

IMPACT OF FAMILY STRUCTURE ON ATTITUDE TOWARDS FAMILY PLANNING

(A case study of village Gura Shahan, District Islamabad)



By

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DEDICATED
TO
MY BELOVED WIFE
WITHOUT WHOM THE LIFE
IS
MEANINGLESS FOR ME

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CHAPTER # 1

INTRODUCTION

1.1 INTRODUCTION

The world population is growing at a rapid rate of 2%. The condition in the Third World countries is worse. Over population is much more dangerous for their ability to industrialize themselves and to maintain a decent standard of living

According to Population Bulletin (2003-04) in the developing countries the rapid population growth has become a tremendous problem. As a result the projects regarding the development are confronted with failure. In spite of increase in developing expenditure the life status in poor countries is not high. Hence, these countries are confronted with the problem that the population growth must be controlled for economic prosperity and social peace. Pakistan is also one of these countries in which Population is growing rapidly. According to the census of 1998 the population of Pakistan is 145.5 millions; however the current brochures of Family Planning Association of Pakistan 2004, the population of Pakistan has reached 151.6 million in mid 2004 and it has become the sixth most populated country in the world. Population growth is one of the major social problems of Pakistan, as it suffers from high birth rate, low per capita income, high dependency ratio, under employment, low participation of labour force, poor health and hygiene, and literacy standards (FPAP Report 2004).

1.2 FAMILY PLANNING PROGRAMME IN PAKISTAN

According to *Lead Pakistan Annual Report (2003)*, the details of Population Welfare Programme are given below:

1. This programme was launched in 1965 through Family Planning Council in the Centre and through Family Planning Board in the Provinces. The Programme was federalized in 1977.

2. In 1981, an Ordinance titled "Population Welfare Planning Program" (Appointment & Termination of Service) Ordinance, 1981 was promulgated. Under Section 3 & 4 of the Ordinance, the services of the employees in BS-16 and above were regularized through Federal Public Services Commission (FPSC) and those in BS-1 to 15 through the respective Department Selection Committees.

3. In 1983, the field activities of the Population Program were transferred to the Provinces under the provisions of the Transfer of Population Welfare Program (Field Activities) Ordinance 1983. The employees recruited by the Provinces were transferred to their respective Provincial Population Welfare Departments under Section-8 of Ordinance, 1983 and they were presumed to be employees of the Population Welfare Departments of the Provinces

4. In 1993, however, the Supreme Court of Pakistan vide judgment in Civil Appeals Nos.292, 293/1991 dated 19-1-1993 declared the status of the program employees whose services were regularized under Ordinance, 1981 and subsequently transferred to the Provinces under the provisions of Ordinance, 1983 as the Civil Servants of the Federal Government. Meanwhile, on July 25, 2001 an Ordinance on Transfer of Population

Welfare Program (Field Activities) (Amendment) Ordinance, 2001 was promulgated, inter-alia, declaring all Population Program personnels working in four Provinces as Civil Servants of the respective Provincial Governments.

5. All the employees working in Provincial Population Welfare Departments are now being governed by the rules and regulations made under the provincial laws relating to their Civil Servants.

6. At the Federal Level, Population Welfare Division was created in March 1968. It got the status of a full-fledged Ministry of Population Welfare on 27th June, 1990.

7. The overall execution and entire funding of the Program is the responsibility of the Federal Government. The Ministry of Population Welfare is the main executing agency of the national program while implementation of field activities is the responsibility of the Population Welfare Departments in each of the four Provinces, headed by a Secretary (LPAR 2003).

1.3 THE ROLE OF NGOS

The role of NGOs in Pakistan with reference to population welfare and family planning is much more apparent and needs no introduction. Dr. Sabiha Syed (2004) sheds light on the roles and functions of NGOs in her book "*Population Growth and Private Sector*". She describes that:

- Non-Government Organizations (NGOs) started working in Pakistan for education and social welfare soon after independence of Pakistan in 1947. A NGO pioneered the population welfare programme in Pakistan in the early 1950s. However, it was in 1980s

that the NGOs took upon themselves to work in an organized manner. The NGOs sought cooperation from the Government and various donors for their programmes of social development.

- The Government of Pakistan seeks active cooperation with NGOs in the areas of family planning and reproductive health through the Ministry of Population Welfare, and the National Trust for Population Welfare (NATPOW). One example of cooperation between NGOs and the Government is sharing the responsibility of meeting national population sector targets. NGOs use initiative, creativity, and take innovative steps because of their size and limited commitment, they can create "models" for replication. NGOs have contributed significantly in promoting the cause of the population program in the country. The contribution of NGOs to community development carries special significance.
- Some 264 NGOs with 479 outlets, operating throughout the country, have been registered with National Trust for Population Welfare (Syed 2004: 51).

1.4 IMPACT OF POPULATION GROWTH ON ENVIRONMENT

Population increase has not only brought an environmental degradation, it has also ushered in shortage of safe drinking water, diminishing forest resources, climate change due to depletion of ozone layer. Other forms of environmental pollution are marine pollution, noise pollution, depletion of land resources etc. Besides these, environmental pollution has also damaged the beauty and serenity of nature. Almost half of the world population is urbanized because of which traffic problems have been multiplied; land erosion, and solid waste disposal are the major civic problems these days. The major salient features, highlighted in the FPAP annual report (2004), are given in detail: - During the past 25 years,

cultivable land has increased by 27 percent compared to 98 percent increase in the population, resulting in reduced individual land holdings in Pakistan have reduced in area.

- The urban population will be doubled in the next 20 years at its current 3.5% growth rate.
- Each year, deforestation occurs at the rate of 2.5 percent.
- Since only 50% of our population has sewerage facility, the other 50% churns out wastes damaging the environment and causing a lot of diseases.
- The increase in the number of motor vehicles, each year, is 4.5 percent. Almost 70% of our vehicles have outlived their life span and emit unburnt dangerous gases in atmosphere. In fact, the total number of vehicles in Pakistan emits more noxious fumes in the air as compared to all vehicles in the US.
- The industrial and residential areas have merged causing health hazards for the population.
- Excessive use of Polyethylene bags is another serious environmental hazard (FPAP Brochure 2004).

1.5 IMPACT OF POPULATION GROWTH ON DEVELOPMENT

The development is directly influenced by population growth in terms of availability of funds. According to statistical information collected from the Annual Report of Family Planning Association of Pakistan (2004), the impact of overpopulation on development is described in details:

- The population profile in Pakistan reveals that in order to achieve sustainable development, empowerment of

women, effective use of resources, efficient family planning, and popularization of small family norm are imperative.

- Each year, 3.02 million persons are added to the population of Pakistan.
- With current growth rate of 2.2 percent, Pakistan's population will be doubled in next 32 years.
- High fertility rate (4.7) and lower literacy rate (35%) among females are major obstacles to sustainable development.
- Fifty percent of Pakistan's population is forced to live in one-room houses.
- Over one third of women, with three children in Pakistan, do not look forward to another pregnancy. Nevertheless, they get pregnant because they do not have access to reproductive health facilities.
- Due to overpopulation the per capita income has been down.
- Forests in Pakistan occupy only 4% of the total area.
- Pakistan is an agricultural country but per capita arable land is shrinking due to higher pressure on land. In 1951-52, per capita agricultural holding was 1.1 acres due to higher pressure on land which reduced to 0.5 acres in 1977.
- Slowdown in population growth rate, wider coverage of reproductive health services, education of women, and effective steps to eradicate poverty are prerequisites for sustainable development in Pakistan (FPAP Brochure 2004).

The beliefs and customs concerning human reproduction have long been subjects of anthropological researchers, but these remained basically academic pursuits. During the past few years there has been a considerable increase of interest among anthropologists in population dynamics, family planning programmes and related phenomena. As research activity increases, it is becoming clear that anthropologists are developing distinct theoretical and practical areas of interest (Allman 1978:53).

It has been working to motivate and help the people of the area in controlling the population increase. As Mathur (1989) says "An authoritative study of development problems currently afflicting the Third World concluded that the greatest single obstacle to the economic and social advancement of the majority of the peoples in the underdeveloped world is rampant population growth (Mathur 1989:107)

Family planning without the concept of family organization, family composition, and family structure cannot be understood. Almost all the world's population live in family units, but the types and structures vary from one society to another but, also, from one class to another within the same society. Different criteria can be used to distinguish more complex or extended families from simple nuclear families, number of mates (monogamy, polygamy, polyandry); residence after marriage (patrilocal, matrilocal, neolocal); degree of authority (equalitarian, patriarchal, matriarchal); general proliferation (vertical versus horizontal) and so forth (Karve 1968: 35).



1.6 PROBLEM:

The aim of the study was to explore the information about different family types and family structures in different socio-economic classes and their impact on attitude and decision to adopt available family planning methods and services.

1.7 STATEMENT OF THE PROBLEM

The present study focused on local point of view about family planning and different family structures. Since the natives belong to different socio-economic castes and classes, the attitude towards family planning of each family was studied with reference to their socio-economic status. Another important facet of this study was focused on the availability of family planning methods, techniques, and services.

1.8 OBJECTIVES OF THE STUDY:

- To provide the socio-economic structure of the village
- To explore the comprehensive knowledge about the structure and types of families
- To find out the local perception from the religious point of view concerning family planning.
- To provide the comprehensive information regarding the quality of available family planning methods and services
- To explore the impact of different socio-economic factors on attitude and decision-making towards family planning

1.9 HYPOTHESES

1. The more the extended family, less is the family planning practices. The types of family directly influence the attitude towards family planning. The people live in extended families are inclined to produce more children.
2. The more the nuclear family, more the family planning practices. People in nuclear families are more inclined to adopt family planning methods because they are not under pressure of elders.

1.10 JUSTIFICATION OF THE LOCALE

This study was conducted in the village, Gura Shahan, located close to G. T. Road, in the Federal District Islamabad, at a distance of almost 14 kilometer from Rawalpindi District.

This is a small village and birth rate was reported relatively high. So this village was more suitable for my research topic due to familiar language.

1.11 SIGNIFICANCE OF THE STUDY

The significance of the research work may be outlined at two levels:

1. Academic significance
2. Applied significance

Academically, it will result in writing the thesis for the fulfillment of research needs of researcher's department.

At the applied level, it represents the natives' viewpoints regarding population problems and family planning that may be helpful in formulating the policies by Family Planning Personnel by keeping in view the factors given by them.

1.12 RESEARCH METHODOLOGY

The following research methodology was used to collect the data and to achieve the objectives of the study:

1.12.1 RAPPORT BUILDING

It is very difficult for a researcher to work in a strange environment. The people do not accept him at once. Hence for conducting research in an unknown village first a researcher must build up a good relationship with the natives. Being an outsider, one should be accepted by the insiders. The natives should not be exploited and researcher should dress up like them and communicate with them in their language. To establish an effective rapport I began to sit at shrines situated in the village and tried to meet and take to every person arrived at shrines. Besides this I started prayer regularly in the mosque of the village. This thing gave me a better opportunity to make conversation with *Imam Sahib* (religious leader) and common people as well.

1.12.2 PARTICIPANT OBSERVATION

"It involves establishing support in a new community, learning to act so that people go about their business as usual when researcher show up and removing the self every day from cultural impression so researcher can

intellectualize what he has learned, put it to perspective and write down it” (Russel 1988:137).

The participant observation is a much more familiar technique to anthropologists, which is used to collect data regarding the research. This is very important tool to get first hand information and enables the researcher to figure out the difference between what is said and what is done regarding the family planning. While using this technique I lived in my locale for a long time span and established good interdictioin with the people of my locale and behaved like them. In this respect I tried to share their sorrows and pleasures.

1.12.3 KEY INFORMANTS

One of the mainstays of earlier anthropological work is the use of Key informants as sources of information about their cultures. This methodology is indispensable for recovering information about ways of living that may have ceased to exist or sharply modified by the time the field worker arrives on the scene. Key informant is the person who gives complete information about the area and its inhabitants. In this regard four key informants were selected from four different castes keeping in mind age and experience. In the beginning they helped a lot in introducing me in the village. They provided great help in making situation comfortable.

1.12.4 QUESTIONNAIRE

A formulate open-ended questionnaire was designed to get comprehensive information from married male respondents. Hence using this technique, I got useful information about the actual attitude of people towards family planning. This questionnaire was applied through informal interviews.

1.12.5 SOCIO-ECONOMIC CENSUS SURVEY FORM

Base line data of adequate households can be gathered with the help of socio-economic survey forms and it will comprise information about age, sex, population, literacy, occupations, income, households, and ethnic groups. This particular data gives a clear idea about economic, social and demographic characteristics of the locale. So I conducted socio-economic survey of 115 households of the village and through this survey I was bitterly introduced in my locale of study.

1.12.6 INTERVIEWS

Since the environment and the culture of the village has no room for structured or in-depth interviews, the informal interviews were conducted in order to get the personal views and opinion of respondents about family planning. The focus was on conversation in a casual way, so that the respondents may easily explain their position, without getting hesitant and customary. Such interviews helped me a lot in analyzing the facts.

1.12.7 SAMPLING

“Sampling is statistical technique which is used almost in every field in order to collect information on the basis of this inferences are made” (Sher Muhammad Chaudhary 1989:3)

Sampling represents the whole population of the locale. Due to time constraint it is difficult to gather data from the whole village. I intended to use the method of random sampling but fortunately the village consists of only 115 houses. Hence I availed the chance to use random sampling while interviewing the people and on the basis of this information I defined the

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categories of users and non-users of contraceptives. I interviewed 50 respondents out of 115 households and I found that 74% of respondents are users while the 26% respondents are non-users.

1.12.8 CASE STUDIES

“It is a way of organizing social data so as to preserve the unitary character of the social object being studied” (Goode & Hatt 1986:130)

It is detailed presentation of ethnographic data related to some sequence of events. So few case studies have been taken in order to have an in-depth picture of obtained data. It gives a better chance to make authentic analysis and solid conclusion. I was also doing a research work therefore I used this method and collected some case studies.

REVIEW OF LITERATURE

To make the study more authentic and valid the support of relevant literature is required. The relevant literature not only clarifies the different aspects of the study but also act as the confirmation. Therefore the literature of different types on concept of family planning and the factors which promote the population growth and create the hurdles in this way.

1.13 CONCEPT OF FAMILY PLANNING

According to Allman (1978) conscious action by individual couples to regulate the number and spacing of their children in accordance with personal preferences (Allman 1978:35). He further says that family planning may be viewed at three different levels:

1. Family planning as a basic human right is, at the same time, the simplest and most fundamental concept. It implies that no one should be denied access to family planning.
2. Family planning for maternal and child welfare implies the encouragement of family planning in the interest of public health in general, and health and welfare of mother and children in particular.
3. Family planning as a component of a population policy implies the attainment of specific goals in consequently in the number of a change in the birth rate and

consequently in the number of contraceptive acceptors as well.

William Lieu is of the opinion that "Family planning is most commonly used to actions or programmes intended to prevent or avoid its consequences when it does occur (1967:135).

Family planning does not imply absence of children not sterilization, but it is only low rate of reproductivity and nothing unnatural and inhuman (Chaudhary 1980: 326).

"Both Plato and Aristotle consider it necessary to have such a population. The ideal number that Plato depicts in his "Laws" was supported to keep a total of 5040 inhabitants. This population was considered essential for the proper functioning of society (Pande 1990:1-2).

1.14 OBSTACLES

Attempts to raise the birth rate: In Italy and Germany, there are taxes on bachelors and childless couples. These taxes were introduced in 1026 and doubled in 1928. A family must be really 'large' in order to qualify for favour. State employees must have seven children, and other employees must either have ten children or have twelve of whom six remain to be provided for (Saunders 1964: 227).

Social Prestige for a Woman: The birth of a son entitles a woman to respect and social status and exempts her from much hard work. She and her baby are likely to be pampered for some time after parturition (Mathur: 1989: 107).

The absence of children in a marriage, at times weaves a vicious web of pressure, expectations and hope or the couple. From peers to peers, they make an emotional journey in a society that tags the women "banjar" and pressurizes the husband to re-marry (Nurruddin 1992).

Family structure: The extended family system still prevalent in rural areas, then, favours high fertility. As Mathur quoted the statement of Davis, "By contrast, in the extended family, the burden of marriage and of children does not fall upon the parents, but upon the entire family group and is so diffused that the cost to nay one person may be seen as relatively light. Further, the presence of numerous relatives means that the wife is not particularly burdened with the care of the young children (Mathur 1989: 107).

The major fertility decision to be made by the family is whether or not to bear a child. Family members, individually and collectively, have certain values concerning childbearing as well as particular family size ideals; patterns of communication among the members influence these ideals and define the strategies that will be used to achieve the fertility goal being set (Shear 2002:4)

There is, in fat, a further practical reason for not caring to limit the number of children in the extended family system. Since everybody is jointly responsible for bringing up children, it is sometimes disadvantageous to a couple to have fewer children. This may not necessarily relieve them of their responsibilities of caring for other children in the larger family. Those with fewer children of their own may be required to contribute to the maintenance of children of other parents (Mathur 1989:110).

Jajmani system: As participants in the jajmani system—the network of hereditary work and exchange—larger families are again a happier position. If one member of the barber family is prevented by illness to visit certain jajmans on a particular day, his father, brother or son can do the job on his behalf. This is essentially an inter-family relationship. A smaller family with just one person would obviously be severely constrained in fulfilling its traditional obligations (Ibid: 108)

Religious Impact: Religious fertility differentials are world-wide. Mohammedans, Hindus, Confucianists and Buddhists all have high birth rates. Mohammad advised orthodox Moslems to marry “a woman who holds her husband extremely dear, and who is richly fruitful” (Thomlison 1965: 178).

Lack of education: The lack of education among Muslim women has crucial implications for other points related to fertility regulation. The current status of women in Muslim society has its impact on their reproductive behaviour by way of the interplay between prohibitions imposed informally by males, which restrict women to marital and maternal roles, and the resistance of women to claiming their rights in the supra familial world (Youssef 1980:93).

The well documented and strong son preference in this part of the world, comparisons which look at numbers of children alone can make serious judgments about the fertility motivations of different kinds of women. For example, if educated women do have significantly fewer children, born or alive, than uneducated women, this may not be a sufficient basis for concluding that the demand for children is smaller among educated women. It could well be that the total family size desired is the same in all

cases, and so is the number sons wanted, but that the educated women is able to achieve a smaller family size not only through more effective contraception, but also through more effective control over the sex composition of her offspring (Basu 1996:60).

Early marriage: Marriage at an early age and the high percentage of total marriage are important factors leading to high fertility due to the lengthy period of exposure to the risk of pregnancy (Allman: 1978: 116).

In Pakistan's socio-cultural context where it is not normative to regulate fertility at a younger age, it is likely that younger women are more influenced by their husband's negative attitudes towards contraception or have a greater dependency on their in-laws than the older women, who may have stabilized their social position in the family with age greater marital experience. As a result, older women may feel more confident in making choices about family planning once their fertility desires have been met (Naushine 1993:127).

High fertility level: Fertility level in Pakistan is high and the success of economic development in Pakistan development depends, in a large measure, on the reduction of the fertility level in Pakistan. A consequence of high fertility level is the very young population and thus the high proportion of dependents (PIDE 1967:7)

Infant Mortality: High rate infant mortality is a factor that prevents to use the family planning methods and techniques. "Declines in high rates of infant mortality also reduce the time and health burden of child bearing by reducing pregnancy wastage, defined as "the losses of time, human effort

and human life incurred by inefficient childbearing under conditions of high infant mortality” (Bogue 1970: 118).

Children as Economic Assets: Children are regarded as economic assets both in their adolescence, when they contribute to the family’s welfare, and in adulthood when they support their aged parents (M C Cormak 1970:169).

CHAPTER # 2

VILLAGE PROFILE

The present research was conducted in village Gura Shahan, a village of Federal District Islamabad. This village is located at the distance of 14 kilometers from District Rawalpindi.

2.1 PHYSICAL LAYOUT OF THE VILLAGE

The eastern side of the village Gura Shahan is adjacent to Defense Housing Scheme, has been launched by the Army Officials. Sher Shah Suri Road is located in the eastern side of the village. In the western side that is also the front of the village, the G.T. Road is situated that connects the village to the District Rawalpindi. Many housing schemes like Bahria Town can be found in the northern side while the southern side contains Rawat.

This village is established at a slope along with roadside and one has to use stairs to go to the center of the village. Physically the village is divided into two portions, *Malika di Dhoke* and *Sayyedani di Bast*.

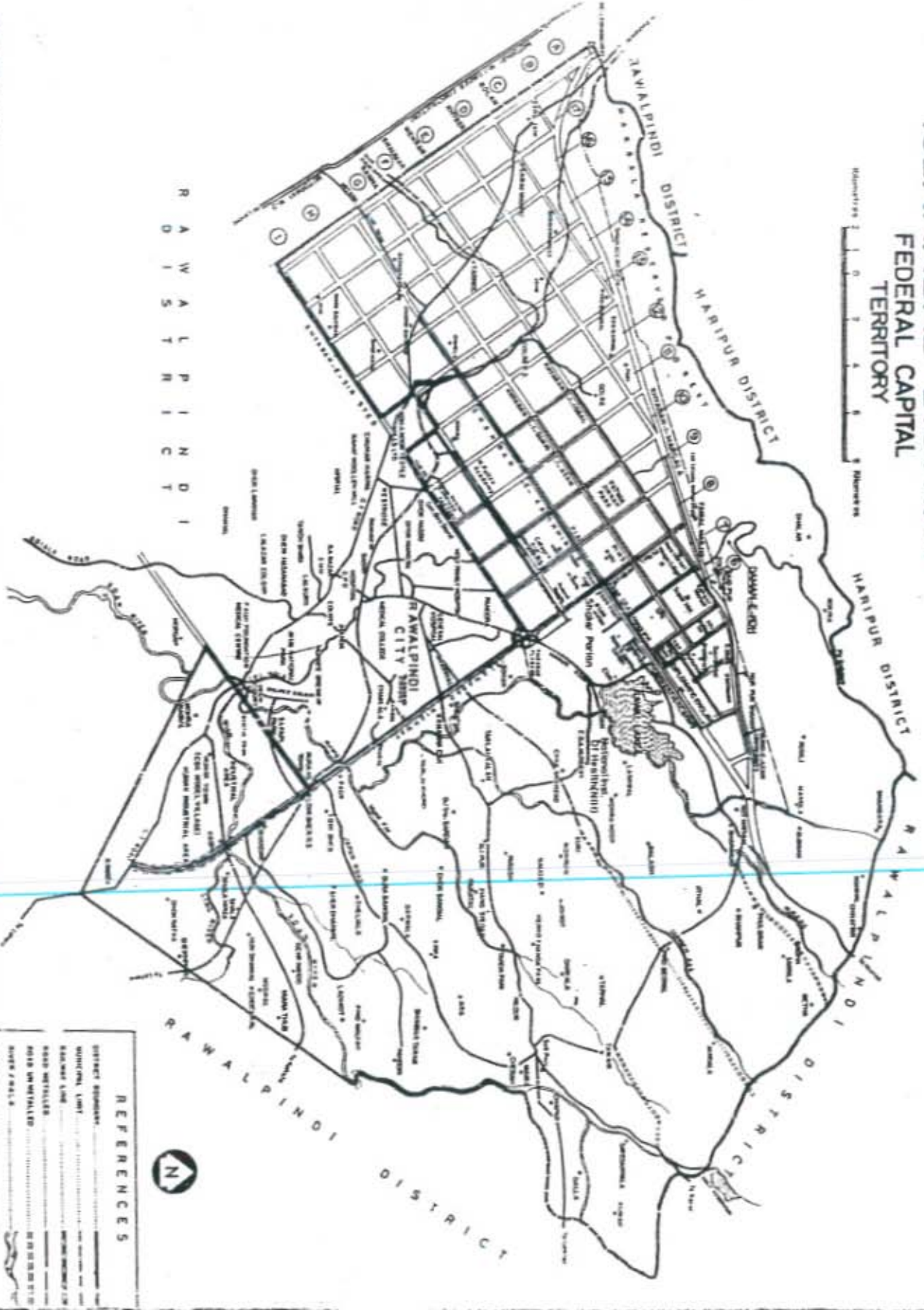
2.2 HISTORY OF VILLAGE

The traces of this village are found in 1860. Some of residents are of opinion that the village was populated first in 1805 but it is confirmed, according to the record of *Patwari*, that the village was present in the year 1860. The first name of the village was *Choran Da Gohra* (the centre of the thieves). After spreading the Sayyed Biradri, the name of the village converted into *Shahan Da Gohra* (the centre of the Sayyed. A person

ISLAMABAD DISTRICT

FEDERAL CAPITAL TERRITORY

Scale 1:50,000
 0 1 2 3 4 5 Kilometers



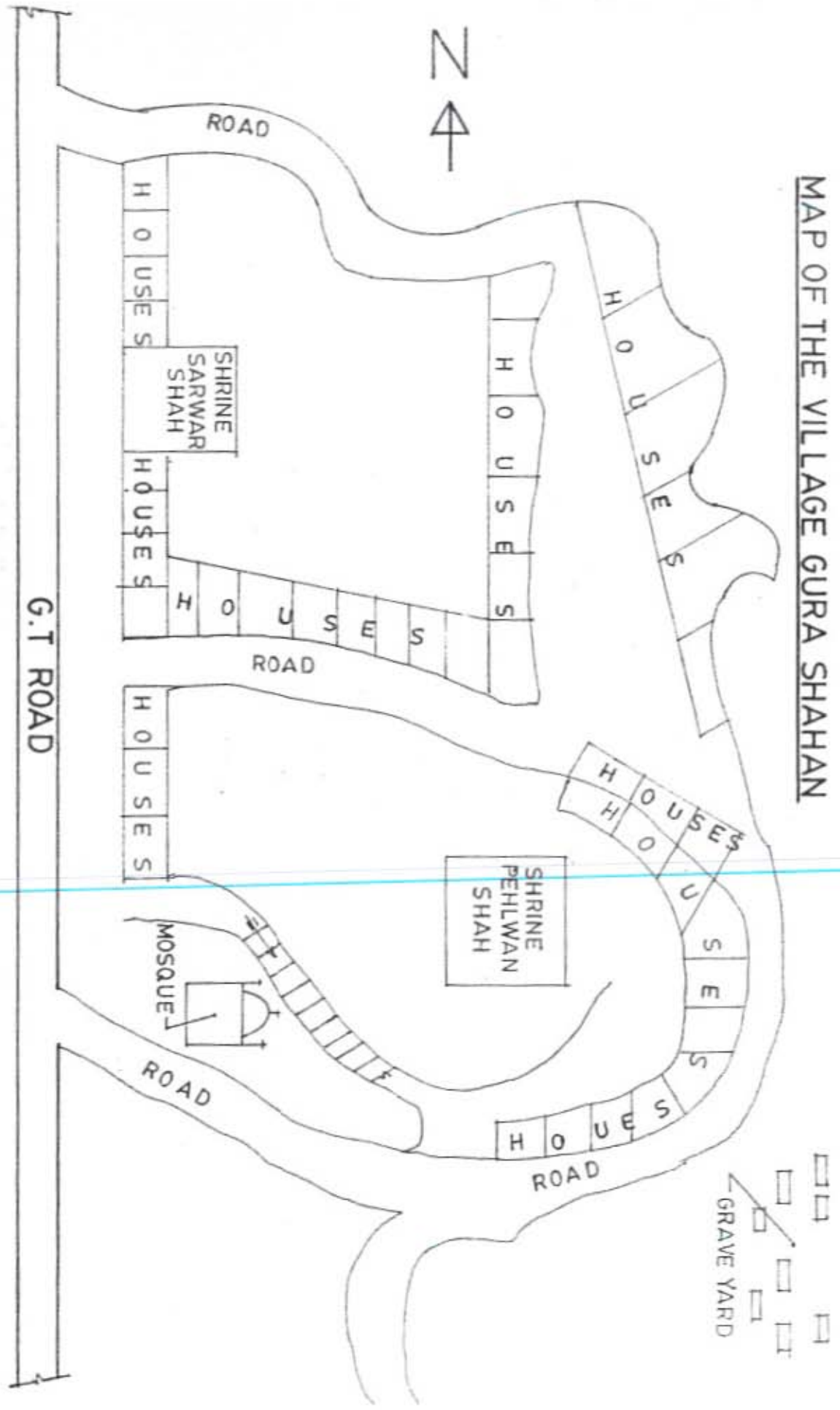
R A W A L P I N D I
 D I S T R I C T



REFERENCES

- DISTRICT BOUNDARY
- MUNICIPAL LIMIT
- RAILWAY LINE
- ROAD METREAGE
- ROAD UNMETREAGE
- WATER CHANNEL
- RIVER / CANAL

MAP OF THE VILLAGE GURA SHAHAN



Sayyed Charagh Hussain Shah migrated from Iran and lived here. All the Sayyed Bradri is the offspring of the said person. It means that Sayyeds are the parents of this village. The other *Bradaris* arrived from different areas and began to live here. In these *Bradaris Jats, Gondals, Awans, Mughal* etc. arrived respectively. At present the 10th generation of Sayyeds and 9th generation of other *Bradris* is living in the village.

2.3 HOUSE STRUCTURE

Housing pattern depicts the nature of life styles of an community because the actual steam of life flows here. Usually in a village the houses are in scattered form forming *Muhallah* which consists of a particular Biraderi member thus giving it the name of that Biraderi like *Dhoke Malika, Sayyedani Di Basti* etc. *Katcha* and *Pakka* houses are also found in the village. Majority of the houses are *Pakka*.

2.3.1 KATCHA HOUSES

A very less number of houses are *Katcha Houses*. These houses are made up of mud and sundry bricks. Each house comprises of two or three rooms with an external boundary wall open for entrance by means of a so-called gate. A large open compound is necessary for the requirements of the villagers as the entire daily activities like cooking, washing, and sitting are performed there. Even the animals are also kept in one portion of compound.

2.3.2 PAKKA HOUSES

Usually these houses are made up with baked bricks and such are of better quality than the *Katcha* ones and last longer. In Gura Shahan majority of

people links with cities like Islamabad or Rawalpindi, hence the Pakka houses are built on modern pattern and usually comprise of one or two bedrooms, bathroom (separate and also attached), kitchen and one drawing room which is called *Baithak*. Unlike houses in the cities, these house have a courtyard to perform daily activities.

2.4 VILLAGE DEMOGRAPHY

Demography means the knowledge about population. The total population of this village is 930 people that reside in 115 households. This population consists on 479 males and 451 females. Average family is 8 persons. Out of the total population 51.5% consists on male and 48.5% consists on female as Table No. 2.1 shows:

TABLE 2.1

DISTRIBUTION OF POPULAITON IN TERMS OF SEX

Category	Number	Percentage
Male	479	51.5
Female	451	48.5
Total:	930	

2.5 FAMILY SYSTEM

Family is a basic unit and an elementary institution of social organization. Usually three types of family are taken into account 1) Nuclear, 2) Extended, and 3) Joint family system.

2.5.1 NUCLEAR FAMILY SYSTEM

Nuclear family is small social unit consisting of a husband and wife and their un-married children. It is defined as

“Nuclear family is a family consisting of a husband and wife and their children” (Swartz & Jorden 1980:177).

Nuclear family is an independent social and economic unit in which two adults of opposite sexes are living together in a socially approved sex relationship with their own or adopted children.

According to socio-economic census survey 70 nuclear families were found in the village. In this village the main reason of nuclear family is reported disagreement between daughter-in-law and mother-in-law. There are households in the village in which the death of eldest members is the cause that breaks the extended family into many nuclear families.

Sometimes disputes over the assets and income creates the nuclear families.

2.5.2 EXTENDED FAMILY SYSTEM

It is the old family system, which is not very common in the village now a day. It is defined as, “A composite family that includes two or more nuclear families linked by consanguine bonds through three or more generations” (Murdock 1949).

It is prevalent where there is enough room in the house so that their married children can easily be adjusted. In this village there are 25

extended families out of 115 households. It means that 21.74 percent households consist of extended family system. The cause of this system is that the eldest members who are called "*Buzurg*", are alive. Their ability to manage the household keeps all the family members together. The adequate income, cooperation and obedience are the reasons in establishing the extended family system. Earnings of all the family members are pooled with the head of household. He is also considered responsible for the upbringing of his children and grandchildren.

2.5.3 JOINT FAMILY SYSTEM

Joint family is defined as:

"A group of people who generally live under one roof, who eat food cooked in one kitchen and are related to one another and some particular type of kindred" (Karve 1968:8)

Joint family system comes into existence when the married brothers live together with their legally approved spouses and children in the same house. There are 20 households are enjoying joint family system. It was clearly observed that joint family system requires a tremendous love, cooperation, and a sense of strength of family. The people of this village consider joint family system prestigious and appreciate because it provides them manpower and economic security. If someone is jobless or sick for the time being then his family do not have to face crisis like hunger, helplessness and loneliness etc. because other family members support them. It also plays an important role in the socialization of children.

TABLE 2.2
DISTRIBUTINO OF HOUSEHOLDS ACCORDING TO
FAMILY SYSTEMS

Family System	Number of Households	Percentage
Nuclear Family System	70	60.86
Extended Family System	25	21.74
Joint Family System	20	17.39
Total:	115	

As the table 2.2 indicates that the most common is nuclear and extended family structure. Around 60.86% households belong to nuclear family system, 21.74% belong to extended system, while rest 17.39 people live in joint families. Nuclear family system is the reflection of stepping towards urbanization. It also reveals the linkages of villagers with modern centres ,like Rawalpindi and Rawat etc.

2.6 QUOMS

There are nine *Quoms* or ethnic groups in the village Gohra Sayydan. Sayyeds is the major ethnic group in the village ethnic composition. Out of 115 households, 44 belong to Sayyeds as indicated by table No. 2.3:

TABLE 2.3
DISTRIBUTION OF CASTES IN TERMS OF
NUMBER OF HOUSEHOLDS

S.No.	Caste	Number of Household	Percentage
1.	Sayyed	44	38.27
2.	Rajput	22	19.14
3.	Awan	13	11.32
4.	Bhatti	12	10.44
5.	Gondal	9	7.83
6.	Mughal	9	7.83
7.	Khokhar	4	3.45
8.	Pakhtoon	1	0.87
9.	Christian	1	0.87

Than comes Rajputs. They are called *Rajas* and residing in 22 households. Awans are residing in 13 and Bhatti in 12 households. Other ethnic groups in the village are Gondal, Mughal, and Khokhar etc.

2.7 OCCUPATIONS

Majority of the villagers, nearly 28.08%, are involved in labouring. This shows that village Gura Shahan is not an agrarian village. So farming is not important occupation, only 0.98% people are engaged in it.

14.28% are the Government servant. This class includes people working in Government offices in Rawalpindi and Islamabad. Some of them are in

Pakistan Army, COD, GHQ and JS Headquarters. These Government servants not only receive fixed salary every month but also pension after the retirement as well. That is why the economic condition of most of them is better as compared to those who belong to other occupations such as working on daily wages that always have fear of getting work or not. As Government servant receive pension so they are economically less dependent on their children in their old age as compared to other people belonging to other occupations.

TABLE 2.4

DISTRIBUTION OF EARNING MALES WITH REGARD TO DIFFERENT OCCUPATIONS

S.No.	Occupation	Number of Persons	Percentage
1.	Labour	57	28.07
2.	Govt. Service	29	14.28
3.	Abroad	19	9.35
4.	Retired	14	6.89
5.	Business	13	6.40
6.	Unemployed	11	5.41
7.	Tailor	9	4.43
8.	Truck Driver	9	4.43
9.	Electrician	8	3.94
10.	Taxi Driver	7	3.44
11.	Mason	6	2.95
12.	Suzuki Driver	6	2.95
13.	Motor Mechanic	6	2.95
14.	Shopkeeper	3	1.47
15.	Salesman	2	0.98
16.	Agriculture	2	0.98
17.	Cobbler	1	0.49
18.	Barber	1	0.49

6.4% people are engaged in Business. In business class mostly people have their own shops outside the village. Businessmen mostly consist on Sayyeds and Gondals. Apart from shops, some of these people do their business of trucks and big vehicles. Some have their own markets in which shops are given on rent.

2.8 LANGUAGE

People of the Gura Shahan speak usually Punjabi language of Potohari Dialect. Some of them, who are migrants, speak Punjabi language of real Punjab. Two or three houses are of *Pathans* who speaks *Pukhto* among themselves but with natives they do conversation in broken *Potohari*.

2.9 FOOD HABIT

Often people of this village, as observed, are not fond of eating traditional foods, exceptionally some like *Saag, Lassi and Achar*. This type of food is usually eaten on summer afternoons. However, the daily routine food is meat, vegetables, all types of lentils and *Chapatis*. Also *Gur rice and Halwa* are mostly liked. As described this village is not agrarian, hence these things are purchased from Rawalpindi Markets or from Rawat Markets.

2.10 DRESS PATTERN

The dress pattern varies in the older and younger generation. Old men and women and also young girls wear *Shalwar Kamees*. The majority young boys wears pant shirt while some like the dress of the their elders.

2.11 RELIGION

Religion is one of basic social institutions of human society. It is a set of inter-related norms and values of myths rituals and beliefs that regulates the relations of human beings with supernatural forces and binds its followers in one community. Besides it tells about sacred and profane this influencing man's perception and reactions towards different material and non-material objects.

The 100% population of Gura Shahan is Muslim. There are two mosques in the village, one is called *Jamia Masjid* while the other is called just *Masjid*. *Jamia Masjid* is controlled by the people Shia Sect and expenditure of mosque and the salary of *Maulvi Sahib* is arranged by the Shia people. This mosque is situated at the front of the village while the other mosque is located in the area of *Malikan Di Dhoke*. There is no proper *Maulvi* posted in this mosque.

People of the village have strong belief in spirits and saints. There are two shrines in the village, 1) Sayyed Sarwar Shah 2) Sayyed Pehlwan Shah.

2.12 GRAVEYARD

There is only one graveyard in the village. This graveyard is situated in the north- eastern side of the village. It has no proper boundary wall and majority of graves are *Kachi* (made up of mud). *Pakki* graves are found very little.





SHRINE OF SYED PEHLWAN SHAH



SHRINE OF SYED SARWAR SHAH



**GADDI NASHEEN OF SHRINE OF
SYED SARWAR SHAH**



JAMIA MASJID OF GURA SHAHAH

2.13 CLIMATE

The village comes under the Potohar region, hence in summer the temperature reaches above 40 centigrade in average and 12 centigrade in winters especially in the month of *Poh* and *Mahg* when there is extreme frost in the mornings. The rainy season starts in the Jul. In March if there are rains that are very good for the wheat crops.

2.14 CIVIC FACILITIES

2.14.1 TRANSPORTATION

Suzuki and Wagon are the main modes of transportation used by the villagers from Gura Shahan to Rawalpindi, Islamabad or Rawat. Suzuki and Wagon are easily available even late night because this village located at the side of G.T.Road which has become a highway, from Rawalpindi to Lahore.

The villagers only on booking or going to near by villages from Gura Shahan use the same modes of transportation.

2.14.2 ELECTRICITY

Electricity facilities are available to whole village since 1998 but only one transform is installed in the village that is unable to send adequate quantity of electricity in those houses, situated at distance from it. In nearest houses people are using electrical appliances such as iron, washing machine, refrigerator etc. As electricity has become great necessity so its frequent breakdowns that common in the village create great problems. The most

important of all is water shortage. When electricity is not available for two or three days, water shortage becomes great problem for the people.

2.14.3 WATER SUPPLY

The water supply system is not proper in the village due to which the mostly residents of the village face a lot of problem. Only a mini pipeline is the source of water supply. This pipeline starts from SAWAN Camp and leads to the Gura Shahan. Besides this the rich residents of the village adopted bore systems in their houses and installed electric motors to suck water.

2.14.4 MASS MEDIA

The radio and television is very common in the village Gura Shahan. Every household, whether poor or rich, has the facility of at least radio. Apart from this A hawker daily brings newspaper from the city but very limited villagers particularly shopkeepers avail this facility. As majority of the persons are using television and radio, they are aware of the TV adds about family planning. The temporarily child spacing methods are most common among the people. Due to this, majority of the people respond they are aware of family planning through television adds.

2.14.5 FUEL

Although the Sui Gas pipeline is passing along with the G.T. Road in front of the village at the distance of 20 or 25 meters, the people of Gura Shahan have not been given this facility. Even the Defense Housing Scheme, being established exact behind the village, has been furnished with the Sui Gas pipeline through the village. People of the village use Liquid Gas Slender

and they have to bring such thing from Rawalpindi city or Rawat. The poor of the village use wood and this is easily available near the village in the graveyard in shape of trees.

2.14.6 BANK AND POST OFFICE

The people of Gura Shahan are not enjoying the facility of bank and in or near the village. To deposit their saving or paying utility bills they have to approach to the Sawan Camp or Rawat. Due to this they have to suffer extra charges of traveling apart from billing amount.

Likewise no post office is situated at village. A postman visits once in a week sometimes twice in a month to deliver the mail of villagers and often the people find their necessary mail very late. To post their letters they have to travel to Rawat paying fare of conveyance.

2.14.7 EDUCATIONAL FACILITY

Educational facility is not available in the village though the village is the part of Federal District Islamabad. Usually this directly influences education level. Only a private school is in the village that has neither adequate room nor standard. There is not government even a primary school is located in the village and young boys and girls have to travel to Rawalpindi or Rawat to get education. That is why most of students leave the education incomplete because they have not enough money to spend on conveyance apart from school dues.



SYED SHAFQAT KARYANA STORE



**A VIEW OF THE VILLAGE FROM G.T.
ROAD**

TABLE 2.5

DISTRIBUTION OF POPULATION IN TERMS OF LITERACY LEVEL AND SEX

Sex	Below 5	Illi.	Primary	Middle	Matric	F.A	B.A	M.A
Male	37	124	124	68	83	26	14	3
Female	33	91	124	81	78	19	21	4

But it is surprising that in spite of non-availability of educational institutions, as table shows, the literacy rate is 69.35% in the village. The male literacy rate is 35.16% while the female literacy rate is 34.19%.

2.14.8 HEALTH FACILITIES

Like education, health facilities are very much poor in Gura Shahan. An LHV is appointed by the Government on the recommendation of Chairman of the village. She is primary pass woman. Due to the lack of proper education, she is unable to communicate concerned patient women. For this reason the people of the village go to Rawalpindi, Rawat or Sihala with reference to women's health or family planning.

There is only one clinic, which has capacity of one room, situated in the village and run by a person who is not MBBS doctor rather he is homeo doctor. This person is not the resident of Gura Shahan and comes from High Court City. In the absence of this doctor, a dispenser is found who is a matriculate young boy. Only poor people approach this clinic in case of emergency. The rich people of the village or Sayyeds go to Al-Shifa,

Government Hospital or other qualified doctors in Rawalpindi or Rawat even in case of headache.

In spite of lack of women 's health facilities and family planning measures, the people adopt temporary or permanent techniques of birth control. Temporary contraceptives are found on the local shops of the Gura Shahan.

CHAPTER # 3

SOCIO-DEMOGRAPHIC PROFILE

Demography is the knowledge about population dynamics. The total size of the population, the rate at which it is growing, its age and sex composition are crucial factors in the demography of any country. An analysis of these demographic factors is essential to have understanding the reasons for accepting or opposing the family planning (Malik 1995:42).

In the village Gura Shahan, the total population is 930 of 479 males and 451 females. The total numbers of males is slightly more than females with a ratio of 51:49. It means that there are 51 males for every 49 females. The distribution of males and females, according to different age group, is shown in table 3.1.

TABLE 3.1.
DISTRIBUTION OF TOTAL POPULATION
ACCORDING TO SEX AND AGE GROUP

Age in year	Male	Percentage	Female	Percentage
0-4	42	48	46	52
5-9	37	44	47	56
10-14	50	48.5	53	51.5
15-19	56	49.5	57	50.5
20-24	55	50.4	54	49.6
25-29	33	42.8	44	57.2
30-34	31	50.1	30	49.9
40-44	16	55.1	13	44.9
45-49	22	59.5	15	40.5
50-54	13	40.6	19	59.4
55-59	11	34.4	21	65.6
60 and above	36	63.2	21	36.8
Total:	479	51%	451	49%

This shows that male ratio is higher than female ratio. Age and sex structure of population shows that majority of population comprises of adolescents. As structure shows that there are 444 person in the age group (15-29) and 344 persons in the age group (0-14). This indicates that population is continuously increasing. Marriage is considered an important part in women's life. The average age at marriage for females in village is 18-25 whereas the age at marriage for males is 23-28 years. Parents usually like to get their sons marriage as soon as they start earning after reaching at their puberty age. People like to select younger girls as match for their sons, as they think that a young girl would have longer been reproductive and could produce many children. Sometimes exceptions occur. Due to this reason, mostly parents usually prefer to marry their daughters as soon as possible as they could not get proper match for them in their late twenties because in this age group girls are usually considered over age for marriage due to shorter reproductive span.

After marriage, pregnancy plays an important part in the lie of women in village Gura Shahan. It is considered necessary for women to get pregnant in the first year of her married life. If she could not do so, people start talking about her. That is why many couples are pressurized to bear the first child as soon as possible.

In the village Gura Shahan, mostly women start breast feeding early, 2nd or 3rd hour after the birth of the child because they have awareness that breast-feeding could be used as contraceptive. Some women usually breast feed their child for 6-9 months. There are several reasons behind this such as their husbands want more children especially sons, they want to use bottle as they consider it easy way of feeding the child etc.

The infant mortality is comparatively less in this village. A rough estimate shows that 1 baby out of 12 dies before one year of age in six months (during research). Common causes were diarrhea and pneumonia. In spite of two shrines are present in the village, mothers seldom contact with a *Peer* hence child recovers and survives.

Average Family size is village Gura Shahan is 8 while the ideal family size is 6 for majority people with at least two sons. Son preference is quite common in the village as majority people think that their sons are an economic asset for them and great source of income for their future and in some cases for their present as well.

According to fundamentals of Modern Sociology (1982), the reproductive age group for females expands from 15 to 49 (Zaidi 1990:37). Hence the total females have been further divided into three categories depending upon their reproductive ages. The first category is of those females who are below the reproductive age, second category is of those females who are presently in reproductive age group while the third one consists of those females aged 50 or above and have completed their reproductive cycle.

TABLE 3.2
DISTRIBUTION OF WOMEN ACCORDING TO
THEIR REPRODUCTIVE AGE GROUP

Age Group	Number	Percentage
Below reproductive Age group	130	28.82
Currently reproductive age group	260	57.66
Passed reproductive Age group	61	13.52
Total:	451	

The particular concern is with 55.5% of the village that are in the reproductive age group. They are the ones who play a vital role in population growth.

According to Nasra M. Shah (1982) marriage, divorce and widowhood are the demographic events that influence the course of population growth. They shape the marital composition of a population, which can in turn, affect all aspects of population dynamics. She contends that marriage provides the primary social setting in which childbearing takes place. Thus, the age at which women enter into their first marital union is one the important determinants of fertility.

According to the "Muslim Family Law Ordinance" 1961, the minimum age of marriage for girls is 16 years and that for boys is 18 years. In Gura

Shahan, the average age at marriage for females is 18-23 years and that for males is 22-25 years because puberty is presumed at this age.

It is generally agreed that if a person marries at the age of 17, he has immense fecundity for reproduction.

On the other hand, if he marries at the age of 30, he would have passed the age with most fecundity. The age at marriage greatly effects the number of children an women will bear during her reproductive life time. According to Tuan, "Women married under 14 bear more children than do those married at 15-19, who in turn are more fertile than those married at 20-24" (Tuan, 1984).

Thus the earlier a woman gets married, the more number of children she is likely to produce. In Gura Shahan woman get married in their more fertile age and start producing large number of children soon after. Marriage in the village is arranged for the purpose of reproduction. This is a clear notion in the mind of the villagers. Children, particularly sons, are regarded as economic assets because they provide labour, and contribute to the household income and thus support their parents in their old age. They provided the only safeguard against being destitute in old age. In this social set up, the marriage is considered as a way to produce sons. Early marriage is considered conducive to a good adjustment since the new daughter-in-law had not yet had the time to develop her own personality and is still make able. Besides, it is considered a waste of money to keep a daughter in the parental home where she would require food and clothing but do little work.



KEY INFORMANT SYED WAQAR SHAH



KEY INFORMANT SYED HAROON SHAH

Marriage is a critical event in a woman's life. She has seldom any say in the selection of her husband and in-laws. She relies on the judgment of her parents or elder members of her kin group. A woman meets her husband on the day of marriage unless he is a relative. The mate selection is not limited to the village only, but boys and girls of other villagers are also considered which means that they may or may not be relatives. Marriage in Gura Shahan is generally based on ethnic group endogamy or Biraderi endogamy i.e. people prefer to marry within their own ethnic groups or Biraderi. The distribution of women according to their marital status is given in Table 3.3.

TABLE 3.3

**DISTRIBUTION OF WOMEN AS PER MARITAL STATUS
IN TERMS OF AGE GROUPS**

Age Group	Married	Unmarried	Widowed
15-19	2	55	0
20-24	20	27	0
25-29	36	11	0
30-34	29	0	0
35-39	47	1	2
40-44	12	0	1
45-49	15	0	0
Total	162	98	3

Regardless of the fact that the average age at marriage for women in Gura Shahan is 15-20 years the table shows that there are 55 women in the age group 15-19 who are still unmarried, 27 are in the age group of 20-24, 11 in the age group 25-29, while one is in 35-39.

The unmarried woman above 30 years age is that who has physical disability. In Gura Shahan to be married is a sign of peculiarity, if not of disgrace and thus young people are under strong pressures to marry at that point in the life cycle at which they are considered full-fledged adult members of the village. Unmarried daughters above 19 years of age have little prestige dependent on bearing of children especially sons, in order to perpetuate the family line.

Out of 260 women in the reproductive age group 162 are married. The married women have been further categorized depending upon their ability reproduction. These categories of women along with their number and percentage are given in table 3.4.

TABLE 3.4

DISTRIBUTION OF WOMEN ACCORDING TO THEIR REPRODUCTIVE ABILITY

S. No.	Ability of Reproduction	Women	Percentage
1.	Producing Children	160	68.38
2.	Unable to produce but still in reproductive age	2	0.73
3.	Widows	8	3.54
4.	Passed reproductive age	64	27.35
Total:		234	

Woman in Gura Shahan start their menstruating period at average of 14 years and complete their menstrual cycle at an average age 48 years. About 23.02% of married women in Gura Shahan are those who have been their

reproductive age group. Almost 73.38% of married women are still producing children. In this village where the age at marriage 20-24 years, the potential for large family is not too much high, because the major occupation in the village is labour. Usually in the other villages of Pakistan agriculture is major occupation and it requires large families but in this village it is not so.

Since this village is situated at side of G.T. Road and conveyance problem is not faced by the villagers, most of the children (whether first after marriage or not) are delivered at private clinics and government hospitals located in Rawalpindi, Rawat or Sihala.

During pregnancy the food is the matter of income in this village. In the upper class women is given required food and paid special attention in terms of medical check up etc. Whereas in lower class woman is not fed any special food no other special care is taken. She is given the food which eats in the normal daily routine. Still certain beliefs and practices, observed by pregnant women, are common. A pregnant woman is not allowed to go out of the house in the evening, neither she should go near the trees. It is believed that evil spirits, existing in the breeze, will cause the baby to be still born and adversely affect the mother's health. If the mother gives a still born baby then as a preventive she is given amulet to wear.

During pregnancy, the woman is forbidden to visit any house where death has occurred or to visit any woman to whom still child has born or whose child has died.

After delivery, the umbilical cord is cut with a blade dipped in mustard oil. **Surma** (a black power) is put in the eyes of the child. A relative of woman

either male or female present on the occasion gives usually **ghutti** made of honey with wate and **Saunf** etc. Honey with his or her finger in the mouth of child. Since it is believed that the child gets the habits of the person who gives it the **ghutti**. The head of the newly born baby is wrapped tightly with a cloth to give a good, round shape. The baby's head is untied after 3 or 4 months.

Women are supposed to remain in the delivery room (in case of lower class) for seven days and within the boundary wall of the household for forty days. The room where the child is born is also used by the other household members but at the time of delivery a section of the room is partitioned with a curtain for privacy. Most of the households do not allow the unmarried girls to be present at the time of delivery but some do allow. Males are strictly prohibited. After giving birth, the food is given, such as soup or tea, to take. She is given bread to eat after 3-4 days after birth. In well-to-do families, the bread is baked in the **desi ghee** and the meal is also prepared in **desi ghee** on such occasions like child birth etc.

About 85% babies are fed mainly breast-milk for about six months, even water si not given to them. About 15% babies are being bottle-fed these days. After wards they are also given additional foods like soups juices etc. The child is to be breast-fed for two to two and a half years. Boys are usually breast-fed longer than girls, as it is believed by the women that they need more strength. Mother's milk is believed to be more nourishing and strength providing than the animal milk. It is also believed to be the first preventive injection against the diseases. The average period of breast-feeding for boys is two to three years and for girls it is two or less. If a woman gives a live birth after giving birth to two or three still born babies, she is not allowed to breast feed the baby herself, as she is

considered to be under the influence of some evil spirits or spells. The baby is then bottled fed by other women of the household who are usually sister-in-law or mother-in-law.

Women in the village get pregnant even before the last baby is weaned and before he or she is able to walk. Women are often in ill health after child birth. Malnutrition, infection and complications caused during the child birth, and repeated pregnancies breakdown the health of women. After frequent pregnancies women often become exhausted and it is more dangerous if they are older in age and give birth to babies. Breast feeding the babies for two to three years continues to put strain on her body. Iron deficiency anemias are the most common complaints. Anaemia can have various health consequences. Many minor complaints of pregnancy are characteristically those of anaemia. Daily work routine and household activities become strenuous for pregnant women. The pregnant women work throughout and usually within two or three weeks after child birth, they resume their normal work routine. Though she is responsible to look after the new born and other children of the household, but the other females of the household above seven or eight years of age are also involved in the look after of the new-born baby. Children especially the male children are given maximum attention is feeding, washing and protection from injuries and that becomes the sole responsibility of females. But it is interesting that the food given to the child and the general environment in which they live is very unhygienic.

The rat of infant mortality is quite much high in the village. According to a roughly estimate, approximately two babies of every ten babies who are born alive, die before they reach the age of one. The common causes of their deaths have been reported to be diarrhea, pneumonia, fever and

small-pox but the most frequently mentioned cause is the evil spirits. At age beyond infancy, women identify diarrhea, malnutrition, measles and malaria to be the cause of their children's deaths. These diseases have their roots mostly in the general environmental conditions which are poor and unhygienic.

CHAPTER # 4

FAMILY PLANNING ATTITUDE AND PRACTICE

Shazia Malik says that human beings are directly affected by the environment in which they live. There, human behaviour is motivated by a number of actors, which either hinder or promote its response to a certain stimulus. Same is the case in response of parents to family planning practice (Malik 1995:68). She further quoted the words of Nasra M. Shah:

“The couple’s desired family size, their attitude towards contraception, the family’s as well as general community’s attitude towards contraception are all significant factors that determine the level of contraceptive use in a society”.

4.1 SOURCE OF INFORMATION

Different people get the knowledge about family planning from different sources. Usually in the villages this information is provided by the relatives, friends or LHVs appointed in rural areas. But in Gura Shahan the situation is different. In this village, people have mass media particularly TV as a great source of information about family planning as Table 4.1 shows:

TABLE 4.1
SOURCE OF INFORMATION

S. No.	Source	Respondent	Percentage
1.	Mass Media	39	78%
2.	Literature	5	2%
3.	Relative	0	0%
4.	Neighbour	1	2%
5.	Friend	1	2%
6.	Colleague	1	2%
7.	L H V	1	2%
8.	Doctors	1	2%
9.	Sine Board	1	2%

A majority of people in this village got information concerning family planning through TV, hence it reveals that this village going towards development and mass media have effective influence over the village and its inhabitants.

10% of the respondents were informed about family planning through various literatures. This thing shows that such people are qualified and have tremendous awareness of family planning.

This table also indicates the low standard services and poor knowledge, and less interaction of only LHV with the other women of the village. According to this Table the people usually avoid to discuss family planning matters with relatives and neighbours. This table also shows the



A MOTHER OF TEN CHILDREN





AN AUNT WITH HER NEPHEWS AND NIECES



links of people this village with modern centres like Rawalpindi because these people got the knowledge about family planning through different sine boards installed by the concerned institution.

4.2 RESPONSES OF PEOPLE

Majority of villagers are in favour of family planning. Usually in the villages or rural areas of Pakistan people do not have positive response to family planning in spite of different rural health centres, family planning centres, and LHVs being in the village. To explore the opinions of villagers, 50 respondents were interviewed. It was amazing that unlike other villages of Pakistan, majority of people in Gura Shahan responded in favour of family planning, as Table 4.2 shows:

TABLE 4.2
RESPONSES OF PEOPLE TOWARDS FAMILY PLANNING

S.No.	Respondents	Number	Percentage
1.	In favour	41	82%
2.	Against	7	14%
3.	Neutral	2	4%
Total:		50	

14% persons are against family planning due to various reasons while the neutral people are very less in number.

On interviewing, a variety of users and non-users were found, in the village in which there were people who agreed to family planning methods

but did not use any contraceptives. On the other hand there were villagers who did not agree but were found users of contraceptives.

As Shah said, the adoption of contraception in Gura Shahan also depends on certain attitudes of respondents towards contraception. The use and non-use of family planning measures among the villagers depends upon a number of factors such as, the couple's desired family size, husband's approval for using family planning methods and techniques, number of living children, mother's health, religious beliefs, economic conditions etc. For a better understanding of the relationship between the attitude of the respondents towards family planning and adoption of contraception, a comparison between users of the measures and those who are non-users, is significant.

As I mentioned earlier that the total number of respondents, who were interviewed, is 50, out of these respondents the number and percentage of users and non-users is shown in Table 4.3.

TABLE 4.3:

DISTRIBUTION OF RESPONDENTS ACCORDING TO USE AND NON-USE OF FAMILY PLANNING METHODS

S. No.	Categories	No. of Respondents	Percentage
1.	Users	37	74
2.	Non-users	13	26

In Gura Shahan only women use family planning methods (except condoms). There is not a single male who use any type of contraceptives. Even if the husband himself desires not to have any additional children, he would expect his wife to use contraceptives or get herself sterilized.

4.3 CONTRACEPTIVE USERS

Various reasons, described by the respondents who adopt family planning measures have been shown in Table 4.4.

TABLE 4.4
REASONS, NUMBER AND PERCENTAGE OF RESPONDENTS
ACCORDING TO USE OF CONTRACEPTIVES

S. No.	Reasons	Number	Percentage
1.	Preservation of Wife's Health	18	48.64
2.	For Child Spacing	7	18.91
3.	Achieved Desired Family Size	5	13.5
4.	Poor Economic Conditions	4	10.8
5.	Better Life of Children	1	2.7
6.	To attain Higher Status	1	2.7
7.	People's Comments	1	2.7

Usually in the villages of Pakistan a woman's life status is too much low in the eyes of her husband and in-laws, and she has to suffer a lot. The health of woman particularly the health of wife is no more important but analysis of above mentioned Table show a different situation in Gura Shahan. The most common reason for the adoption of family planning methods is the preservation of wife's health. These respondents adopt contraceptives because of ill health of their wives. Mother is the foundation upon which the family life is based; women in the village have to look after the children, to household as well as livestock in the home. Repeated pregnancies and child births leave the women weak and often deteriorating

health and thus, it becomes difficult for them to cope with the household work, to look after small children and also to participate in daily activities. This category is supported by a case study:

Case Study:

There is a person named Farooq Ahmed Mughal. He is 45 years old. His wife gave birth to four children and got some complication in his womb. She became too weak due to over bleeding. Now doctor is of opinion that if she bears next child, she may die. Hence she uses contraceptives with the permission of her husband Farooq Ahmed. He says:

“There is no other way for me to use contraceptives, because if I do not use contraceptives then my wife will die or lose her health and there is no one to look after my children and household properly.”

The health of wife, particularly if she is a mother is very important, because with ill health she cannot cope with daily activities in the village life. This category is further supported by another case study.

Case Study:

Imtiaz Ahmed Malik is 35 years old person and father of one son and six daughters one of them has died. His youngest child is almost two years old. He complains of high blood pressure and weakness of his wife. He is of opinion:

“Continuous child bearing has left my wife weak and patient of high blood pressure. I want to have more children as we were 18 brothers and sisters, but my wife has been

so weak that she cannot bear next delivery”.

People who think that their wives are not able to carry out their work effectively because of their ill health, make their wives use contraceptives. Family planning has a significant impact on the health of the mother because with fewer children, a woman is able to carry out household activities more efficiently.

The second highest category, as indicated in Table 4.2, of respondents who use family planning methods are those who want to have more children but want to have an adequate space between two deliveries. These people want their wives in better health to look after households and to perform daily activities. Usually four to five years pace is considered sufficient in this category. Those women who have given birth to three sons already are more responsive towards family planning Table 4.2 shows that 18.91% respondents who use contraceptive to space their children. Most of them want to have an additional child but they prefer to have a gap of at least four or five years before they attempt another pregnancy. Frequent pregnancies have an adverse effect on their health. This can be supported by a case study.

Case Study:

Rafaquat Mughal is shopkeeper of fruit in Rawat. He is 40 years old and has two daughters. He and his wife are using contraceptives with mutual consent for spacing their children. According to him:

“I often found many women dieing or having been victim of complication due to constantly child bearing. Hence I made my wife use family

Adequate spacing allows more individual care for each child as well as extends the period of active motherhood. By lengthening the space between children, mother and child are kept healthy and number of children expected during fertile age period of a couple is reduced.

The third percentage that is shown in the Table 4.2 is of those people who have exceeded their desired family size and do not want to have any more children. The desired family size in Gura Shahan relates to number of sons as in the other villages of Pakistan. The desired number of sons for women is three, whereas there is no specific number of for daughters. However, it is desired that they should be as less in number as possible. Some are considered as an economic asset to the household because they provide labour in workshops and contribute to the household income and thus support their parents in their old age. They constitute the insurance that the parents will be provided for in old age. Elderly couples must rely on their sons for their livelihood they provide the only safeguard against being destitute in old age, as the parents have no opportunity to accumulate sufficient cash savings for their own future. It is logical, their argument runs, to have as many sons as possible in the hope that they will support their aged parents.

In addition to the security in old age, sons are regarded as a good investment. This is also related to the mode of production. Majority of households depend upon labour activities for their livelihood. They need more hands to help in working such as tailors, painters, shopkeepers etc.

The fourth category of users consists of the people who use contraceptives because of their less income and poor economic conditions.

Economic value is attached to the sons in Gura Shahan. More sons mean more earning hands as well as more wives. Households in which a mother has no other woman to help her in the household and daily activities, the sons are married at relatively early ages to bring in wives and thus the burden of workload is reduced. One woman says: "Sons are gold, for they bring in wives who help in the household and they bring money through their jobs".

Table 4.2 further shows that the use of contraception for a better life of their children is not in the villagers' conception, as only 2.7% of the villagers gave this view. Majority of the people believe strongly in fact think that everything is predestined for them by God. Therefore, they are not willing to work for a better life.

Male preference among children in Gura Shahan is a fact but the reason for having more than two sons is that the villagers are insecure about the life of their sons. In fact if mortality rate is high in the village, as has been 20 years ago, and women therefore have no guarantee whether their children particularly sons are going to make it through the first five years of their life at least or not. A woman says: "Two sons are not enough, that if one dies, then I will be left with only one".

4.4 CONTRACEPTIVES USED

Contraceptives that are easily available in the village are condoms. These condoms (Sathi, Humdum, Touch) are found with the shopkeepers of the village and provided to the users. The concept of injections, oral pills or IUD is not too much common among the villagers because there is only one LHV in the village and she has not proper knowledge and instrument.

Also she has no effective interaction with the women of the village. Oral pills and injections have to be obtained from the private clinic or government hospitals out of the village. For sterilization, villagers contact with Anwar Clinic, situated at Sihala.

4.5 SIDE EFFECTS

Available contraceptives (whether in the village's shops or outside the village) are reported to have side effects of different kinds. The users of condoms complained that the use of condom creates infections in the vagina of the women, which ultimately cause the more complications in child bearing. Sometimes condoms are broken and conception is made and a misunderstanding is created between spouses, which ruins ultimately their family life.

Sterilization is considered a permanent birth control method. In the village some respondents got sterilized their wives and reported different diseases after adopting this measure. One of my respondent said that after sterilization his wife was being over weighted her eyesight was being weak. Many of them said their wives felt pain while indulging in intercourse.

IUD is also suspected among villagers. They are of opinion that IUD is not more useful in birth controlling and creates infections in the women's body, and is often transferred into the body of infant. Some of them say that IUD reaches in the head of woman with the passage of time.

Oral pills and injection are also reported to have side effects in which being over weighted, over bleeding, disruption of menstrual cycle etc. are very common.

4.6 NON-USERS

As shown in Table 4.1, in the village Gura Shahan the 26 percent of respondents are non-users. Various point of views were explored for not using contraceptives which are given table 4.3

TABLE 4.5
REASONS, NUMBER AND PERCENTAGE
OF NON-USERS

S. No.	Reason	Number	Percentage
1.	Did not realize	6	46.15
2.	Natural Space	4	30.75
3.	Need more children	1	7.70
4.	Less awareness	1	7.70
5.	On someone's advice	1	7.70
Total:		13	

The above table shows the height of ignorance of the villagers. Highest percentage of non-users does not think about family planning. This also shows a sense of irresponsibility about their moral duties.

Another factor, affecting family planning, is the reported natural space between deliveries. This category said that a natural space exists between children in their families for which they neither think about adoption of family planning nor use any type of contraceptives. This category is supported is supported by a case study.

Case Study:

There is a person named Sardar Yasir Mehmood who is 39 years old and works as a Naib Qasid in a government organization. According to him:

“In our family a natural space occurs between children. Inherently my father was the only son of my grandfather. Likewise I was only son of my father and have been married since 1989. Now I am father of four children each of them has almost three years space to next delivery”.

Some people do not use any contraceptives because they need more children though they are labourers and their daily income is Rs. 100/- per day while the some are non-users due to unawareness and in this regard the low standard duties of LHV come into question.

CHAPTER 5

FAMILY PLANNING: ATTITUDE AND PRACTICES IN DIFFERENT FAMILY TYPES

Without explaining family, its types and composition, the description of family planning is incomplete. Family is a basic unit of social organization and family planning programme are initiated for the betterment of the family and its components. In the social organization of the village family structure is the most important and basic social and economic unit in which interaction between members is very closed and strong because they are dependent on each other emotionally and financially. Perception of family planning varies in different family types.

Murdock describes the family as:

“Family is a social group characterized by common residence, economic co-operation and reproduction, it includes adults of both sexes, at least two of whom maintain a socially approved relationship and one or more of their children of their own or adopted by the sexually cohabiting adults (Murdock 1949:1)

5.1 AUTHORITY STRUCTURE

Power and authority system in for the maintenance or establishment of social order within a small domestic group i.e. house or within a large group i.e. society.

“Power is a social process it refers to the ability or the process by which such ability is implemented by one individual or group

to control the behaviour of others or produce a desired reaction in them”.

In the village male persons have the ultimate authority for making final decision within a family whether in organized jointly or on nuclear basis. In the family every one has his or her own status and role, though some have inferior and some have superior depending upon sex and age. In the family authority is usually exercised by the father. He makes the decision in economic sphere, in making marriage decision and in other domestic problems.

In Gura Shahan there are following family types or systems have been found:

1. Nuclear Family System: It consists a married man and woman, and their unmarried children. In the Gura Shahan nuclear family system is very common.

“In nuclear family consisting of parents and their children, the responsibility to support the family rests entirely on the principal provider who is usually the father. This system encourages late marriage for the reason that a man must settle in a job and have some assured source of income before taking on familial responsibilities. Even after marriage the desire for children is not so great because they are oftener seen us an economic liability” (Mathur 1989:110).

2. Extended Family: When a married son along with his wife and unmarried children, lives with his parents. It is the old family system which is secondly common in the village now-a-days, usually extended family system is found where there is enough place in the house so that their married children can easily adjusted.

3. **Joint Family:** In this family system two or more than two married brothers, their wives and their unmarried children, live together with their parents under a common household. Basically it is the combination of nuclear families.

“There is, in fact, a further practical reason for not caring to limit the number of children in the joint family system. Since everybody is jointly responsible for bringing up children, it is sometime disadvantageous to a couple to have fewer children. This may not necessarily relieve them of responsibilities of caring for other children in the larger family. Those with fewer children of their own may be required to contribute to the maintenance of children of other parents” (Mathur 1989:110).

On interviewing it has been pointed out that family planning perception is different in above three family systems and the number of users varies in each system as shown in the table 5.1 indicates:

TABLE 5.1
DISTRIBUTION OF USERS ACCORDING TO
FAMILY SYSTEMS

S. No.	Users	Number	Percentage
1.	Nuclear Family	20	54.54
2.	Joint Family	10	27.27
3.	Extended Family	7	18.91

If we analyze the above table carefully, it will be shown that the majority of the users found in nuclear family system. It shows the financial

independence of couples who are not answerable to their elders. These families do what they think better for their households. Usually in Gura Shahan, where nuclear family is in majority, attitude towards family planning is very responsive and decision making is the result of mutual understanding of spouses. Excessive nuclear families also indicate the better life status and significance of female in the village.

5.1.1 NUCLEAR FAMILY SYSTEM:

In nuclear family the authority is usually husband because Pakistan society is male dominant society. Husband is responsible for subsistence of whole household. In Gura Shahan the nuclear family system is most common and 60.86% households hold nuclear family system.

Husband-wife communication is friendly and decision about any sensitive matter relating to the family and household is taken with mutual consent. Likewise the adoption family planning methods is made for the betterment of the household and children.

Usually in other villages or rural life of Pakistan husbands exercise his authority and order their wives to adopt or reject contraceptives, but in Gura Shahan situation is different. In this village the adoption family planning in nuclear family is the decision of mutual understanding of husband and wife. It also indicates that women's life status is better in Gura Shahan. To support a case study is given below:

Case Study:

Safdar Saeed is 26 years old man who has four brothers and five sisters. He works as painter in a workshop in Rawat. He lives separate from his

parents. He got married before six years and has two daughters four years and one year old respectively

Now this couple began to use contraceptive although his parents put pressure to produce more children particularly sons. But he Safdar Saeed and his wife decided with mutual consent that they should limit their family up to these two daughters because his income does not allow having more children.

His other two married brothers, one is elder and other one is younger than he, live with their parents and financially dependent. The elder brother has four daughters alive and two died while the younger brother has two sons and one daughter, and is constantly pressurized to produce more children particularly sons.

Case Study:

Syed Ahmed Shah is 35 years old and has two daughters and one son. He runs a PCO and billiard shop in the village. He also drives his property business. He and his wife have been using family planning methods to limit their family. He said:

“I and my wife decided to limit our family so we look after our present children properly. This decision was made with our mutual consent independently because we live separate and no body is to influence us in this regard”.

5.1.2 EXTENDED FAMILY

In extended family system father is the supervisor of the household. This family system includes three generations. Authority remains with head of the family. The father takes final decision in the family. Adoption family planning is not the will of married couple. They have to keep in mind the positive consent of the father, the head of the household.

The extended family is an old system and usually encourages the large family. In-laws particularly the mother-in-law of the married women want their sons offspring growing and are against the family planning methods. In the village Gura Shahan in extended family system is not more than 18.91 percent and even fathers-in-law of married women have been found against family planning. To support this category a case study is given.

Case Study:

Shafaat Hussain is a labourer and sells fruit on Rehri in the village. He is almost 57 year old and has four sons and three daughters. His wife, Shamim Begum, got sterilized herself after last child who is 15 years old. Shafaat Hussain had no objection on her sterilization but his father was very much angry. According to him:

“My father was very angry on sterilization of my wife. Although I did tell him that she did this due to some physical complications but my father did not want to listen even one word about this. He urged very much that I might divorce my wife”.



SHAMIM BEGUM WHO STERILIZED HERSELF



SHAFAT HUSSAIN AND SHAMIM BEGUM

In extended families the husband-wife communication remains very less and child-bearing matter is considered the responsibility of mother-in-law. She is supported to take her daughter-in-law to clinic, Dai or hospital etc. If husband and wife adopt family planning method without the will of in elders, they are considered disrespectful in the Biraderi

5.1.2 JOINT FAMILY SYSTEM

Joint family is also prevalent in village Gura Shahan and it is defined as "A group of people who generally live under one roof, who eat food cooked in one kitchen and are related to one another and some particularly type of kindered" (Karve 1968:8).

In this village joint family system comes into existence when the married brothers live together with their legally approved spouses and children in the same house (whether their parents are live or not). They share the same kitchen as the separate kitchen consumes a lot of money. Sometimes in the joint families households may be separated from each other but economic cooperation is necessary. Authority is distributed among brothers and every couple is free from any influence of other one to decide regarding their private matter and domestic affairs like family planning. In such families family planning is completely accepted or completely rejected because a sense of competition is found particularly in the married females of the household. If a couple wants spend better life, the other will also try to follow. Two case studies are given to identify the sense of competition.

Case Study:

Syed Maghfoor Hussain Shah is 70 years old and retired from Air Force. He lives with his two younger brothers who depend upon him He has five

children while one of his brother Syed Akhter Hussain Shah has seven children. His second younger brother has also five children. They are too much in favour family planning but none of them proved user. Every brother want to have more children than the other two brothers. Maghfoor Shah is of opinion:

“Why I should spend money on others instead of my own children. It is the right of my own offspring what earn”.

Case Study:

Syed Amjad Hussain Shah And Syed Saghir Hussain shah are two are brothers and live together in a common residence and run their household jointly. Cooking is also shared. Their parents have died ten years before. The wife of Syed Amjad Hussain Shah began to use family planning measures after the birth of her third child. Syed Shaghir Hussain who is younger than Amjad Shah, advised her wife to use such methods. Both the brothers adopted family planning method for better life and education of their children.

CHAPTER # 6

SUMMARY AND CONCLUSION

This thesis is a step to explore and analyze the attitude of natives of the village Gura Shahan towards family planning. In this regard various factors came into study, which promote population growth and hinder the family planning adoption. Hence we find that some people in a society use contraceptives to control excessive birth while others in the same society are against it.

The main objectives of this study were firstly to obtain the socio-economic structure of the village, secondly to explore the comprehensive knowledge about the structure and types of families, thirdly to find out the local perception from the religious point of view, fourthly to obtain information regarding the quality of available contraceptives and finally to explore the impact of different socio-economic factors on attitude and decision-making towards family planning.

This study was conducted in the village Gura Shahan that lies 13 kilometers away from Rawalpindi at the side of G.T. Road. The village is situated in Federal District Islamabad. Its total population is about 930 with average family size of 8 members. The family planning facilities are not available in the village and people have to approach Rawalpindi or other areas outside the village for such purposes. Socio-economic survey information shows that the majority of the population in this village is Shias and are called Syeds and therefore sect has a considerable influence in the village. Syeds hold the key positions in Gura Shahan including the chairmanship of the union council. The other votable castes are Rajput and

Awans but numerically less than Syeds. It is amazing that Gondal is influencing caste and they are next to Syeds in spite of being fewer in number. Major language of this locale is *Potohari* being the native language of Rawalpindi and Islamabad region. Some other languages such as Punjabi , Pukhto etc. are also spoken. Linguistically Gura Shahan is *Potohari* village on the average. Literacy rate in this village is 69.35% and it is notable point that there is neither governmental nor private school even of the primary level.

Socio-economic survey also indicates that religion in the village is Islam and 100% people of the village are Muslims. There are two shrines in the village which are in the hold of Syed community. People believe in spirits and saints.

There are four major occupations in Gura Shahan. Labour is the main occupation; other includes government service, business and driving. Government servants and businessmen are included in upper class as most of them are holding best socio-economic status. The labourers and drivers constitute lower class as they perform their jobs on daily wages so they are always entrenched in the fearful swing of getting or not getting the work..

The information, obtained through questionnaire, shows that in the village Gura Shahan 74% of the total population are users of contraceptives. Most of them belong to nuclear families. While the 26% of the total population is non-users and most of them belong to extended families.

This shows that majority of the villagers is availing contraceptives. In the local situation, there are various perceptions of the people regarding acceptance of family planning.

In this village the girls are usually married in average age 15-19 (It is the average age otherwise there are many women who are married at the age of 25-38 in this village). It is a fertile period and marriage in this age ultimately results in reproduction of more children. Excessive births have an adverse effects on the health of women. No family planning programme has been introduced in the village as yet even then 74 percent of the villagers are users of contraceptives. Although the fertility decline is not seen eminent, it is not amazing that, in spite of absence of family planning programme in the village, majority of the people was found using contraceptives because the media played an important role to motivate and to create an awareness among the villagers in this respect.

In most of the villages or rural areas male preference among children, is a common trait. Religious beliefs and preservation of mother's health are usually found to have strong influence on the life and decision making of the natives. The data shows another side of the picture. Sons are not strongly preferred by the villagers though some of them consider sons economic assets both in their adolescence when they contribute their labour to the family's upkeep and in the adulthood when they support their aged parents. In the village male preference is not tremendous. The findings reveal that both the sexes are equally preferred by the 50 percent of the respondents. Then comes female preference. Almost 36 percent of the respondents like to have daughters, while the son preference is on 14 percent.

Preservation of mother's health has been found to be of most significance factor that determines the use of contraceptives. Constantly pregnancies and excessive child bearing create many health problem like iron

deficiency among the natives of Gura Shahan. This affects adversely the households and daily activities of women. Hence the most of the villagers compel their wives to use family planning methods to avoid disruption in their lives and to combat ill health.

Religious beliefs in Muslim countries like Pakistan particularly in the rural areas of Pakistan, directly influence the attitude of people towards family planning. Some people are of opinion that family planning is an attempt to interfere with the creativity of God. Some consider it murder to prevent coming soul. Many of these think that UMAT of Prophet (Peace Be Upon Him) should be increased. A lot Quranic verses and Hadiths are quoted in this regard. In Gura Shahan the situation is quite different. Many of respondents disliked family planning on the basis of religious but in users and even in non-users there is no single example who might reject contraceptive due to religion. Here we find a contradiction between this situation and the statement of Thomlison in which he says "Mohammad advised orthodox Muslims to marry a woman who hold her husband extremely dear and who is richly fruitful".

Although Gura Shahan is male dominant society but decision to use contraceptives is the result of mutual understanding of both husband and wife. Some exceptions have been found in which husband is the authority to make final decision, and consent of male is necessary.

Fear of side effects is considered one great influential factors which hinder in adopting family planning measures. In the village Gura Shahan side effects have been reported by some users but none of non-users rejected contraceptives due to fear of side effects. Cost of contraceptives does not

matter in adopting family planning methods. None of users and non-users complained of high cost of contraceptives.

The data indicates that level of education did not play a significant role to reject or accept family planning methods. In this regard the household of Syed Maghfoor Hussain is an example that has almost all the members highly educated but are non-users. On the other hand a Mr. Safdar Saeed can be quoted who is not educated but after two daughters he decided to limit his family up to these daughters. These findings contradict with the statement of Besu (1996) who said "if educated women do have significantly fewer children, born or alive, than uneducated women, this may not be a sufficient basis for concluding that the demand for children is smaller among educated women. It could well be that the total family size desired is the same in all cases, and so is the number sons wanted, but that the educated women is able to achieve a smaller family size not only through more effective contraception, but also through more effective control over the sex composition of her offspring"

Family Structure, family size and family composition is much more important in Gura Shahan in accepting or rejecting contraceptives. Nuclear families are more inclined to use family practices and to limit their family within their resources. Their decision-making is quite independent and no body is to influence it.

Extended families are supervised and supported by elder member of the family who is usually father. In these families married couple are not independent and they have to keep in mind the consent of *Buzurg*. (elders).

Joint families have a particular feature of competition. In these households family planning methods are rejected or accepted completely.

The importance of family structure, described by Hari Mohan Mathur (1989) is found in Gura Shahan and we can obviously find that contraceptive-users are found more in nuclear families than in extended families.

From the above findings it can be concluded that:

- a) The preservation of wife's health is a great factor which makes the respondents use contraceptives.
- b) Religious beliefs and fatalistic attitude do not prevail in the village and have no effective influence on attitude of people towards family planning.
- c) A desire to ensure qualitative life does not induce respondents to use family planning methods.
- d) Exceeded desired family size and poor economic conditions also force the villagers to adopt family planning measures.
- e) Family structure and family composition is more significant factor that determines the use of contraceptives.

On the basis of these finds, it is recommended that family planning programmes should focus on the task of bringing changes in the attitudes of people. Since family structure plays an important role in the life of the villagers, the family planning personnel should focus key person in the family e.g. in nuclear families wife should be motivated by revealing qualitative life of whole family particularly her children. In extended family *Buzurg* (elder) should be focused with reference to their authority

while in the joint families the married couple, that may be responsive towards family planning, should be chosen, the other couples will try to follow.

People should be convinced that it is better to rear one son and give him a good education and a start in life than to have three sons who are poorly educated. One son also constitutes the guarantee that one will be provided for in old age. For the promotion of these ideas the help of *Peers* should be sought because *Maulvi* Sahib is an opinion less person and has no influence over native population. Fortunately there is no *Hakim* in the village; hence no hindrance can be created from this corner. Usually religious leaders and *Hakims* are considered great obstacles in the way of family planning.

Glossary

Biraderi	A group of people larger consists of many families
Chapatis	Traditional bread
Dai	Mid-wife
Darbar	Shrine
Deeger	Afternoon prayer
Desi Ghee	Oil fat
Ghutti	A liquid made of honey
Gur Rice	A kind of dessert
Hakim	indigenous healer
Halwa	A kind of dessert made up of semolina
Jamia Masjid	The mosque where Friday prayer is offered
Kacha	Made up of mud
Kothi	A house of good quality
Kuftan	Night prayer
Kurta	A type of shirt
Lassi	Drink
Mahg	Local name of the month January

Maulvi	Religious leader
Mureed	Follower
Namashain	Evening Prayer
Pakka	Made up of bricks and cement
Paratha	Oily fat indigenous bread
Peer	Spiritual leader
Peshi	Noon prayer
Poh	Local name of December
Potohari	Native language
Quom	Nation like Biraderi
Rehri	A tri wheel hand cart
Saunf	A herb
Shalwar Kamees	Local dress
Sunni	A sect of Muslim
Surma	A black powder

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QUESTIONNAIRE

1. What type of family do you have?
 - a) Nuclear
 - b) Joint
 - c) Extended
 - d) Joint Extended

2. Have you ever heard about family planning?
 - a) No
 - b) Yes

3. If yes, who told you
 - a) Relative
 - b) Neighbour
 - c) Family Doctor
 - d) Friend
 - e) LHV
 - f) Colleague
 - g) Mass Media Sources
 - h) Any other person

4. What were your views about it?
 - a) You were in favour of it
 - b) You remained neutral
 - c) You were against it, if yes, why

5. Did you adopt family planning measures?

a) If yes, then

i) Permanently

ii) Temporarily for child spacing

b) If no, why

6. Why did you adopt family planning?

a) If yes, why?

i) To preserve the health of wife

ii) To preserve the health of children

ii) To avoid abnormal children

iii) To economize your income

iv) Any other purpose

b) If no, why

7. Do you want to adopt family planning, if yes, then
- a) Permanently
 - b) Temporarily for child spacing
8. Did any person in your family adopted family planning? If yes
- a) Permanently
 - b) Temporarily for child spacing
9. What are the side and after effects?
- _____
- _____
- _____
10. What does Islam say about family planning according to your school of thought?
- a) Islam allows family planning
 - b) Islam is quiet in this regard
 - c) Islam forbids family planning, why
- _____
- _____
- _____
11. In your family who decides about family planning
- a) Husband
 - b) Wife
 - c) Both

- d) Older members family
- e) Any other person

12. What family size do you like?

- a) Large (Children from 6 to 10)
- b) Medium (Children from 3 to 5)
- c) Small (2 Children)

13. What is No of your children who died?

14. What are the Advantages and disadvantages of the large family?

a) Advantages

- i) _____
- ii) _____
- iii) _____
- iv) _____

a) Disadvantages

- i) _____
- ii) _____
- iii) _____
- iv) _____

15. What are the Advantages and disadvantages of the small family?

a) Advantages

- i) _____
- ii) _____
- iii) _____
- iv) _____

b) Disadvantages

- i) _____
- ii) _____
- iii) _____
- iv) _____

16. Where can you find family planning methods and services easily?

- a) Private clinic
- b) Rural Health Centre
- c) LHV
- d) Government Hospital
- e) Out of village
- f) Any other place

17. Are you satisfied with the quality of available family planning methods and services?

- a) Yes
- b) Somewhat
- c) No, why?
