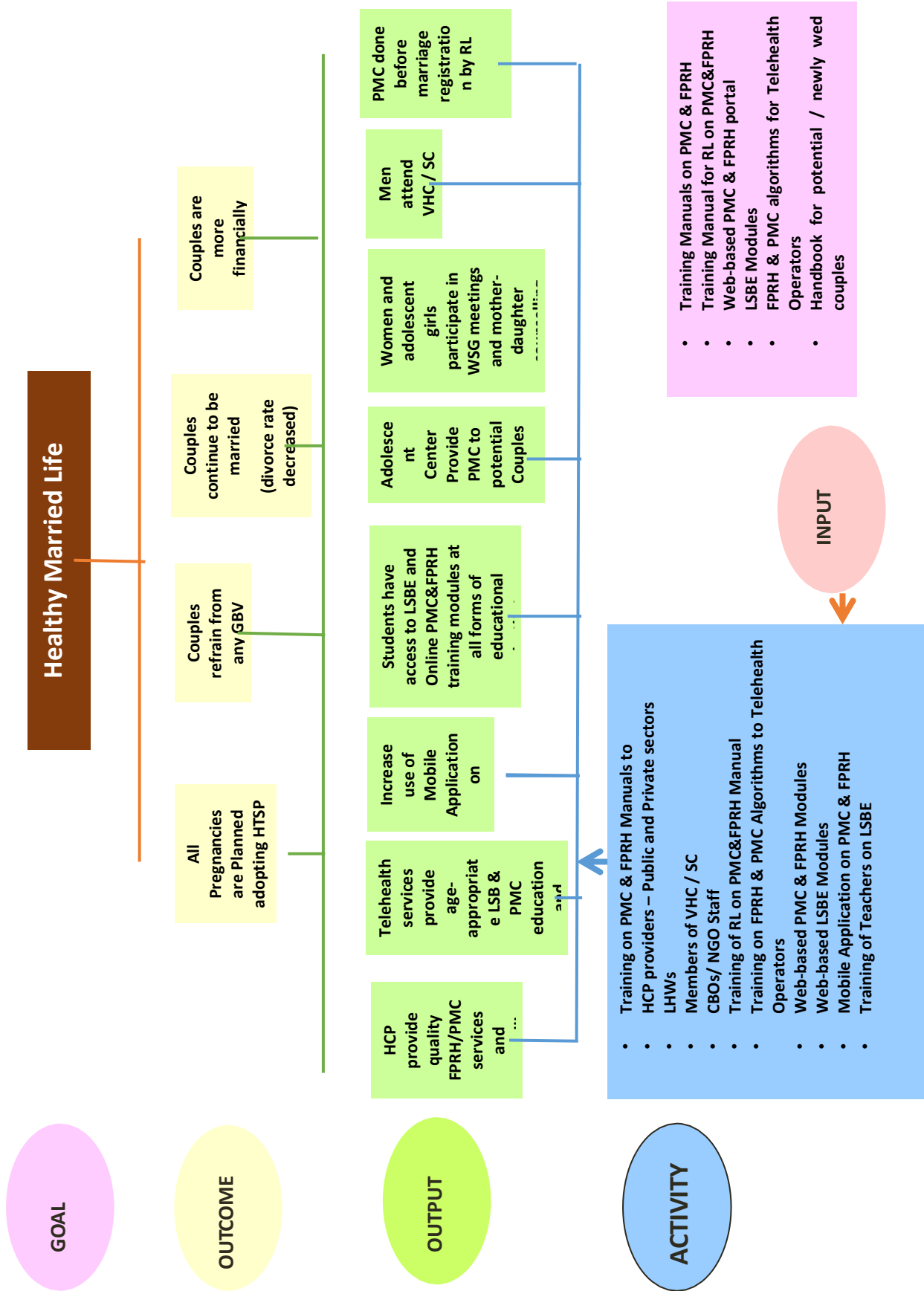
The theory explains the process of change by outlining causal linkages and mapping identified changes. It shows outputs and outcomes in logical relationship to all the others, as well as in a chronological flow.

Following steps were taken while developing ToC for premarital/marital counselling:

- a. **Goal:** First step was identifying the desired long-term goal and then working back from there.
- b. **Outcomes:** The next step was identifying all the conditions (outcomes) that must be in place, and how these relate to one another causally, for the goal to occur. These are all mapped out in an Outcomes Framework.
- c. **Outputs:** Outputs were identified by tracking back. These are tangible and intangible results of planned activities.
- d. **Activities:** Both Outcomes and Output Framework provided the basis for identifying what type of activity or intervention would be needed as precondition for achieving the long-term goal.

Through ToC, the precise link between activities and achievement of the long-term goal is more fully understood. This leads to better planning, in that activities are linked to a detailed understanding of how change happens. It also leads to better evaluation, as it is possible to measure progress towards the achievement of longer-term goals that goes beyond the identification of program outputs.

The given theory of change was developed at the outset and played a critical role in designing and planning the model.



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# **Aghaaz Resource Analysis**

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Multi-touch attribution is a marketing effectiveness measurement technique that focuses on having multiple touch points or more than one type of interaction available for the potential buyer with a business.

In the domain of premarital/marital counselling, Multi Touch Point Sensitization (MTPS) Model ensures that a potential couple or newly married couple has access, at every point of interaction, to premarital/marital counseling and information. The multi touch point model is holistic in nature and is represented by the flow chart as follows:

## Multi Touch Sensitization Method



The section given below presents a comprehensive analysis of the kind of resources that are required to reach the individual at various touchpoints. It identifies those that are available and those that are not and are consequently being developed under Aghaaz.

### I – Individual Level:

Under MTPS, the suggested strategy for reaching out to young people at an individual level includes:

#### a. Handbook:

Different approaches are suggested to engage young people in understanding the importance of sexual and reproductive health including premarital/marital counselling. Among them development of premarital/marital counselling based handbook is prominent.

**Regional Practices:** The Mabrouk! ("Congratulations!") initiative in Egypt was designed to raise awareness and discussion among young married couples around premarital/marital counselling, antenatal care, safe delivery, postpartum care (maternal and child health and family planning), and infant health, and to create sustainable social change related to health practices across the stages of family life.



**Practices in Pakistan:** In Pakistan, UNFPA and PWD Punjab have developed a training module for adolescent centres. The developed module covers several important topics such as marriage, pregnancy, antenatal care, use of contraceptives, Healthy Timing and Spacing of Pregnancy etc. However, its reach is limited to only those who visit these centre themselves.

**What is being done:** To sensitize a couple, Forum has developed a handbook specific to premarital counselling under Aghaaz. The main objective of this handbook is to enlighten a couple about the major challenges that might come along their way. For this purpose, an Urdu version of handbook has been drafted initially which will then be translated into regional languages. The layout of the handbook is in text with pictures.

#### a. Mobile Application:

Over the years, technology has revolutionized our world and daily lives. Additionally for youth, technology has created amazing tools and resources, putting useful information at their fingertips.

**Regional Practices:** Mobile application regarding premarital counselling is not available anywhere globally.

**Practices in Pakistan:** There is no such initiative in Pakistan.

**What is being done:** People now find it easy to get the answers online instead of going to the doctor physically. Keeping this in mind Forum has under Aghaaz developed a Mobile App through which a potential or newly wedded couple can have easy access to matters pertaining to sexual and reproductive health.

#### b. Telehealth Services:

Tele health provides access to resources and care for patients in rural areas or areas with provider shortages. It improves efficiency without higher net costs, reduces patient travel and wait times, and allows for comparable or improved quality of care.

**Regional Practices:** There is no specific global evidence available for Telehealth services on premarital/marital counselling, however internationally national helpline services do provide some basic information and referrals on this subject.

**Practices in Pakistan:** Tele health services developed by Aahung as part of Sukh Initiative as well as some others are in practice in Pakistan, but they are not specific to premarital counselling.

**What is being done:** As part of multi touch point sensitization model, telehealth guidelines specific to premarital counselling need to be developed so that anyone who needs help regarding premarital information can be facilitated.

## II – Institutional Level:

Following interventions are suggested at academic/institutional level starting from secondary high school onwards going through universities:

#### a. Life Skills Based Education including Premarital Counselling:

To capture majority of youth, Government of Pakistan in the CCI recommendations has suggested to incorporate LSBE modules in regular curriculum. If this happens, majority of students will get knowledge about marriage and the planning it entails. Subsequently this sensitization will enable them to prepare themselves mentally.

**Regional Practices:** Sri Lankan Ministry of Education focuses on curriculum based Comprehensive Sexuality Education (CSE) aimed to equip children and young people with knowledge and skills that encourage positive attitudes, values and behaviors that will empower them to realize their health, well-being, and dignity; and develop respectful choices about sexual relationships.

**Practices in Pakistan:** LSBE modules developed by UNFPA and PWD Punjab can serve the purpose well. Furthermore, Sukh Initiative by Aahung has also developed a similar kind of model that focuses primarily on maternal health issues alone.

**What is being done:** The suggested multi touch point sensitization model advocates a holistic approach. Since LSBE modules have been developed by different partners and endorsed by provincial governments, like the Aahung LSBE Module is approved by Sindh Textbook Board



and is being taught in schools across Sindh. Similarly, Punjab Population Welfare Department, in collaboration with FPAP has developed a LSBE module which is now available online. Consequently, reliance on the same is being endorsed under the MTPS Approach.

- b. **Web Portal:** It is an emerging but valuable tool for healthcare needs, since web-based portals provide enhanced access to information especially for people who cannot afford to see the doctor in person. The idea is to develop a premarital/marital counselling web portal that may facilitate people in both rural and urban areas.

**Regional Practices:** Some countries like Indonesia, India and Sri Lanka use web portals which are covering family planning related issues at large but not premarital/marital counselling.

**Practices in Pakistan:** There is no evidence in Pakistan of any kind of web portal focusing exclusively on premarital/marital counselling.

**What is being done:** As part of the MTPS Model, a web portal has been developed by Forum, which focuses on delivering knowledge related to premarital/marital counselling. The main contents of the portal are pregnancy, adolescent, home management, roles and responsibilities and other related topics. The portal will be hosted by the MoNHSR&C in the long run.

### III – Community Level:

The proposed approach suggests that community workers and faith leaders can play an important role in the dissemination of premarital/marital counselling material & information among youth.

- a. **Lady Health Workers (LHWs):** They play a vital role in the community. They act as a liaison between the formal health system and the community and disseminate health education messages on hygiene and sanitation and several other important areas. Premarital/marital counselling can be delivered to the masses by properly guiding the concerned LHWs in the area.

**Regional Practices:** Majority of countries in the Middle East involve community health workers in the dissemination of information to people in the concerned area.

**Practices in Pakistan:** In Pakistan UNFPA has developed a module for Lady Health Workers to facilitate them in providing premarital/marital counselling to people in their respective area.

**What is being done:** UNFPA has already trained master trainers on this module and the next step would be for provincial Departments of Health to trickle it down to all the LHWs in the district. For the present, reliance on the same is being endorsed under the MTPS Model.

- b. **Lady Health Workers to conduct Mother-Daughter Counselling for PMC:** Piloted in Karachi, Pakistan, this is a unique model that helps break the silence between mother and daughter, as with the assistance of their respective LHW they start to learn and discuss issues related to puberty, early age marriage, and other related topics.

**Regional Practices:** There is no regional / global best practice available for mother daughter counselling.

**Practices in Pakistan:** Under the project of Sukh Initiative, with the support of Aahung, a module for mother-daughter counselling has been developed. The developed model highlights important areas like problem of girls as they grow up, early marriages and importance of communication between husband and wife. However, the model does not cover premarital counselling.

**What is being done:** As part of its MTPS Model, Forum has developed a training module for mother daughter counselling, with an exclusive focus on premarital/marital counselling .

- c. **Village Health Committees (VHCs):** They play an important role in planning and monitoring of health care services through community monitoring mechanism. Village Health Committee facilitate in addressing the health needs of an entire village with the help of health providers and health institutions.

**Regional Practices:** Regionally and Globally, there are community support groups, but these are not specific for premarital/marital counselling or tasked to do so.

**Practices in Pakistan:** VHC or Sehat Committees as they are now called, both for men and women, are mostly existing in rural areas of Pakistan and formed under LHWs. These VHC discuss more topics related to general health but recently there is emphasis of including family planning in their discussion. However, VHC are not trained or mandated to talk about premarital/marital counselling.

**What is being done:** Under Aghaaz Forum has developed a training module for VHCs so that they can have sessions with couples who are to be married or are newly married. With this module VHC members can educate and disseminate information to them in a better way. With this, sensitization of people on premarital/marital counselling can be assured.

- d. **Religious Leaders:** Religious leaders are community gatekeepers who have access to community members and can deliver information to health care providers and the congregation. At the same time, they are important in implementing health interventions in the community. In Pakistan, religious leaders can play their role in dissemination of knowledge on premarital/marital counselling in Friday sermons. CCI recommended Training courses on FP to be arranged at Provincial Judicial Academics and relevant training institutions for Ulemas and Khateebes. Development of content, however, is underway for the mentioned recommendation.

**Global Practices:** In Bangladesh, Qazis and religious leaders are obliged to spread awareness about premarital/marital counselling. Similarly premarital/marital counselling program is offered by Chief of the Islamic Justice Department in Jordan. The Malaysian Islamic and Religious Office took the initiative to implement a premarital/marital course program.

**Practices in Pakistan:** UNFPA and PWD Punjab developed religious leader-based training modules that provide information and knowledge about marriage and family planning related topics, but premarital/marital training module has still not been developed so far.

**What is being done:** A training module has been developed under Aghaaz for religious leaders with the aim to focus on premarital/marital counselling. The content of the module highlights different faith-based approaches to the subject.

## IV – At Facility Level:

Health care providers, both in public and private sector, need to be oriented on importance of premarital/marital counseling with understanding of sexual and reproductive health especially in context to the requirements of adolescents. These orientation trainings are to be conducted both in service and pre-service.

**Regional Practices:** In Iran, Indonesia, Saudi Arabia, Turkey, India, and Sri Lanka, trained healthcare professionals provide premarital/marital counselling.

**Practices in Pakistan:** UNFPA has developed a counselling module for health care providers, whereas PWD, Punjab has developed one for Lady Health Visitors (LHVs) at Adolescent Counselling Centers in Punjab.

**What is being done:** UNFPA in collaboration with MoNHSR&C has conducted initial trainings/orientation of master trainers with both public and private sector health care providers.



What now needs to be done is to design a strategy for step down trainings. For the present, reliance on the same for health care providers is being endorsed under the MTPS Model.

## V – Civil Society Organizations (CSOs):

CSOs contribute to enhanced health care by providing services in response to community needs, which are adapted to local conditions. They often act as an intermediary between communities and government; reach remote areas poorly served by government facilities; and provide services that may be less expensive and more efficient. CSOs also provide technical skills on a range of issues from planning to delivery to services. Referring to CCI recommendations, CSOs are to work in close coordination with provincial Departments of Health (DOH) and PWDs to extend Family Planning services to underserved and unserved areas. They can innovate and play an important role in spreading good practices and education to other CSOs or the state sector.

**Regional Practices:** CSO both globally and in region have been working on premarital/marital counselling but mostly as a project to demonstrate the effectiveness of this initiative. However, there is no evidence of CSOs working with the government to disseminate premarital/marital counselling resources or reach out to the community on their own.

**Practices in Pakistan:** In Pakistan some CSOs have done some preliminary work on premarital/marital counselling but it is not evidence based.

**What is being done:** A handbook for CSO has been developed by the Forum to equip CSOs with information of what they need to know related to premarital/marital counselling and how they can use these resources to educate couples.

The figure given below presents the resource material required for different touch points and its status at a glance:

		Resource Material	Responsibility	Content Status	
Potential Couple	As individuals	<ul style="list-style-type: none"> <li>• PMC Handouts</li> <li>• PMC Mobile Application</li> <li>• Telehealth</li> </ul>	<ul style="list-style-type: none"> <li>• PMC Training Module - UNFPA</li> </ul>	<ul style="list-style-type: none"> <li>• CBW &amp; HCP</li> <li>• Institutions, CBW, NGOs/CBOs</li> <li>• Telehealth Service Operators</li> </ul>	<ul style="list-style-type: none"> <li>• Available</li> <li>• In Progress</li> <li>• Algorithms to be prepared</li> </ul>
	Institution	<ul style="list-style-type: none"> <li>• LSBE</li> <li>• PMC Web Portal</li> </ul>	<ul style="list-style-type: none"> <li>• LSBE Modules – Aahung, UNFPA, FPAP</li> <li>• PMC Training Module - UNFPA</li> </ul>	<ul style="list-style-type: none"> <li>• Education Institutes</li> <li>• Education Institutes, NGOs, CBOs, and others</li> </ul>	<ul style="list-style-type: none"> <li>• Available</li> <li>• In Progress</li> </ul>
	Community	<ul style="list-style-type: none"> <li>• WSG Meetings</li> <li>• Mother – Daughter Counselling</li> <li>• LHWs</li> <li>• Individual Counselling</li> <li>• Village Health / <del>Sevath</del> Committees</li> <li>• Religious Leaders / <del>Ulemas</del></li> </ul>	<ul style="list-style-type: none"> <li>• PMC Training Module - UNFPA</li> <li>• PWD Manual for RL</li> </ul>	<ul style="list-style-type: none"> <li>• LHWs</li> <li>• Members of VHC/SC</li> <li>• RL</li> </ul>	<ul style="list-style-type: none"> <li>• Available</li> <li>• Needs to be updated</li> <li>• Needs to be updated</li> </ul>
	Facility	<ul style="list-style-type: none"> <li>• Health Care Professionals</li> <li>• Adolescent Counselling Centers (Punjab only)</li> <li>• Private Counselling Centers</li> </ul>	<ul style="list-style-type: none"> <li>• PMC Training Module - UNFPA</li> <li>• PWD Punjab Training Module</li> <li>• PMC Training Module - UNFPA</li> </ul>	<ul style="list-style-type: none"> <li>• All HCP</li> <li>• Adolescent Psychologist</li> <li>• All Pvt. Center HCP</li> </ul>	<ul style="list-style-type: none"> <li>• Available</li> <li>• Available</li> <li>• Available</li> </ul>
	NGOs / CBOs	<ul style="list-style-type: none"> <li>• Outreach Field workers / Service provision Facilities</li> </ul>	<ul style="list-style-type: none"> <li>• PMC Training Module – UNFPA &amp; PWD Punjab</li> </ul>	<ul style="list-style-type: none"> <li>• NGO/CBO teams</li> </ul>	<ul style="list-style-type: none"> <li>• Available</li> </ul>

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# **Aghaaz: A Multi Touch Point Sensitization Model for Premarital/Marital Counselling**

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The development of Aghaaz stands informed by the Resource Analysis given above. Under this model, an attempt has been made to ensure that all points of access to a potential or newly married couple have been appropriately identified and are duly and effectively covered. In this regard, a range of resource material that will need to be used at different mediums such as, by educational institutions, health care providers, civil society organizations and religious leaders for fulfilling the counselling and information needs of young people, has been compiled. In the process, due credence has also been given to resources already available and reliance on the same has been endorsed.

## I – Individual Level

Under Aghaaz the following resources have been designed for access by any individual/couple either before entering into marriage or soon afterwards. These include:

### Handbook

This handbook encompasses the challenges a couple faces during married life. It has been developed in Urdu and will be translated later into different regional languages. Following its development, notification by DoH & PWD will be required for it to be distributed among to-be married or newly wedded couples.

### Mobile Application

Mobile applications have a vital role in the health sector as they assist in proper communication and reduce the chance of medical noncompliance. Under the MTPS model, Forum has developed a mobile app concentrating on marital issues, partners' roles & responsibilities and importance of family planning for youth. This application would be a great guide for those who are about to be married or newly wedded. Major state actors and development partners will be advised to spread information about this app.

## II – Institutional Level

Institutions are hubs where young people gather and exchange information. Taking this into account, Forum has devised a strategy for involving institutions in the dissemination of information at different levels.

### Life Skills Based Education (LSBE)

LSBE modules have been developed by different partners and endorsed by the provincial governments of Punjab and Sindh. Areas related to premarital counselling are covered in these to a great extent, so reliance on these is encouraged.

### Web Portal:

A web portal is a specially designed website that brings information from diverse sources together in a uniform way. As a component of MTPS Model, a premarital/marital web portal has been developed by Forum for Safe Motherhood as a pilot project. As a next step, Education department needs to notify the use of the portal by all educational institutions (colleges and universities). Similarly, DoH, PWD, Integrated Reproductive, Maternal, Newborn & Child Health and Nutrition (IRMNCH), Education Department and Development Partners need to widely share the link of the Web Portal through all possible avenues.

## III – Community Level:

Working at the community level promotes healthy living, helps prevent chronic diseases and brings health benefits to people in need. Mobilizing the community workers to get the message across the audience is the best way to get the desired outcome.

### Lady Health Workers:

Forum for Safe Motherhood has come up with an idea of involving LHWs for ‘mother-daughter counselling’. As a part of this strategy, a module for mother-daughter counselling for encouraging discussion on premarital/marital related topics has been developed for LHWs. The initial content is in Urdu which will be translated into regional languages later. IRMNCH Department needs to be on board to instruct LHWs to initiate mother-daughter premarital/marital counseling in line with the same.

### Village Health Committees / Sehat Committees:

As part of the proposed model, Forum for Safe Motherhood has developed a handbook for Village Health Committees (VHCs) so that provision of services to people can be guaranteed.

Following this, DoH & IRMNCH need to be advised to instruct LHWs to orientate VHC/SC Members on premarital/marital counselling handbook. Moreover, VHC members would also be advised to widely share Mobile App on premarital/marital counselling with the community in their geographical areas.

### Religious/ Faith Leaders:

A handbook specific for premarital/marital counselling has been developed for religious leaders to highlight the importance of awareness of a couple about marital issue before they marry. Based on the formulated strategy, provincial governments / local bodies would be advised to instruct religious leaders to include a short sermon in Friday Khutba to counsel to be wedded couples prior to marriage. Nikkah registrars would also be directed to include mandatory premarital/marital counselling for registration of marriages.

## IV – Facility Level:

Facilities and hospitals play a central and critical role in improving access and quality health care for the population. They provide essential services that promote health, prevent diseases, and deliver health care services to individuals, families and communities based on the primary health care approach. Health care providers, both in public and private sector, need to be oriented on importance of premarital/marital counseling with understanding of sexual and reproductive health especially in context to the requirements of adolescents. These orientation trainings need to be conducted both in service and pre-service.

### Healthcare Professionals:

Ministry of National Health Services Regulation and Coordination (MoNHSR&C) in collaboration with UNFPA has already developed a strategy for the training of healthcare professionals. As a first step towards the implementation of this strategy, the master trainers in different districts of Punjab and KP have already been trained. Provincial DoH and PWD now need to design a strategy for step down trainings in both public and private sector. In future, use of the developed training module for healthcare professionals is endorsed under Aghaaz.

## V – Civil Society Organizations:

Civil Society Organizations (CSOs) have been contributing to public health for centuries. People, as part of the civil society, form the core of health systems. They use health services, contribute finances, are care givers and have a role in developing health policies and shaping health systems.

As CSOs act as an intermediary between communities and government, reach remote areas that are poorly served by government facilities, they can act as a catalyst for widespread awareness about premarital/marital counselling to young individuals in unserved and underserved areas. The handbook developed under Aghaaz will be distributed to CSOs to provide premarital/marital counselling as a routine in their ongoing activities.

# Annexures

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## List of Annexures

- Annex-A: Inception Meeting Report
- Annex-B: Comparison Matrix
- Annex-C: Meta-analysis Matrix
- Annex-D: References
- Annex-E: Baseline Survey Report
- Annex-F: Consensus Building Meeting
- Annex-G: Virtual Tools
- Annex-H: Handbooks
- Annex-I: Workshop Report
- Annex-J: Impact Assessment Report







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