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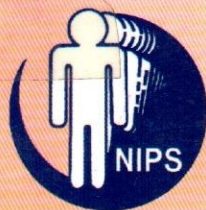
2006

# Demand For Children In Rural Setting

2006

**Zahir Hussain  
Zafar Zahir  
Zafar Iqbal Qamar  
Faateh ud din Ahmad**

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**NATIONAL INSTITUTE OF POPULATION STUDIES  
ISLAMABAD**

**DEMAND FOR  
CHILDREN  
IN RURAL SETTING  
A Qualitative Research Study**

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# Contents

**FOREWORD**            **V**

**ACKNOWLEDGEMENTS**            **VI**

**EXECUTIVE SUMMARY**            **VII**

**1. Statement of the Problem**            **1**

- 1.1 Justification            3
- 1.2 Literature review            4
- 1.3 Objectives            9
- 1.4 Conceptual Framework            9

**2. Methodology of the project**            **10**

- 2.1 Sample Design            10
- 2.2 Tools of qualitative research            11
- 2.3 Data collection procedure            12

**Research Findings**

**3. Socio-cultural Pressures on the Demand for Children**            **15**

- 3.1 Socio-Cultural factors which influence people's attitudes and perceptions in their demand for children            16
- 3.2 Most important factors that influence the demand for children            22
- 3.3 Son preference as an important factor in demand for more children            25

<b>4.</b>	<b>Capabilities to Control the Demand for Children</b>	<b>30</b>
4.1	Concept about Channels for Controlling Demand	31
4.2	Concept about Popular Channels	36
4.3	Changing Attitudes Towards Family Size	38
<b>5.</b>	<b>Decision Making Process Regarding Family Size</b>	<b>40</b>
5.1	Concept of population size	40
5.2	Family norms in rural society	43
5.3	Who has the final say in decision making	46
<b>6.</b>	<b>Conclusion and recommendations</b>	<b>49</b>

**ANNEXES**

<b>A.</b>	<b>REFERENCES</b>	<b>54</b>
<b>B.</b>	<b>IN-DEPTH INTERVIEW GUIDE FOR OPINION MAKERS</b>	<b>55</b>
<b>C.</b>	<b>FOCUS GROUP DISCUSSION (FGD) GUIDE</b>	<b>57</b>
<b>D.</b>	<b>POVERTY-WISE RANKING OF DISTRICTS, PAKISTAN 1998-2000.....</b>	<b>59</b>

## Foreword

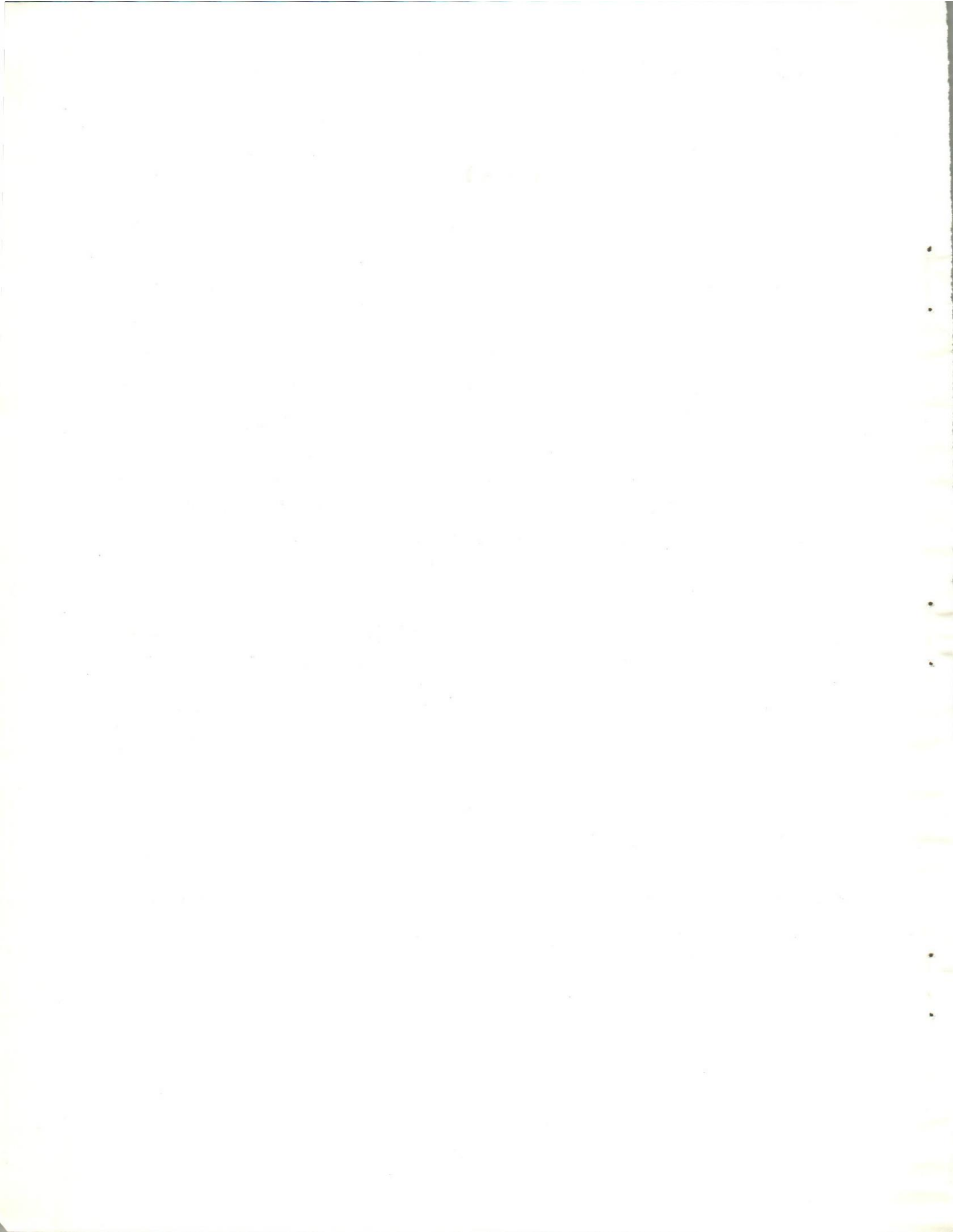
The National Institute of Population Studies (NIPS) initiated the study “The Demand for Children in Rural Setting of Pakistan” in April 2005. This study explores questions on two sets of themes (i) reasons influencing the demand for children in the rural setting; (ii) the linkages and associations between vulnerabilities and capabilities in decision-making about family size. If the past is an indicator of Total Fertility Rate (TFR) then it reveals that any substantial decline has yet to occur in rural areas. The findings of this study show that demand for children is still very high and son preference appears to have a dominant role in this regard. The study is important as it provides some indepth answers for the causes of high fertility in rural areas; such as, lack of education, religious pressure, exchange marriages, social security in old age etc. It is hoped that this study would prove useful for understanding the dynamics of fertility behaviour in Pakistan and designing strategies for an effective population policy.

Since joining NIPS in June 2005, I have been urging my colleagues to complete and finish the incomplete studies. It gives me pleasure to report that they have responded positively to my call and that has made the publication of this study possible. Mr. Zahir Hussain, Mr. Zafar Zahir, Mr. Zafar Iqbal Qamar and Mr. Faateh ud din Ahmad have shown perseverance and dedication in completing this task.

Saeed Shafqat, Ph.D.  
Executive Director

June, 2006





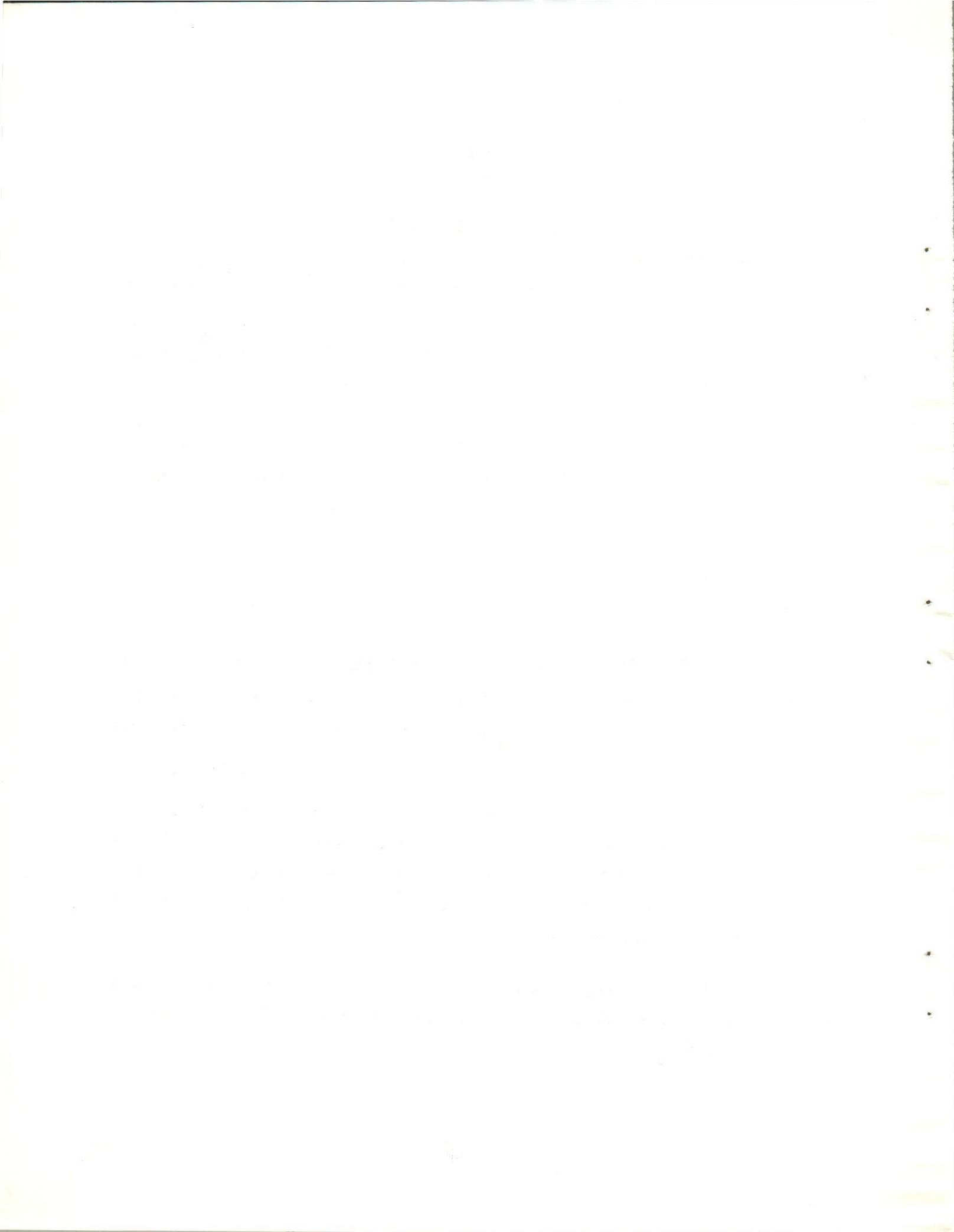
## Acknowledgement

We would like to acknowledge the contribution of all those who were one way or other, involved in this study. The study was initiated when Malik Habib Ahmed was the Executive Director of this Institute. We appreciated the interest taken by him to start this study. The guidance and advice provided by Dr. Saeed Shafqat Executive Director is highly appreciated. The contribution and active involvement of Mr. Mehboob Sultan, Director, NIPS has also been instrumental in rejuvenating the project activities at all stages.

We are grateful to Ms. Sarah Javed for technical editing of the report. Mr. Ammanullah Bhatti Secretary (Admin) provided secretarial support for the survey. Mr. Hafiz Khokhar Account Officer, NIPS efficiently managed provision of funding to the field staff. We acknowledge and appreciate their support.

We also like to appreciate the hard work done by moderators and note takers whose painstaking efforts to collect qualitative data made this project possible.

Zahir Hussain  
Zafar Zahir  
Zafar Iqbal Qamar  
Faateh ud din Ahmad



## EXECUTIVE SUMMARY

The study “Demand for Children in Rural Setting” provides a refreshing ethnic and linguistic perspective from four provinces of Pakistan. The study successfully conducted thirty focus group discussions (FGD) and the same number of in-depth interviews (IDI). For each district, a composite index was deployed on the basis of TFR and other available indicators, by assigning appropriate scores to each indicator (mostly related to household characteristics), which ultimately lead to assess certain level of poverty.

In each district, six Focus Group Discussions and six In-depth Interviews were conducted. The FGDs were organized in five to six villages, selected from the list of District Census Report. In each village, the research team figured out the total houses with the help of local key informant and selected about twenty-five to thirty houses for identifying suitable participants for the Focus Group Discussion. The respondents for in-depth interviews were the influential people who play an important role in the community development.

The findings of the study clearly reflect that traditional and cultural values continue to persist and majority of the people still prefer large number of children especially sons. This is particularly visible in the areas of South Punjab and Balochistan as compared to other regions.

- The most frequently mentioned reasons were economic benefits, religious pressure, social security in old age, exchange marriages, young age marriages, lack of education, peer pressure, use of spicy and hot food, social pressure of impotency, clashes among the tribes and pressure of relatives on woman to have a child immediately after marriage.
- Almost all respondents regardless of regional variations, age, gender, or employment status agreed that that son preference was one of the major decisive factor in people’s demand for more children.

- Among the younger women groups, besides son preference, husbands desire for a large family was discussed as the main contributing factor.
- Majority of the respondents were of the view that a couple can manage and control the family size by practicing birth spacing, breast feeding and the use of family planning methods.
- In Pakistan's rural areas, the Dai (Traditional birth attendant) has a direct interaction with married women, therefore they are more aware of the issues and problems faced by the women and their general feedback was that methods were accessible and women were quite aware of contraceptive methods and were willing to practice family planning practice due to economic pressure. However, there was a need to increase the services, as the existing facilities were inadequate.
- The study revealed that electronic media was the most effective in increasing awareness regarding small family norms and the ways and means to achieving them.
- Many men and women, who participated in FGDs and IDIs, felt that the coverage of the services available was inadequate and many areas still did not have access to the FP program.
- During the discussions in all the districts, the older women acknowledged the positive impact of family planning in controlling the demand for children and appreciated the services of the Lady Health Workers, who provided door to door services in the rural areas, providing village women with accessibility to family planning.
- Several female participants agreed that oral pills and injectables did have side effects, and they also mentioned accessibility and availability of family planning services as a problem adopting and using contraceptive method.
- Women in various discussions pointed out that media played a significant role in increasing the awareness level of the people and promoting family planning and improving service delivery through the Lady Health Workers (LHWs).

- Inter-spousal communication was also mentioned as an important element in controlling the family size by a significant number of participants.
- Among the influential, the local politicians and social mobilizers were of the view that people's attitudes were changing slowly. There was a need to scale up and expand the service delivery component in order to reach out to as many people as possible.
- In the older groups of respondents, both men and women showed high awareness about family planning, but some still did not endorse the idea of limiting children and felt that it was an un-Islamic practice. Although, there was an understanding amongst most of the participants about the benefits of small families and the economic pressures of a large family, but still felt family planning to be "interference in God's work."
- It was suggested by some of the participants that education was a major determinant for improving the fertility behaviour of people in the rural areas.
- Lady health workers and Dais due to the nature of their work had the most detailed knowledge about the implications of high population growth, while many religious leaders and others like local counselors were unable to provide any solid examples or effects of population size.
- The younger group of women was more practical than their older counter-parts in perceiving the high population growth problem. Many respondents among the younger women expressed economic pressures due to a higher population growth and considered it a real threat for socio-economic development.
- All participants of FGDs and influent acknowledged that the birth of son emerged as a paramount consideration in decision making about family size and increases the demand in rural areas.
- The religious leaders were more forthright in claiming that it was the right of every human being to decide on the number of children he/she desired, but no one had the right to interfere in God's will, which controlled the number of children.

- Majority of the respondents considered children to be an asset. It is a common saying in Pakistan's rural areas that a man with no money and many sons is a rich person. Both men and women in the study were of the view that children might be an economic burden when they are young, but once a son is old enough to earn and contribute in the family income, he becomes a life long investment.
- Fathers-in-law agreed that more children and preferably boys were an economic asset especially for poor families.
- A few of the male respondents said that limiting the number of children upto three to four is an urban phenomenon. In rural areas, people wanted more than four to five children due to a combination of reasons.
- The most difficult and significant factor was the focus of the consultation process (decisions aids). Findings in this regard clearly show that husbands dominated decision-making. Growing trend in education especially women has altered people's behaviour and attitudes to some extent and educated women are more empowered and relatively free to voice their opinions.
- After the husband, elders of the family like fathers-in-law and mothers-in-law were perceived to be the main decision-makers in demand for children. Again the desired number of sons was the prime determinant in most cases.
- However, it was encouraging to listen to the responses of the some of influential groups. The Lady Health Workers and the DAIs said that they had observed improved inter-spousal communication between couples and felt the women to be more aware and empowered than before.
- The responses of a large number of participants revolve around fate and the will of God to decide on the number of children or their gender. Old and young alike were of the view that no interference in God's wish can work, but the final decision in terms of what is in the hands of man rest with the husband followed by fathers-in-law and mothers-in-law.

To conclude, the study shows mixed results on the issue of demand for children. However, the alarming and dominant trend appears to be that the mindset is not changing in the rural areas. Small size family norm is an illusion and at best a distant goal.





## **CHAPTER ONE**

### **STATEMENT OF THE PROBLEM**

There is a growing realization among researchers across the World that people are having fewer children and fertility rates are falling faster than ever. A recent study by Mayer notes that fertility rates have dropped by half since 1972 from six children per women to 2.9. Never in the last 650 years, since the time of the Black Plague, have birth and fertility rates fallen so far, so fast, so low, for so long, and in so many places. Demographers say they continue to fall, faster than ever. Yet, there are some glaring examples, for instance, in Europe, Albania and the outlier province of Kosovo people are reproducing energetically. So are pockets of Asia like Mongolia, Pakistan and the Philippines (Mayer 2004).

In Pakistan fertility has remained high even after the initiation of a national family planning programme in the early 1960s. The broad factors which are generally associated with high fertility rates in Pakistan are education, culture and socio-economic, more specifically these factors may be identified with preference for sons, low socioeconomic status of women, ignorance, and conservatism. These factors reinforce one another in maintaining high and stable fertility rates in the country.

The quantitative surveys conducted in the recent past show some decline in fertility but that is limited mainly to the urban areas especially the big cities and towns. In the rural areas, the situation is even worse as compared to urban due to the above-mentioned factors.

Looking at the past trends of Total Fertility Rate (TFR), no substantial decline has occurred in rural areas as compared to urban areas. During the last thirteen years (1990-2003) the TFR in rural Pakistan is still hovering around five children (Table 1). It is also interesting to note that son preference has increased during the period 1996-2000. In rural areas about half of the women have mentioned son preference as compared to one third of the urban women (Table-2).

**Table 1: Trends of Total Fertility Rate, 1990-2003**

Period	Total Fertility Rate		
	Rural areas	Urban areas	All areas
PDHS 1990-91	5.58	4.90	5.36
PFFPS 1996-97	5.86	4.31	5.36
PRHFPS 2000-01	5.40	3.67	4.77
SWRHFPS 2003	4.85	3.35	4.63

**Table 2: Trends of Son Preference**

Surveys	Percent of Women Wanting More Sons		
	Rural areas	Urban areas	All areas
PFFPS 1996	52.1	34.7	47.9
PRHFPS 2000	53.1	37.1	48.7

## 1.1 JUSTIFICATION

The findings and statistics presented in earlier studies exploring demand for children need to be validated and further investigated through qualitative in-depth analysis. Therefore, a qualitative study was useful for understanding the dynamics of fertility behavior in Pakistan and designing strategies for an effective population policy.

Fertility declines around the world have called attention to changes in childbearing preferences and parental roles and have prompted demographers to look at the costs and benefits of fertility. A better grasp of what children mean to men and women separately, and how this meaning has changed over time, will provide a better understanding of men and women's reproductive decision-making.

As this research is an attempt to capture the attitudinal and behaviour aspects of rural communities in determining their demand for children, qualitative research tools have been used for information gathering to understand people's perspectives concerning fertility related decision making and practices, including the factors that influence them.

The findings of the study "Economic Value of Children" did not support the hypothesis that the economic value of children is the cause of high fertility in Pakistan. Thus, it is assumed hypothetically in this study that socio-cultural factors seem to have a stronger influence on fertility.

The study "Demand for Children in Rural Setting" captures a fresh perspective from different ethnic and linguistic as well as different regional areas from four provinces. The study is an important attempt and the findings expect to stimulate action for the IEC and advocacy campaign to tackle the population problems in rural settings.

## **1.2 LITERATURE REVIEW**

The majority of the population of Pakistan lives in rural areas, most of which remain without adequate basic infrastructure, social services and functional levels of literacy and education, especially among women. Almost 80 per cent deliveries are still attended by untrained Dais/ TBAs resulting in a Maternal Mortality Rate (MMR) of 500 per hundred thousand live births (Human Development in South Asia, 2004). Every year 25,000 women die due to pregnancy-- related problems. Deep-rooted traditional socio-cultural and religious attitudes limit women's mobility and their educational and employment opportunities: They have contributed to large families with a preference for sons and pro-natalist attitude among men.

In a society such as in Bangladesh, where men are the traditional authorities in their families, women often cannot make decisions themselves regarding family size and contraceptive use, although they carry a heavy burden of poor health related to reproduction. Women's contributions are often unrecognized in the family as well as by society; however, their worth is predicated mainly on their ability to produce children, particularly sons. The social and cultural milieu does not allow women to work outside the home, especially in rural areas. The norm of marginalizing women teaches them to accept dependence and deprivation relative to the male members of their family (Schuler and Hashmi, 1994).

A research study of Egypt reveals that both women and men desired a large number of children, as it signifies power and manhood for the men and womanhood for the women. The number of children increases men's power within their communities and women's status within their families. Early marriage was also seen as a sign of femininity and beauty. Men and women preferred this tradition for different reasons. With regards to health care, pre-natal, and post-natal care were not considered unless the woman had health difficulties. (Bibars 1999).

The key finding of another study is that son preference has a moderately adverse effect on contraceptive use among women at lower parities and could be a significant barrier to

reducing further the country's fertility rate. The most important policy implication from the findings of this study is that future fertility would decline if son preference were diminished at the earlier stages of family formation. As son preference is largely socio-cultural, its effect should not be underestimated in a traditional, poor society such as in Bangladesh where women are considered to be of low status (Khan 2000).

Most people in urban areas indicated the desired family size as four, ideally, with a combination of two sons and two daughters. In rural areas people desire at least five to six children with two to three sons. The attitude of men is also gradually changing with the increasing economic pressures. Son preference is a major factor for males for wanting to have more children. Lack of information on FP is a major factor constraining the wider adoption of FP by males. (Manzoor 1990)

It appears that in general, people do not take deliberate decisions and exercise choice in terms of family size and number of children, as they tend to believe that it is a matter beyond the control of human beings. Fatalistic and religious arguments are used as manifestations of these beliefs. It is also noted that religious and socio cultural arguments often camouflage lack of knowledge about FP, which necessitates extensive education on FP. Both urban and rural parents have a genuine concern about the future of their children and have a strong desire to educate them.

Pakistani society, like other societies of South Asia, exhibits a strong son preference. This accounts for an increased desire to have a large-size family. Various studies documenting the pervasiveness of son preference and various discriminatory practices against daughters exist for Pakistan as in other countries of the region. (Ali, 1989; Mehmood, 1992; Nag, 1991; Nayab, 1998). Research shows that many women with three or more surviving children continue having more children in the hope of having another son. For example among women with three living children and only one son, 83 percent want their next child to be a boy. Similarly, of women with four living children three of whom are sons, 38 percent still prefer to have a boy as their next child compared with only 10 percent who want a girl child. (Mahmood and Ringeim, 1996). These types of preferences are associated with dominating nature of agricultural societies and

patriarchal setting where parents favor sons because of quick economic benefits, old age security and social prestige. It appears that attitudes that favor sons are deeply rooted in cultural traditions--- these are unlikely to change in the short run and their effect on fertility reduction and reproductive behavior are likely to continue for years to come.

As far as the economic value of children is concerned, the findings of NIPS study "*Economic Value of children, 1988*" suggest that economic value of children is not the cause of high fertility in Pakistan. Rather other socio-cultural factors seem to have a stronger influence on fertility such as low level of education, particularly among women; low age at marriage; low participation of women in the labor force; low usage of contraception; perception that larger families have access to more strength, power and prestige in the community – all of them influence fertility levels.

Religious controversies and other prevailing taboos about women's role in society have spilled over into the family planning debate. Majority of the people still believe that family planning is "un-Islamic". The religious milieu in Pakistan has consistently maintained doubts about moral acceptability of practicing family planning, and this situation contributes to a lack of self-efficacy in limiting family size. Various demographic surveys indicate that a significant proportion of both wives and husbands give responses like, it is "up to God" in reply to questions concerning the ideal number of children; they cite religion as the reason for not using family planning methods. (Mahmood and Reingheim, 1996).

Before looking into the details of the research findings of the interviews conducted with people on the focus of the study, it is worthwhile to glance the empirical evidence produced by number of quantitative studies on the linkages between the desire for children (preference for son) and the fertility regulation with the help of family planning methods.

Various quantitative studies have established the linkages between demand for children especially son preference and contraceptive use in the developing countries. For instance, the sex of surviving children is strongly associated with subsequent fertility and contraceptive behaviour in Pakistan (Hussain et al. 2000). In case of Bangladesh, it is documented that the sex of the surviving children has a profound effect on the acceptance and continuation of contraceptives in

Matlab, (Rahman et.al. 1992). Analyzing national-level survey data from Bangladesh for the years 1969 and 1979, Amin and Mariam (1987) concluded that son preference has a negative effect on contraceptive use regardless of socio-economic and demographic characteristics. When couples have had one or more son/s they are more likely to accept contraception (Bairagi and Langsten, 1986; Amin and Mariam, 1987; Malhi and Singh, 1994; Malhi, 1995). Having sons not only motivates parents to accept contraception but also reinforces its continuation (Gadalla, McCarthy, and Campbell, 1985; Rajaretnam and Deshpande, 1994) and is also related to the use of more effective birth control methods and acceptance of sterilization (Robey, 1985; Rahman, Akbar, Phillips, and Becker, 1992). In a society experiencing fertility transition (India) the preference for at least two surviving sons is going to emerge as a major constraint for the family planning program (Malhi, 1997).

Evidence from "*Pakistan Fertility and Family Planning Survey, 1998*" indicates that 32.3 percent of the currently married women say that they had read something against family planning in the Koran and 46.6 percent reported that they had heard message against family planning from religious authorities (NIPS, 1998). The religious influence has undoubtedly, undermined political support for family planning and inhibited public demand for contraception. However, some religious scholars in Pakistan as well as in other Muslim countries interpret Islamic teaching as supporting family planning programme. Local religious authorities in Pakistan often cooperate with family planning programme efforts--- it is not uncommon for the loudspeaker at the village mosque to announce the arrival of mobile family planning teams. But, except partial explanation in different surveys, no empirical evidence was available that these local religious leader/Imam was against the family planning programme. However, prevailing unmet need for family planning suggest that programme leaders may have overestimated religious opposition to family planning.

One of the most common motivations for research on men is the assumption that they hold a dominant role in reproductive decision-making. Many studies of decision-making concentrate on the extent of spousal agreement and its association with a particular outcome and from this infer men's relative influence in reproductive decision-making (Dodoo 1993).



Theoretical models of reproductive decision-making are numerous, but most applications use data from the United States e.g. Beckman 1984; Beckman et al. 1983; Hollerbach 1980, 1983; Smith and Morgan 1994; Thomson 1990, 1997; Thomson, McDonald, and Bumpass 1990.

This literature focuses less on whether men dominate decision-making and more on how spousal disagreement gets resolved and the specific spousal characteristics and desires that affect the couple's reproductive behavior. Couple disagreement may lead to a continuation of ongoing behavior (Beach et al, 1982) or it may be resolved in favor of the spouse who holds more power.

There is little empirical evidence from developing countries. Other studies of decision-making draw on specific survey questions such as the main decision maker, who initiated the decision to use contraception, or who has the final say on a given matter.

Several provisos need to be stated with respect to research on men and reproductive decision-making. First, the picture conveyed about men's sense of their relative dominance in reproductive decision-making assuredly varies by the kinds of questions asked. "Final say" "last word," who initiated and "main influence" all capture different stages and aspects of decision-making and are affected by respondents' attempts to present a certain image to the interviewer. Second, taking responsibility for making decisions is not the same as taking responsibility for implementing them.

Story and others found that male and female participants in focus group discussions revealed that men in the Central Asia region rarely discuss contraception with their wives, but they do make the final decisions about the use (Story et al. 1997). It is suggested that educational and motivational campaigns could be designed to persuade men about the health benefits of family planning and the benefits of open discussion between spouses.

Most people in urban areas indicated the desired family size as four, ideally, with a combination of two sons and two daughters. In rural areas, people desired at least 5-6 children with 2-3 sons (Manzoor, 1990).

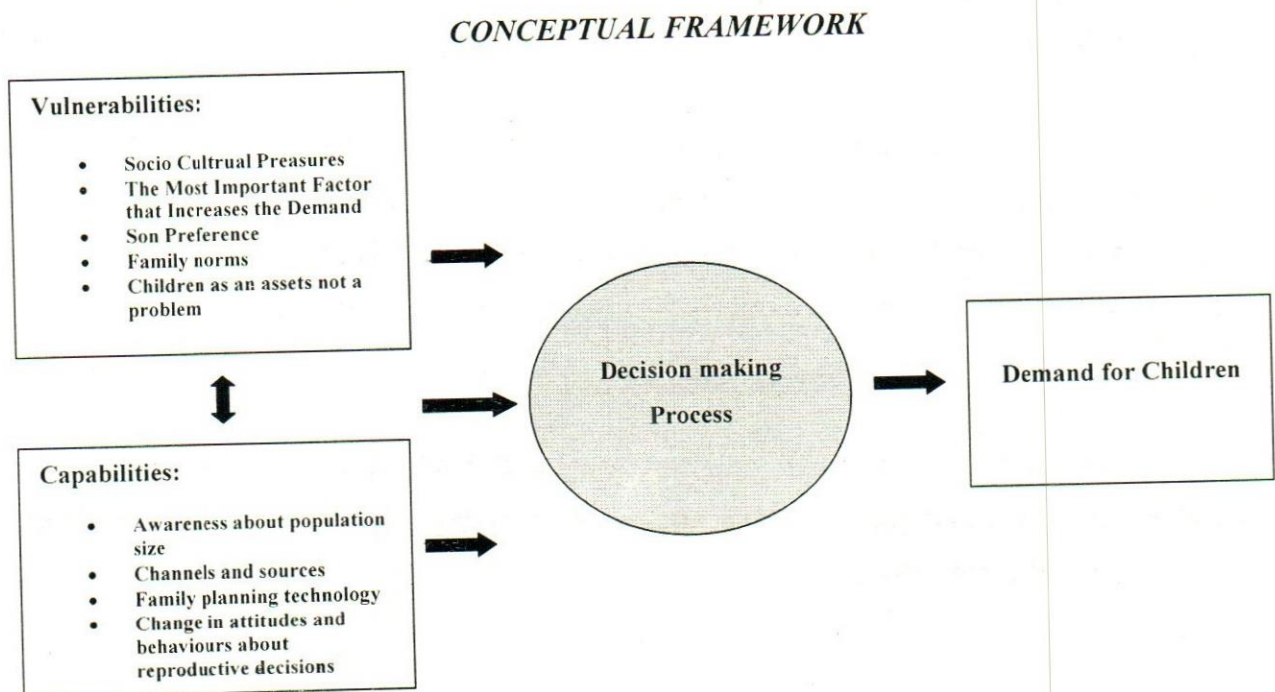
### 1.3 OBJECTIVES

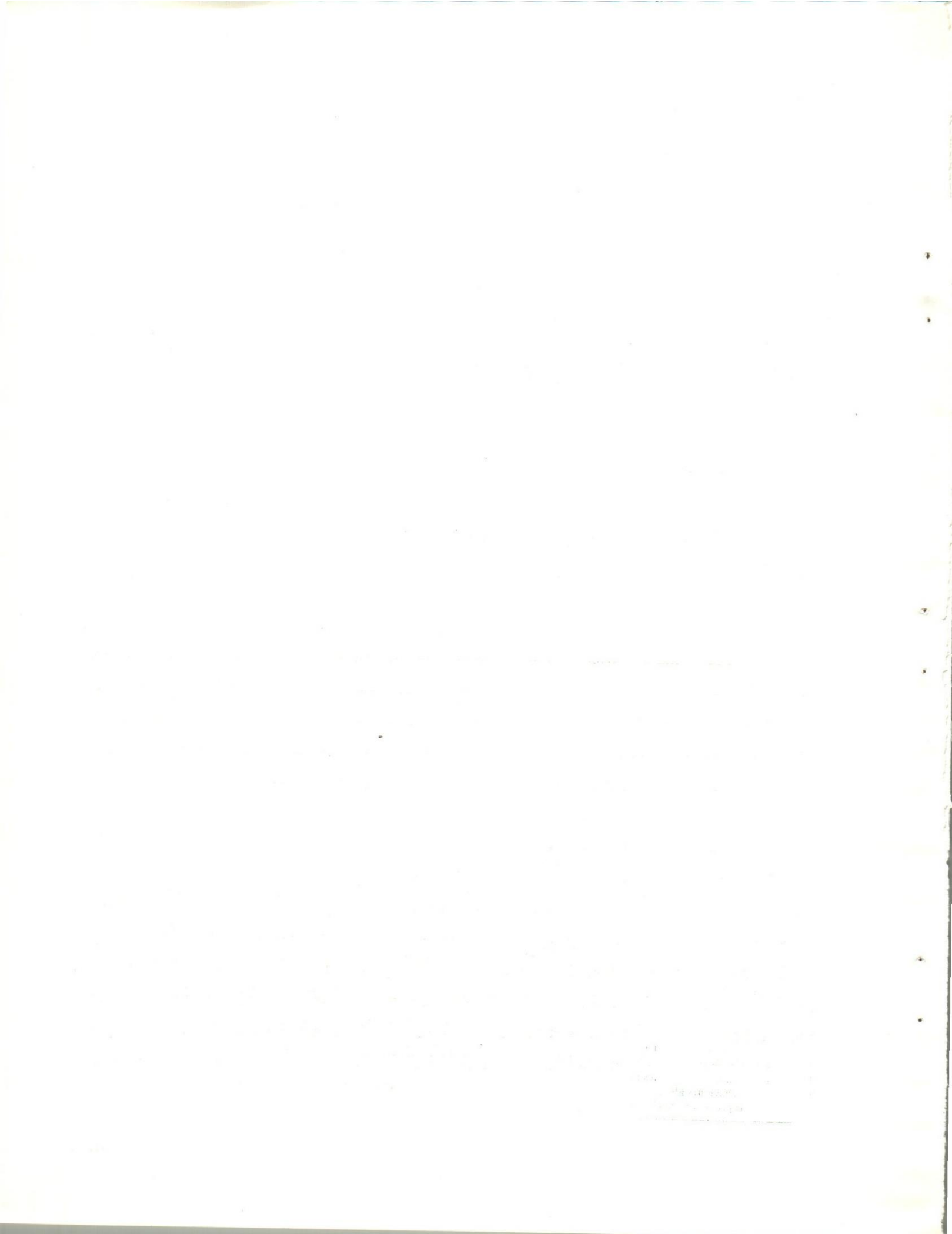
Keeping in view the literature review and study justification, this research is focused on the following objectives and conceptual framework

- i. *To enquire about the reasons influencing the demand for children in the rural setting;*
- ii. *To find out reasons for son preference; and*
- iii. *To find out the linkages and associations between vulnerabilities and capabilities in decision-making about family size.*

### 1.4 CONCEPTUAL FRAMEWORK

The research done in the past suggests that the demand for children is based on a decision-making process among married couples. But the process of decision-making by itself is influenced by many factors working simultaneously. These factors may be grouped under two categories viz. vulnerabilities and capabilities. The social-cultural pressures surrounding a couple could be termed as vulnerabilities and the skills or capabilities acquired by the couple could be helpful in tackling the pressures before taking any final decision.





## **CHAPTER TWO**

### **Methodology of the project**

#### **2.1 Sample Design**

The study was designed to conduct thirty focus groups (FGD) and the same number of in-depth interviews (IDI). The sampling distribution of the FGDs and IDIs is presented in table 2.1.

##### **(i) Selection of Sites and Profiles**

For selecting a district, a strategy was designed to examine the poverty and fertility levels at the district level. For each district, a composite index was deployed on the basis of TFR and other available indicators, by assigning appropriate scores to each indicator (mostly related to household characteristics), which ultimately lead to assess certain level of poverty. On the basis of computed index, all districts have been ranked within their provinces (Annexure-D).

##### **(ii) Selection of individuals**

In each district, six Focus Group Discussions and six In-depth Interviews were conducted. The FGDs were organized in 5-6 villages, selected from the list of District Census Report. In each village, the research team figured out the total houses with the help of local key informant and selected about 25-30 houses for identifying suitable participants for the Focus Group Discussion. Then eight to twelve suitable persons according to the group dynamics were selected and invited to attend the meeting. Teams made sure the presence of the participants right on time and also told them about the importance of the meeting. They were also told in advance

about the place where the discussion would be held. Most of the discussions were held in school building, community halls and other neutral places.

The respondents for in-depth interviews were the influential people who play an important role in the community development. The in-depth interviews were conducted one-on-one usually at the respondent's home.

## **2.2. Tools of qualitative research**

There were two types of tools used for data collection as explained under:

### **A In-depth interview guide**

The in-depth interviews were conducted with the local influentials with the help of an interview guide (Annex A). The following themes were discussed in details:

- Level of Involvement in the Community
- Views about Family Size
- Interaction on Issues of Personal Interest
- Views about Son Preference
- Role of Traditional Factors in Decision-making
- Role of Modern Factors in Decision-making
- Other Factors at Work in Rural Settings
- Suggestions for Bringing Attitudinal Change

### **B Focus group discussion (FGDs)**

The participants of the Focus Group Discussions were invited to discuss the main themes relating to demand for children. The FGD guidelines were prepared on the following themes (Annex B):

- Ice breaker and Introduction
- Participant's Definition of Family Size
- Significance of Son Preference in the Community
- Traditional Factors in Decision-making

- Modern Factors in Decision-making
- Other Factors at Work in Rural Settings
- Suggestions for Bringing Attitudinal Change.

### 2.3 DATA COLLECTION PROCEDURE

A group of twenty experienced and qualified field researchers were provided a weeklong extensive training on the study design, research methodology and study tools. The field researchers were divided into five teams for data collection in four provinces i.e. two teams for Punjab, one each for Sindh, NWFP and Balochistan respectively. In each team, two females conducted three female focus groups and three in-depth interviews in the selected Tehsil of each district. Similarly, two male members of the team conducted two focus groups as well as three in-depth interviews in each district.

Supervisory level checks and guidance were provided at all levels during the information collection process. To ensure the quality of data, members of the core team also visited the sites of FGDs and in-depth interviews.

**Table 2.1 Group Dynamics of Focus Group Discussions by provinces and districts 2005**

S.no	Characteristics of groups	Khairpur	Swabi	Nasirabad	Rajanpur	Kasur	Total
1.	Father-in-law	1	1	1	1	1	5
2.	Mother-in-law	1	1	1	1	1	5
3.	Three or less children (Better) – Female	1	1	1	1	1	5
4.	Three or less children (Poor) – Male	1	1	1	1	1	5
5.	More than three Children (Better) – Female	1	1	1	1	1	5
6.	More than three Children (Better) – Male	1	1	1	1	1	5
	<b>Total</b>	<b>6</b>	<b>6</b>	<b>6</b>	<b>6</b>	<b>6</b>	<b>30</b>

**Note:** Characteristics of Groups purposively sampled for FGD by Districts

**Table 2.2: Key Characteristics of FGD's Participants**

Key characteristics		Kasur	Rajanpur	Khairpur	Swabi	Nasirabad	Total
Age-groups	< 25	16.7	8.3	18.4	2.4	17.0	13.0
	25 – 34	20.4	37.5	24.5	23.8	15.1	24.0
	35 – 44	16.7	22.9	12.2	33.3	43.4	25.6
	45 – 54	18.5	10.4	22.4	16.7	17.0	17.1
	55 – 64	24.1	8.3	16.3	21.4	3.8	14.6
	65 +	3.7	12.5	6.1	2.4	3.8	5.7
Sex	Male	50.0	54.2	51.0	54.8	45.3	50.8
	Female	50.0	45.8	49.0	45.2	54.7	49.2
Marital status	Married	94.4	97.9	89.8	90.5	96.2	93.9
	Widowed	5.6	2.1	10.2	9.5	3.8	6.1
Level of education	Illiterate	68.5	56.3	40.8	45.2	66.0	56.1
	Below primary	--	4.2	12.2	--	1.9	3.7
	Primary	18.5	16.7	12.2	11.9	5.7	13.0
	Middle	3.7	4.2	18.4	21.4	5.7	10.2
	Matric	7.4	10.4	10.2	19.0	11.3	11.4
	FA/FSc	1.9	4.2	6.1	2.4	3.8	3.7
	BA/BSc	--	4.2	--	--	5.7	2.0
Employment status	Unemployment	31.5	16.7	49.0	45.2	--	27.6
	Self employed	35.2	50.0	24.5	35.7	71.7	43.9
	Own business	16.7	25.0	16.3	2.4	5.7	13.4
	Govt. servant	5.6	8.3	8.2	2.4	22.6	9.8
	Laborer	11.1	--	2.0	14.3	--	5.3
Children	1	14.8	6.3	16.3	4.8	9.4	10.6
	2	11.1	6.3	8.2	7.1	17.0	10.2
	3	14.8	27.1	12.2	23.8	9.4	17.1
	4	11.1	6.3	6.1	11.9	20.8	11.4
	5+	48.1	54.2	57.1	52.4	43.4	50.8
	Mean	4.4	5.3	5.9	4.8	4.4	4.9
Groups	Three or less children (Male)	18.5	20.8	16.3	19.0	15.1	17.9
	Three or less children (Female)	16.7	16.7	16.3	14.3	17.0	16.3
	Father-in-Law	14.8	16.7	16.3	19.0	15.1	16.3
	More than 3 children (Male)	16.7	16.7	18.4	16.7	15.1	16.7
	More than 3 children (Female)	18.5	16.7	16.3	14.3	20.8	17.5
	Mother-in-law	14.8	12.5	16.3	16.7	17.0	15.4
Total	Percent	100.0	100.0	100.0	100.0	100.0	100.0
	Number	54	48	49	42	53	246

**Table 2.3 Key Characteristics of Local Influential**

Key characteristics		Kasur	Rajanpur	Khairpur	Swabi	Nasirabad	Total
Age-groups	< 25	--	--	--	16.7	--	3.3
	25 – 34	33.3	16.7	50.0	33.3	50.0	36.7
	35 – 44	50.0	33.3	16.7	16.7	16.7	26.7
	45 – 54	--	33.3	16.7	16.7	16.7	16.7
	55 – 64	--	--	--	16.7	16.7	6.7
	65 +	16.7	16.7	16.7	--	--	10.0
Sex	Male	50.0	50.0	50.0	50.0	50.0	50.0
	Female	50.0	50.0	50.0	50.0	50.0	50.0
Marital status	Married	100.0	83.3	83.3	83.3	83.3	86.7
	Widowed	--	16.7	16.7	16.7	16.7	13.3
Level of education	Illiterate	16.7	16.7	16.7	33.3		16.7
	Primary	--	--	16.7	--	16.7	6.7
	Middle	--	--	16.7	--	16.7	6.7
	Matric	33.3	33.3		33.3	16.7	23.3
	FA/FSc	16.7	16.7	16.7	--	33.3	16.7
	BA/BSc	33.3	--	--	16.7		10.0
	MA/MSc and above	--	33.3	33.3	16.7	16.7	20.0
Type of influential	TBA/Dais	16.7	16.7	16.7	16.7	16.7	16.7
	Counselors	16.7	--	16.7	33.3	16.7	16.7
	Social workers	33.3	50.0	33.3	--	33.3	30.0
	LHW	16.7	16.7	16.7	33.3	16.7	20.0
	Religious leaders	16.7	16.7	16.7	16.7	16.7	16.7
Children	1	--	--	33.3	16.7		10.0
	2	--	33.3	16.7	16.7	33.3	20.0
	3	50.0		--	16.7		13.3
	4	33.3	66.7	--	16.7	16.7	26.7
	5+	16.7	--	50.0	33.3	50.0	30.0
	Mean	3.8	3.3	3.8	3.5	3.8	3.7
<b>Total</b>	<b>Percent</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
	<b>Number</b>	<b>6</b>	<b>6</b>	<b>6</b>	<b>6</b>	<b>6</b>	<b>30</b>





## C H A P T E R     T H R E E

### **Socio-cultural Pressures on the Demand for Children**

This chapter analyzes the information collected through in-depth interviews and focus group discussions in context of demand for children in rural settings. The main themes covered in this chapter are:

- (A) Socio-cultural pressures;
- (B) The most important pressure;
- (C) Importance of son preference.

An attempt has been made in this chapter to identify the socio-cultural pressures and reasons, which influence couples to have large number of children. There is no significant difference among all the groups in context of socio-cultural practices or attitudes and perceptions regarding demand for children or in terms of son preference.

#### **3.1. Socio-Cultural factors which influence people's attitudes and perceptions in their demand for children**

The findings of this research clearly reflect that traditional and cultural values are still intact and majority of the people still prefer large number of children especially sons. These values are stronger in areas of South Punjab and Balochistan as compared to other regions.

*Socio cultural factor which influenced people attitude perception in their demands 4 chi*

All six categories of respondents gave multiple reasons for demand for children that were influenced by socio-cultural practices and attitudes. However, there were slight variations in the perceptions and reasons given by the respondents according to their gender, age and family role. Regional differences and the number of children of the respondents were not major determinants that seemed to be closely associated with people's demand for children.

It is important here to mention that a noticeable number of respondents felt that there were no socio-cultural pressures that affected a couple's decision to bear a certain number of children. The most frequently discussed reason for having a large family was more linked with economic pressures, which were mentioned by both those respondents who favored large families as well as those advocating smaller family norms.

"There is no pressure on parents to bear a certain number of children or any traditions or customs related to it. The only reason is that if there are more children they will earn more".  
(General Councilor, Khairpur)

But in case of younger women and even females in the influential categories like Health Workers, teachers and female counselors felt that women were under pressure from their in-laws and other elders in the family to produce more children especially sons.

"There is extreme pressure on the females by fathers-in-law and other elders to have children, otherwise even Pir and fakirs are consulted". (General Councilor, Rajanpur).

The most frequently mentioned reasons were economic benefits, religious pressure, social security in old age, exchange marriages, lack of education, peers pressure, use of spicy and hot food, social pressure of impotency, clashes among the tribes and pressure of relatives on woman to have a child immediately after marriage, early age at marriage, and exchange marriages.

*"The main reason is lack of education and also lack of awareness about the disadvantages of large number of children". (General Councilor, Swabi)*

*"This is a hot area and people take hot foods. The second reason is that there is no gap between children as people are unaware of breastfeeding for spacing purposes". (General Councilor, Naseerabad)*

*"This is a tribal area, and I should have at least ten children to face the enemy and other clans". (Social Mobilizer, Naseerabad)*

*"The people say that sons are the owner of our property, and this will be transferred from one generation to next generation". (Lady Health Worker, Rajanpur)*

Fathers-in-law and mothers-in-laws were well aware of the issues of large families, and mentioned similar reasons for large families as the other respondents in the younger age groups. But, majority of the older respondents showed a preference for several grandchildren especially sons to carry on the family name and as symbol of pride in their communities.

*"Because of scarce resources in our area, we prefer a large family as an investment otherwise we are also in favor of small family size. (Father-in-law, Rajanpur)*

*"We say that there should be a large family size because than one will be a doctor another will be an engineer". (Father- in-law, Rajanpur)*

*"I have many children and every one says that I am lucky and fortune". (Father- in-law, Khairpur)*

Fate and God's will were mentioned as the main determinant in the number of children produced by a couple. People generally thought that it was actually God who decided on the number of children rather than a decision in the hands of the couple or the desire of the family for a certain number of children.

*"It is written in the Holy Quran that to whom I (God) give as I desire. God creates more or less children; every one comes and goes with his wishes". (Father- in-law, Rajanpur)*

Mothers-in-law generally have a strong influence in the family mostly in the household decision making and play a major role in the lives and families of their children, especially in the decision making of family formations of their son and daughter-in-law.

During the Focus Group Discussions, mothers-in-law wanted their daughters-in-law to have three to four children with at least two sons. However, the final decision was left to God and his will. Few of the respondents said that they themselves tell their daughters-in-law to observe spacing, stop having children and use contraception. There was a general consensus among the group participants that there were no social or cultural pressures on couples to have larger families, but certain local traditions and customs encourage large families. For example, it is a common practice in South Punjab and some areas of Balochistan to have two to three wives, as a result larger families are a custom which also provides more helping hands. Economic constraints and high unemployment was mentioned as another major reason due to which people had started to 'pray' for smaller families. But, although aware of many discouraging aspects of large families, mothers-in-laws in general expressed a desire for 'a flock' of grandchildren especially grandsons. The idea of a large family seemed to provide a sense of security, pride and well being among a large number of participants in all the focus groups irrespective of regional variations.

*"I would be more than happy if I get five grandsons and I would like to celebrate their marriage ceremonies". (Mother-in-law, Khairpur)*

*"It is always good to have many children, besides producing children is in your hands, if you want to have more children you can reproduce more. God has blessed those with large number of children, while some unfortunates do not have a single child". (Mother-in-law, Naseerabad)*

Religious opposition was one of the major factors for demand for more children almost across all groups. One of the participants pointed out that religion encourages larger families and discourages family planning.

*"There are religious factors, which increase the demand for children. Most of the religious teachers maintain that family planning is immoral and sinful, which has influenced peoples thinking. Beside this, lack of education and awareness is another factor. People neither want to adopt family planning nor understand benefits of less children". (Man with three or less children, Khairpur)*

*"People say God gives so man should not interfere. Family planning is contrary to Islam". (Man with three or less children, Rajanpur)*

An interesting reason given by some participants in Rajanpur district was that as there is a lack of economic opportunities and a high rate of unemployment in the country, thus a larger family is beneficial with more earning hands. Ironically, even many of those with three or less children felt that number of children was God's decision and He provided for those He created.

*"God is the best provider and God gives the children, and there will be no problem". (Man having three or less children, Rajanpur)*

Although, it was generally expressed by a large number of participants in all districts that there was no 'son bias', but it was also apparent that son preference was still common. Daughters were considered important as an addition to the family but a family was perceived incomplete without a male heir.

*"Daughters are also necessary along with sons. Holy Prophet (PBUH) said, "If you have first daughter she is blessing of Allah. However, the number of children is in the hands of Allah. What can human beings do? If someone has three daughters and three sons their marriages are easily done through exchange marriages custom". (Man with three or less children, Khairpur)*

Many younger female respondents also endorsed that there were no cultural pressures to have a larger family and it was all dependent on God's will. Many also promoted small number of children, as they were manageable considering the economic pressures that are prevalent these

days. Almost half of respondents felt that husbands preferred more children and did not encourage family planning, while the other half mentioned that husbands wanted to have a manageable number of three to four children. However, it is reflected through these discussions that younger women favored smaller family norms and understood the implications of larger families including negative effects of the mother's health.

*"In our culture few children are enough. Three or four children are sufficient and also better for the health of mother". (Woman with three or less children, Naseerabad)*

*"It depends on God to give number of children, and there are no cultural pressures". (Woman with three or less children, Rajanpur)*

A major reason mentioned by many women for large families was economic benefits of more children as perceived by the local communities, which is also the main reason for son preference in the rural areas. The concept of more farm hands is not quite as common as in the past, but the change in people's perception is still gradual. The notion of 'farm hands' has shifted to other employment opportunities in the cities and nearby towns.

*"People think if there are lots of children, there will be more earning hands, which is why people have more children." (Woman with three or less children, Swabi)*

*"The most important factor is that people want to earn a lot of money, when there are a large number of male children naturally they will earn more". (Woman with three or less children, Rajanpur)*

Other than economic reasons, women also realized their lack of decision making in context of bearing children. The number of children was actually dependent on the husband's desire.

*"To fulfill her husband's wish, the wife has to bear more children. No matter even if she has no desire to produce more". (Woman with three or less children, Khairpur)*

*"Husband is the main authority to control the number of children and decides whether to adopt any FP method". (Woman with more than three children, Rajanpur)*

*"Husbands want more children, and wife is compelled to bear children. Her own desire of limiting children cannot be fulfilled if her husband does not agree". (Woman with three or less children, Naseerabad)*

Women also revealed that mothers-in-law played a significant role in pressurizing their daughters-in-law to have a large number of children particularly sons. If a woman does not become pregnant then in-laws become anxious about why she is not having a child and even neighbors interfere and criticize. Furthermore, some men are easily influenced by their mothers and put pressure on their wives to bear more children. However, a few of the respondents expressed that there is a change and the mother-in-law now does not interfere as much as in the past. Rather now they advise them to have fewer children and suggest spacing.

*"There is no socio-cultural pressure to have large number of children; it is only the fear of God". (Woman with more than three children, Khairpur)*

*"What can I say as number of children are dependent on Allah's will, although I pray for less number of children but Allah gave me more. So we have to be patient". (Woman with more than three children, Sawabi)*

*"We want to have four children but my mother-in-law wants six children". (Woman with more than three children, Rajanpur)*

Bearing children was perceived as a natural consequence of marriage along with human beings natural instinct to procreate. There was consensus among most participants that due to economic limitations it was difficult to provide even basic facilities to the family and therefore they favored smaller families, but this did not necessarily mean having only two children.



*"Children are an integral part of marriage and family can only continue with children and a new generation". (Man with more than three children, Kasur)*

*"To have children after marriage is inevitable, otherwise the woman is stigmatized. After marriage I did not have children but I was not worried at all and being an educated person I did not want to have a child. Because of this my wife was not ready to live with me, than I decided to have child on my friends' suggestion. Now I have many children and my wife is very happy with me". (Man with more than three children, Kasur)*

*"If we do not have children, than who will manage our new generation and inheritance". (Man with more than three children, Rajanpur)*

### **3.2. Most important factors that influence the demand for children**

According to a significant number of respondents in this research, most important factors that influence people's demand for more children are mostly social and economic. Most of the respondents, regardless of age, gender or regional variations, were of the view that religion and son preference are the most important/ dominating factors that ultimately compel the families and couple to have large number of children. Religion was mentioned as a major determinant for the number of children produced by a couple, however, not as an adopted practice advocated by religion, but rather as fate already predetermined by God. But some of the respondents were also of the opinion that now things have changed and people do not want large number of children, but fate played a decisive role in the number of children a couple has.

*"This is not in the hand of human being that he produces son or daughter. But in our area many people in attempts to produce sons keep producing more daughters". (Father-in-law, Naseerabad)*

*"We have no particular cultural pressure to have large families. It all depends upon the will of Allah. But people are now changing. They do not want many children due to lack of resources". (Father-in-law, Kasur)*

*"Lack of education is a major factor in people producing more children. I think if parents are educated they will not have too many children". (Councilor, Sawabi)*

*"Qudrat (nature) is the main factor behind the more demand for children". (Man with three or less children, Khairpur)*

*"Main reason for having large number of children is that more children- more earnings"..(Local Religious Leader, Swabi)*

Interviews with various sub-categories of respondents from the influential group further indicate a slight difference in perceptions of the respondents according to their profession. Health workers mentioned more service delivery issues and lack of awareness among the people regarding family planning, while religious leaders mentioned son preference and economic benefits for community demand for more children.

*"There are many factors like non-availability and lack of awareness of family planning services. People have to go to cities for medicines and have no faith in family planning. We provide them injections and pills free of cost but they do not rely on these things. Then, poverty is another problem". (Lady Health Worker, Rajanpur)*

*"People are uneducated and brainless- they question the concept of family planning. We are rearing our children and we can earn for them. Husband dominates in the house and is actually unaware of the true condition of his family. They don't provide properly for their children or care about their well-being, while they expect their wives to keep producing children". (Lady Health Worker, Khairpur)*

In many regions of the country, especially in tribal societies like NWFP and Balochistan Provinces, sons are not only an economic investment and old age security, but also manpower to stand up for family honor and tribal feuds.

*"It depends upon God to give son or daughter". (Mother-in-law, Swabi)*

*"Sons belong to the parents and always remain with the parents, while daughters get married and leave for their husbands' homes". (Mother-in-law, Khairpur)*

*"I did not want to have more children but my brother-in-law and father-in-law wanted to have more children, because we have enmity with different people. They did not want girls. They like boys because will support them in enmity and fighting". (Mother- In-law, Swabi)*

A reason given by a noticeable number of respondents was the fear of losing a child which invokes couples to produce more children. Infant mortality although has gone down in Pakistan, but people carry a fear of losing a child thus have large number of children to compensate in case of losing a child.

*"If one has two children and they die, his family will be finished. If there are many children, the family will prevail in this world". (Man with three or less children, Naseerabad)*

### **Setting an example**

"Main reason for having large number of children is that our society is unstable and insecure due to accidents, kidnapping, target killing. If one child goes outside it is not certain either he will return safe or not. We should take the example of Zulfikar Ali Bhutto. If one asked Mrs. Nusrat Bhutto as to how many sons she wanted, she might have replied that she wanted eight or ten sons. Both her sons got murdered and now she has no one. Just imagine how insecure she must be feeling. I am sure she is against family planning. If such an influential and powerful family is suffering and feels insecure, than how can a common person feel secure and adopt small family norms." (Man with three or less children, Khairpur)

Among the younger women's groups, besides son preference, husbands desire for a large family were discussed as the main contributing factors, which influenced couples to have large number of children. Some respondents also felt that economic pressures were compelling couples to limit their family size.

*"More girls are born as compared to boys. In hope of a boy, people keep producing children and thus the number of children increases". (Woman with three or less children, Rajanpur)*

*"I have daughters and want a son hence I am going to have more children hoping for a son". (Woman with three or less children, Khairpur)*

*"My husband does not want me to practice any family planning method as he wants to have more children and also feels that contraceptives are not good for health". (Woman with three or less children, Naseerabad)*

### **3.3. Son preference as an important factor in demand for more children**

Almost all respondents regardless of regional variations, age, gender, or employment status agreed that that son preference was one of the major decisive factors in people's demand for more children. It was discussed in detail as to the various reasons that people desire sons more than daughters. According to majority of the respondents, sons were perceived as a source of strength for the parents both in terms of economic and emotional support. A male child is an investment for old age and in rural communities 'additional working hands'. In patriarchal societies like Pakistan, sons are considered to be 'Waris' or heirs, who would carry on the family name.

Unlike some countries in the region, female infanticide is not common in Pakistan and people in general do not dislike having daughters, however, have a clear preference for sons. Many respondents said that the ideal composition would be equal number of sons and daughters.

### Case Study

Allah Bux Bhatti lives in a village in Khairpur district. He got married 18 years back, however, after three daughters, Allah Bux and his wife were unable to produce a son. Out of social pressure and personal desire for a son, Allah Bux got married a second time and produced another daughter from his second wife. Hoping for a son from another wife, Allah Bux got married a third time, and now has four sons and four daughters from his third marriage in addition to four other daughters from his previous two marriages.

*"A person with no son, tries for a son and produces many daughters, which is increasing the population size". (Councilor, Sawabi)*

*"Sons are a source of income, security and support for the parents in old age". (Councilor, Kasur)*

*"Family depends upon the son because he is an economic asset for the parents, while daughters are supposed to leave their parents after marriage. Anyway, in all agrarian societies, males are preferred. Son is an economic asset for the family". (Councilor, Rajanpur)*

The older age group men had a strong son preference amongst them and also attributed it to others in their communities. They felt that it was one of the main factors for increasing the demand for children. Examples were given of various ways through which people try for sons by visiting doctors, hakims, spiritual leaders and sometimes to the extent of a second marriage in case of men. However, a large majority staunchly believed that it was actually God who determined the sex of a baby and it was not in the hand of any human being.

*"If a son is not born, people go to doctors, pirs and faqirs. Sons and daughters both are a gift from God. It is not in the hands of human beings to produce son or daughter. This is a major reason for an increase in children. In our area many people who are trying for son end up with several daughters". (Father-in-law, Naseerabad)*

*"We need sons, as they are also necessary for the country's defense. Sons are considered as a security for their parents. A family is known by its son. If there are more girls but no son, no one will know you". (Father-in-law, Swabi)*

*"Inheritance is the major issue which is increasing the demand for more children and specifically sons. In this region, people still do not give proper inheritance rights to their daughters". (Father-in law, Kasur)*

Generally women in the mothers-in-laws groups agreed that son preference was an essential reason for an increased number of children as people had a strong sense of preference for male children and in a desire to have a certain number of sons kept producing more children. In addition, a significant number of participants added that mothers felt pride and security in having many sons.

*"We wanted to have more sons and to fulfill that desire I gave birth to four daughters. Although my eldest child was a son but my husband wanted to have two sons. I prayed to Allah not to give me more children, but my husband said one son was not enough and we continued to produce more children. In the end we had nice children". (Mother –in law, Swabi)*

*"If a mother even has ten sons, she wishes for an eleventh one, but it is all in the hand of Allah". (Mother-in-law, Swabi)*

*"Desire to have a son increases the demand for children, but also increases income as sons are a real blessing from God". (Mother-in-law, Khairpur)*

In joint families, mothers-in-law have a significantly powerful position and play an important role in influencing the family formation of their sons. This research indicates that mothers-in-law have a decisive role in determining the number of children produced by the sons and tend to impose their own desires on their children.

*"My daughter-in-law gave birth to five girls and the family wanted to have a son. Finely she herself asked her husband to get another wife for producing a son. But her husband refused and if God had been willing he would have blessed me with a son from this marriage. Furthermore, it is quite possible that I may not get a son from the second marriage as well. I said to my daughter-in-law and son that I need at least two grand sons who can look after the property and carry the family name. If she fails to give birth to sons definitely I shall arrange a second marriage for my son". (Mother-in-law, Rajanpur)*

It was agreed upon by most participants that social-economic reasons and pressures ultimately lead people to have large family. Son preference was a part of economic pressures as sons provided additional working hands especially in rural communities and even in other low income groups.

*"Daughters spend a transit period in their parent's home and actually belong in their husband's house, while sons are responsible for their parents' emotional and economic needs."* (Man with three or less children, Naseerabad)

In all the provinces, most of the participants agreed that in majority cases, people wanted more than one son with the concept of a "pair of bullocks" to pull the burden forward with more strength. The reason for wanting a number of sons mostly evolved around an insecurity of losing a child as well as having a force rather than a single male issue.

*"A father with many sons is a proud man. But if one has only one son and God forbid something happens to that son, the family will be ruined for life."* (Man with three and less children, Khairpur)

In the hope of sons people gave birth to more and more children and even went to the extent of getting married a second time. It was further discussed that one son usually did not satisfy the family and they wanted more to stand by the first son. Sons become a source of social and economic security especially in old age. In some specific areas sons are considered to be 'guns'. More sons are considered to be more earning hands and considered to be a source of

pride and confidence. A woman in the community having four or five sons is considered to be a lucky woman. All these factors ultimately lead to an increase in the number of children.

*“People get angry on the birth of daughters and happy on a boy’s birth”. (Female with more than three children, Swabi)*

*“There is no difference between boys and girls, but parents do worry more about daughters as they need protection and are a major liability for the parents until their marriage” (Woman with more than three children, Rajanpur)*

*“In our village a large number of daughters are born in the desire for a son and after having one son they want to have four or five sons”. (Woman with more than three children, Naseerabad)*

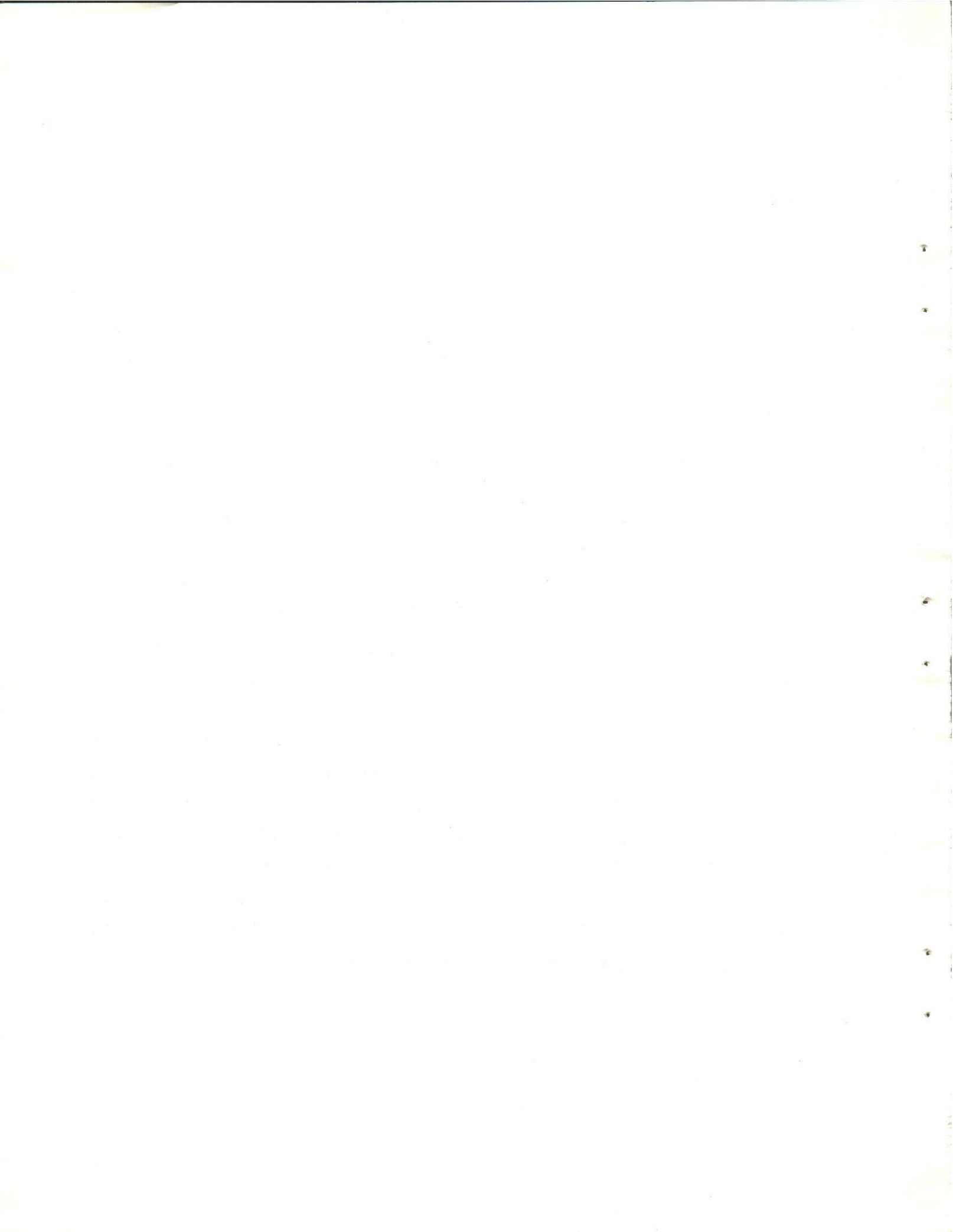
The son starts earning even at a young age especially in low income families and becomes a source of economic and social support in old age. People felt that parents of sons also have more respect in the society. However, there seems to growing awareness amongst both men and women in the rural areas that although son preference is a common practice in their respective regions due to multiple social and economic pressures norm but it is a major reason for large families..

*“Due to son preference the number of children is increasing day by day. If there is a daughter one will wish for a son, if there is another daughter then there will be again wish for son and due to this the number of children will increase”. (Man with more than three children, Swabi)*

*“People wish for male children, because they support them in old age and continue their family name”. (Man with more than three children, Rajanpur)*

*“It is very common in our area that if someone does not have a male child people do not respect him that is why people wish for sons”. (Man with more than three children, Khairpur)*





## C H A P T E R      F O U R

### **Capabilities to Control the Demand for Children**

The socio-economic development around the world has enhanced the capabilities of married couples to make reproductive health decisions according to their desires and needs. The major contribution in this regard, might be the development in family planning technology that has helped couples' to regulate their desired fertility or demand for children. Beside this development, there are others channels and sources such as educational attainment, role of media especially electronic media, the provision of health care services, which are also working in improving the capabilities of men and women for the fulfillment of their wishes. The ultimate outcome of capable decision making is the control on the demand for children.

The present study has explored the views of people belonging to diverse groups regarding the influence of these capabilities during decision-making by couples in controlling their demand for children. In this chapter, analysis has been conducted on the views of participants of in-depth interviews and focus group discussions regarding the capabilities that can influence the couple for their demand for children. Analysis proceeds from the general awareness about various channels and resources to the most influential channel and then elaborates the changing attitude of couples towards family planning and demand for children and finally the suggestions for improving the capabilities of the couple for better decision-making.

#### 4.1 Concept about Channels for Controlling Demand

Most of the respondents were of the view that a couple can manage and control the family size by practicing birth spacing, breast feeding and the use of family planning methods. The respondents including males and females from the five selected districts pin pointed the role of Lady Health Worker (LHW), the staff of Family Welfare Centers and hospitals as the main sources of family planning services. On the other hand, they also indicated constraints like poverty and non-availability of family planning services for a large segment of rural population, as hurdles in controlling demand for children.

*"I knew about family planning methods like injection and contraceptive surgery. Centers may be effective but in our area there is no facility available. Due to a large number of poor people and non-availability of family planning facility, demographic change is not possible. Combination of poverty and lack of facility is major cause of increasing demand of children. People are so poor that they do not even have television in their homes. Health and family planning facilities are almost 30 miles away from our village. In this area majority of the people are poor so they cannot afford to visit the centers thirty miles away from home". (Union councilor, Khairpur)*

*"The girl (LHW) goes door to door and gives tablets for spacing. She also gives advise about the pill and tells the women to produce less number of children". (Mother in law, Sawabi)*

*"Birth spacing is necessary if you want to have two children. Family planning should be adopted". (Mother in law, Khairpur)*

In Pakistan's rural areas, the Dai (Traditional birth attendant) has a direct interaction with married women, therefore are more aware of the issues and problems faced by the women. Dais' interviewed during the study acknowledged the use of family planning methods among women. There was a general feedback that methods were accessible and women were quite aware of contraceptive methods and were willing to practice family planning practice due to economic

pressures. However, there was a need to increase the services as the existing facilities were inadequate.

*"Husband wife should decide jointly to control their family size. Awareness about the methods and the facilities are there but people are still not using them. But, attitude is changing slowly, besides Balochistan is a large province, and the number of health and FP facilities available are insufficient". (Dai, Naseerabad).*

According to the local politicians and social mobilizers interviewed in the five districts, the electronic media was most effective in increasing awareness regarding small family norms and the ways and means to achieving them. But the group also felt that still couples did not have detailed knowledge about family planning and misconceptions still existed in the minds of the people thus inhibiting them from accessing FP services.

*"We do not have in-depth knowledge about family planning. Only pill is common in our area. Therefore, everyone has his or her own point of view about contraception". (Social mobilizer, Rajanpur)*

Many participants also pointed out the lack of awareness about family planning methods during old times because of low literacy levels. There was a general feeling among the participants that education created more awareness, provided exposure to the people and enhanced their capacities.

*"An educated couple has the capabilities to think about controlling their family according to their needs and desires". (Father in law, Kasur)*

*"No one has ever bothered to educate us on such issues or provide us with knowledge to practice contraception". (Father in Law Rajanpur)*

Similarly the older men also seemed to realize that times were changing and people had to adjust according to the needs of the time. During the discussions, a number of older men seem

to reflect on the positive aspects of a large family, its emotional and economic benefits, but also agreed that in the present pressing economic times, excessive number of children could be a major burden. Furthermore, many fathers-in-law conceded that as they did not have so much exposure to such practices, therefore, they were unfamiliar with the concept of limiting the family size. Rather these decisions were left to God and nature. There was a reasonable level of awareness among the participants in context of family planning methods and services due to multiple sources like the electronic media, lady health workers, and health centers.

*"In our region, in the past, people did not have such awareness". (Father in law, Kasur)*

*"We never adopted any family planning as giving birth is a natural process". (Father in Law, Rajanpur)*

However, the many men and women felt that the coverage of the services available was inadequate and many areas still did not have access to the FP program.

*"No one from the family planning department has ever visited our area or provided us with any awareness about contraception". (Father in Law, Rajanpur)*

During the discussions in all the districts, the older women acknowledged the positive impact of family planning in controlling the demand for children and appreciated the services of the Lady Health Workers, who provided door to door services in the rural areas, providing village women with accessibility to family planning. However, women disclosed certain fears and concerns about contraceptive methods, which had been passed on to them through other village women. Many times misconceptions and disinformation prevent people from accessing FP services, even if they are willing to limit their family size.

*"A woman with four children did not want more children. So, she went to the district hospital (DHQ) Rajanpur for birth spacing. She had a IUD inserted, but the tube was wrongly placed due to which heavy bleeding started. The TBA present contacted a lady doctor, who*

*removed the IUD but during the process a large quantity of blood was lost. That woman has still not recovered". (Mother in Law, Rajanpur)*

The issue of side effects and their implications in the wider community context were again brought up during the group discussions with the younger males. Men felt that the available FP services were of poor quality and people were not properly educated about the various side effects resulting in high drop-out rates as well as increased hesitancy among potential users. Furthermore, the staff at the service centers either lacked capacity or were careless as in many cases clients were dissatisfied with the results.

*"A woman in our area was sterilized, but she again became pregnant even after ligation. So this is the performance of family planning, because of such examples people don't want to practice family planning methods. My wife was also injected for birth spacing from a private medical center and it was effective, but one cannot trust the government family planning centers". (Male participant with less than three children, Khairpur)*

Women also agreed that quality of services and proper awareness about side effects management of specific contraceptive methods were very crucial elements in promoting family planning among the rural population.

Level of awareness about family planning and various sources of information were found quite high among the younger males in all the five districts. They mentioned various family planning methods and also showed their concerns about side effects. Like the earlier group of mothers-in-law, this group also expressed their appreciation of the positive role of the lady health worker (LHW) for family planning service delivery.

Most of the younger participants were of the view that family planning methods should be adopted if you want to have few children. However, some of them expressed their reservations due to religious reasons and felt that Islam discouraged the use of contraception. Other reasons mentioned which prevented control over the family size were firstly the issue of side effects and several participants agreed that oral pills and injectables did have side effects,

and secondly accessibility and availability of family planning services was also a problem in adopting any contraceptive method.

*"A couple can have a suitable number of children and a small family if they have access to family planning and health facilities. In addition a lady health worker should visit them and educate them about the various issues related to family planning, than there can be a decrease in the number of children". (Male participant, less than 3 children, Khairpur)*

*"We have to practice birth spacing for less children otherwise the number of children will keep increasing, therefore people should adopt the family planning methods". (Male participant less than three children, Naseerabad)*

*"There is a need to tell about family planning on TV. A person who watches TV knows everything about birth spacing and family planning. (Male participant less than three children, Sawabi)*

Women in various discussions pointed out that media played a significant role in increasing the awareness level of the people and promoting family planning and improving service delivery through the Lady Health Workers (LHWs). Inter-spousal communication was also mentioned as an important element in controlling the family size by a significant number of participants.

*"Husband and wife should discuss such issues with each and use family planning techniques to have less number of children". (Woman with less than three children, Sawabi)*

*"Married couples must consult family planning centers for proper spacing between their children". (Woman with less than three children, Kasur)*

*"The LHW visits the village houses and gives women contraceptives to control children". (Woman with less than three children, Kasur)*

## 4.2 Concept about Popular Channels

Majority of the participants were of the view that people in the rural areas were now quite aware of ways and means of controlling their family size. Both men and women were aware of atleast two to three contraceptives and were able to provide names of methods like condom, pills, IUD, female sterilization and withdrawal but there is need to provide detailed information to manage the fear of side effects. In the five districts, people emphasized the role of electronic media for motivational campaigns focusing on the benefits of small family. They also highlighted the role of lady health worker programme in creating awareness and increasing use of IUD, pills and sterilization.

*“Condom and operation are the popular family planning methods in our area. But in our area there are fears of side effects”. (Social Mobilizer, Rajanpur)*

*“We watch on TV and listen to radio. The LHW visits door to door and facilitate the villagers. I personally take the women to the nearby hospital”. (LHW Khairpur)*

The older groups of fathers-in-law and mothers-in-law were although aware of family planning and the concept behind it, but were skeptic about them due to the fear of side effects. People felt that services available for family planning purposes should be accessible and of good quality. Some respondents also expressed the view that family planning was against Islamic doctrine, which was thought to be another reason for low usage of contraceptives.

*“Operation (sterilization) is very effective, and if someone does it is their personal decision. But we think family planning is a sin”. (Father in Law, Sawabi)*

*“I and another person had used injection, but still we continued to have children. We villagers avoid operations, because of fear and cannot afford the expenditures. Medicines and condoms are not present here in villages”. (Father in Law, Khairpur)*



The quality of services and care issues were mentioned by a significant number of respondents and people felt that the service centers were a failure so far due to non-availability of staff and medicines. Many men and women were of the view that the medicines or the contraceptives given by the family planning program were sub-standard and there were no follow-up mechanisms, which could help the clients with side effect issues.

*"All the contraceptives as: condom, injections are sub-standard, they do not perform well." (Male participants less than three children, Kasur)*

*"My wife used pills and injections for birth control but they are not effective. Now I have no faith in such methods". (Male less than three children, Rajanpur)*

Many mothers-in laws compared the scarcity of family planning services during their time with present day situation when women can get contraceptives such as IUD, pills and sterilization. They appreciated the role of Lady Health Workers (LHW) and the staff of Family Welfare Center (FWC) in providing services at their doorsteps.

*"Now things have been simplified and treatment (family planning) is available. Previously people used to visit Mardan or Peshawar for treatment, now it is available in Swabi. Doctors also visit our house. Girls (LHW) come and give tablets and injections for months and even for five years. All people in our neighbor hood get treatment and our daughters and daughters-in-law also get treatment. I do not know how they are used but it is used to stop children". (Mother in law, Sawabi)*

*"Family welfare workers also say that use family planning." Pills are available but women don't want to take them. Medicine comes from Gambat and Sukkur but women forget to take them on time". (Mother in law, Khairpur)*

### **4.3 Changing Attitudes Towards Family Size**

There was a general consensus among all respondents that people's attitudes towards fertility patterns were changing with time due to a higher level of awareness. Many respondents mentioned the role of the media and the lady health worker in creating awareness about family planning.

Some respondents said that in the beginning people were against family planning and disapproved its practice. But now with growing exposure to its effectiveness, many people are promoting it. However, the issue of side effects was again mentioned as a major reason for people's skepticism in using any family planning method.

*"People's attitudes have gradually changed for the positive and they are prepared to accept family planning, but the problem of side effects scares away many people." (Dai, Rajanpur)*

*"Yes there is a change. People are showing concern about the health of their wives and trying to look for ways and means to achieve a smaller family." (Father-in-law, District Khairpur)*

The local politicians and social mobilizers in the influential groups were of the view that people's attitudes were changing slowly because they were aware of the problems associated with large families. But there was a need to scale up and expand the service delivery component in order to reach out to as many people as possible.

In the older groups of respondents, both men and women showed high awareness about family planning, but some still did not endorse the idea of limiting children and felt that it was an un-Islamic practice. Although, there was an understanding amongst most about the benefits of small families and the economic pressures of a large family, but still felt family planning to be "interference in God's work."

*“People’s attitude has changed due to family planning. In the past people didn’t care about it but now due to high expenses they are thinking about it”. (Father in Law, Sawabi)*

*People fear the use of contraceptives because they think that Allah will be angry and snatch the already given children”. (Father in Law Khairpur)*

Both female groups of older and younger women also mentioned the positive effects of family planning on the health of the mother not only physically but also psychologically.

*“Too many children are not only bad for the mother’s health but also bring economic pressures. Your entire peace of mind disappears forever and one is always worried about something or the other.” (Mother of three and more children, Naseerabad)*

Electronic media was mentioned as the main source of information by majority of the respondents. However, people felt that more detail should be provided as the present level of information was insufficient.

It was suggested by some of the participants that education was a major determinant for improving the fertility behaviour of people in the rural areas. There was more stress on female education as that would empower women and perhaps strengthen their decision making powers. The role of the lady health worker was also mentioned by many respondents as a very effective way of providing information and services. Therefore, this program should be further improved by scaling up its geographical coverage and quality of services.

## **C H A P T E R FIVE**

### **DECISION MAKING PROCESS REGARDING FAMILY SIZE**

A critical element in understanding the fertility patterns and behaviour of people is the decision making mechanisms that work in such situations. This chapter explores the views and perceptions of men and women from different age brackets regarding decision-making that influences the demand for children and how people manage their fertility trends. To understand the decision making mechanisms related to fertility behaviour, it is also crucial to find out the various concepts that influence this process. Thus this chapter looks into different aspects that form the basis of people's understanding of the fertility issues, which are:

- (A) Size of population
- (B) Family norms
- (C) Who has the final say in decision making?

#### **5.1 CONCEPT OF POPULATION SIZE**

This study shows that traditional values and norms are still very much intact and there was little difference among the opinion of the various categories of respondents including the influential people in the selected areas. There was a general awareness among all the groups about the growing population, however, people were unable to associate the problem within their immediate context and perceived it as something of indirect concern. The group of influential

had a more comprehensive understanding of the issue, followed by male respondents in other groups and the least understanding among the older group of women.

Even among the influential category of respondents, lady health workers and DAIs due to the nature of their work had the most detailed knowledge about the implications of high population growth, while many religious leaders and others like local counselors were unable to provide any solid examples or effects of population size. In fact many respondents gave misconstrued religious explanations for the rationale of high population and how it could be managed if the society worked through Islamic doctrine.

*"We Ulemah and Religious leaders are against birth control. It is God's order to increase the population. Hadiat of Prophet (PBUH) verified, to increase my ummah so that Muslim could become powerful and dominate the world". (Religious Leader, Rajanpur)*

Similarly, majority of the fathers in law were aware of the population growth and its consequences, however paradoxically perceived it as a consequence of nature and fate. The men did mention that large population size was increasing poverty in the country and also widening the economic disparities among different economic groups. Majority of the participants were of the view that every thing in this universe is under the control of God.

*"Government should not spend money on family planning rather they should fix things in other areas like education, health, and poverty". (Father in law Rajanpur)*

*"In these days we can not even afford our utility bills. Pakistan's population is increasing and our economic resources are decreasing." (Father in law Kasur)*

Among the older women's groups, most participants were aware of a growing population and gave the examples of their villages, which they had seen swell up with time, but these women reflected little upon their behaviour and attitude in this context. No one seemed to realize that their actions were also contributing in the situation and everyone had to play a role in the process to ease the situation. Many mothers-in-law said that they would want their children to

limit their families to three to four children, but only if sufficient number of sons had been produced.

*"I always tell my children that may God bless you with three children, two sons and one daughter" (Mother in law, Swabi)*

*"Population is increasing and we see a large number of people everywhere. Just fifteen, twenty years ago there was a small number of people in our villages. Population of villages is increasing" (Mother in law Kasur)*

There was a frequent response from many respondents irrespective of region, gender or age that although population was growing and people continued to produce large number of children, however, God was the main provider and if He had brought a life in the world, He would also arrange for its food and shelter.

*"There is no any doubt that the population is large but it is our belief and faith that food and every thing is provided by God" (Mother in law Naseerabad)*

The younger group of women was more practical than their older counter-parts in perceiving the high population growth problem. Many respondents among the younger women expressed economic pressures due to a higher population growth and considered it a real threat for socio-economic development.

*"Production is low and reproduction is high" (Woman with less than three children, Swabi).*

*"Pakistan's population is increasing and creating problems of unemployment and inflation". (Woman with less than three children, Rajanpur)*

Women agreed that due to the desire for more sons, couples continued to produce large number of children, thus contributing in the already high population growth.

*"Number of daughters increases the population in our area". (Woman participant less than three children Kasur)*

## **5.2 FAMILY NORMS IN RURAL SOCIETY**

Pakistan is a patriarchal society where males have the main decision making powers and are perceived as the protectors of the family who carry forward the family name. People still believe in traditional notion of large families with many sons, especially in rural communities. The birth of a son emerged as a paramount consideration in decision making about family size. Once a desired number of sons had been produced, families considered limiting their families, otherwise commonly couples continued to produce more children. Furthermore, although, there is a strong awareness regarding small families, but people still personally desire a "house full of children".

As also discussed in detail in an earlier section of this report, parents generally desire large number of children preferably boys as an old age investment. Children are seen as a blessing from God, and the respondents during the research felt that these were unfortunate times that "we even have to think of restricting our family size due to economic pressures" but the desire for a big family was reflected by a significant number of respondents.

Even among the influential groups, who were basically those with some kind of an influence in the general community, expressed their reservations in controlling the family size through family planning methods.. The religious leaders were more forthright in claiming that it was the right of every human being to decide on the number of children he/she desired, but no one had the right to interfere in God's will, which controlled the number of children.

*"Desire for a son Waris is an important factor in our area. There is a man in our village who had five daughters and now has recently had a sixth one to fulfill his desire for a son"*  
*(Religious leader Rajanpur)*

*"At least five sons are a desired number in our area. There was a man in our village he married thrice for a desire of son and finally in the process now he has four sons and four daughters from his third wife. This shows that Polygamy is also a cause of large number of children" (General Councilor)*

It is apparent that the strongest factors influencing family norms or the size of the family are economic. People in agricultural communities since generations have depended on family manpower for sustainable livelihoods. Similarly, in poor socio-economic strata people produce more children as additional earning hands. Thus, the reason for 'son preference' also becomes clear. Girls are traditionally family honour, while sons are family pride. Honour has to be protected therefore is a liability, while pride is shown-off as a symbol of strength.

*"The bottom line is the money earned by children. Large family size is popular because people in our area are of the opinion that number of children increases the income of the family" (Social mobilizer, male, Rajanpur)*

Many participants especially among the male groups said that education of the people was very important to change the views of the people. Unless there was quality and standard education for all, society will not change and neither will people's behaviour.

*"Lack of education is the reasons for this backwardness. The society is illiterate." (Nazim, Swabi)*

Awareness about the effectiveness of small family norms was quite common among both male and female older groups in the five selected districts. But, these groups were even less convinced about the benefits of smaller families and perceived it as a reason to fight off poverty.

*"People think of controlling their children when they cannot afford them. It is not because they believe in it or are contributing in controlling the high population growth." (Father-in-law, Khairpur)*



Majority of the respondents considered children to be an asset. It is a common saying in Pakistan's rural areas that a man with no money and many sons is a rich person. Both men and women in the study were of the view that children might be an economic burden when they are young, but once a son is old enough to earn and contribute in the family income, he becomes a life long investment.

Fathers-in-law agreed that more children and preferably boys were an economic asset especially for poor families. While for the older women, more grandchildren were a source of pride and added to the family prestige. But, in the present conditions, both the older groups agreed that too many children were a burden and difficult to support in such pressing times.

*"Some of the participants are in favor of small family size. Two children can be easily fed and educated rather than eight or ten". (Mother-in-law, Kasur)*

However, there was a general feeling among all the respondents that the ultimate decision of controlling the family size rests with God. The number of sons or daughters or the time of birth were in the hands of "Allah".

*"I have a small family but this process is in the hands of nature. Nobody can intervene in it. (Man with less than three children, Naseerabad)*

Among the older participants, five children were considered small, while more than five was large. But one father-in-law in Swabi felt that even fifteen children were not enough.

*"I think six children are enough for a poor family four sons and two daughters" (Father in law, Naseerabad)*

In some tribal areas, people preferred large families due to ethnic reasons. Traditional rivalries and ethnic differences also invoked a strong desire for more male heirs to continue the family traditions including feuds.

*“Due to traditional rivalry between ethnic groups, large families are a dire need. There is no limit of a number, ten to twelve children or many as possible. Larger the family more the income and power of family”. (Father in law, Rajanpur)*

Some of the participants said that limiting the number of children to three to four is an urban phenomenon. In rural areas, people wanted more than four or five children due to a combination of reasons. However, affordability was now becoming a matter of concern and couples had started to accept family planning.

*“I think six children two daughters and four sons are not a problem”. (Mother in law Sawabi)*

*“Children are not a problem. They are an economic asset.” (Man with more than three children, Kasur)*

*“Small family can easily be managed but according to our traditions and values male children are always preferred because they are an economic source.” (Woman with more than three children, Naseerabad)*

### **5.3 WHO HAS THE FINAL SAY IN DECISION MAKING**

After having discussed about the process of decision making the most difficult and significant factor was the focus of the consultation process (decisions aids). Findings in this regard clearly show that husbands dominated decision making. However there were glimpses of shared decision making as well. But as far as the process of decision making concerning fertility behaviour, almost all respondents agreed that there was no consultation process involved and the husband made the final decision.

Growing trend in education especially women has altered people's behaviour and attitudes to some extent and educated women are more empowered and relatively free to voice

their opinions. Education and exposure to the outside world has also increased inter-spousal communication and men do not hesitate to consult their wives in matters of the household, but fertility control is still in the command of the husband. During many discussions in the selected districts, it was indicated by significant number of participants that son preference was one of the major factors that determined the decision making process. Men decided on fertility control once they had achieved their desired number of sons.

After the husband, elders of the family like fathers-in-law and mothers-in-law were perceived to be the main decision-makers in demand for children. Again the desired number of sons was the prime determinant in most cases. Thus, it seems that despite extensive media campaigns and socioeconomic reforms female empowerment was still a very slow process. Unfortunately, even women themselves, whether old or young need to undergo attitudinal and behavioural changes to alter their status in the society.

However, it was encouraging to listen to the responses of the some of influential groups. The Lady Health Workers and the DAIs said that they had observed improved inter-spousal communication between couples and felt the women to be more aware and empowered than before. But, there was agreement among majority of the influential respondents that after the husband, the elders of the family had the main decision making power. Another aspect which came forward was the male emphasis in decision-making.

*“Even if my mother makes a decision and I differ with her, my decision will prevail although I am much younger. In our society men do the final decision-making.” (General Counselor, Swabi)*

Gender inequality in reproductive decision making is a key element of the social context of reproductive health. Gender inequality and gender differences also directly influence decision making about reproductive health and hinder communication between husband and wife. The younger woman after her husband is answerable to other male family members, while in fertility related decisions she is under the pressure of her in-laws as well.

*"Mothers and Fathers of the couple participate in decision making" (Father-in-law, Naseerabad)*

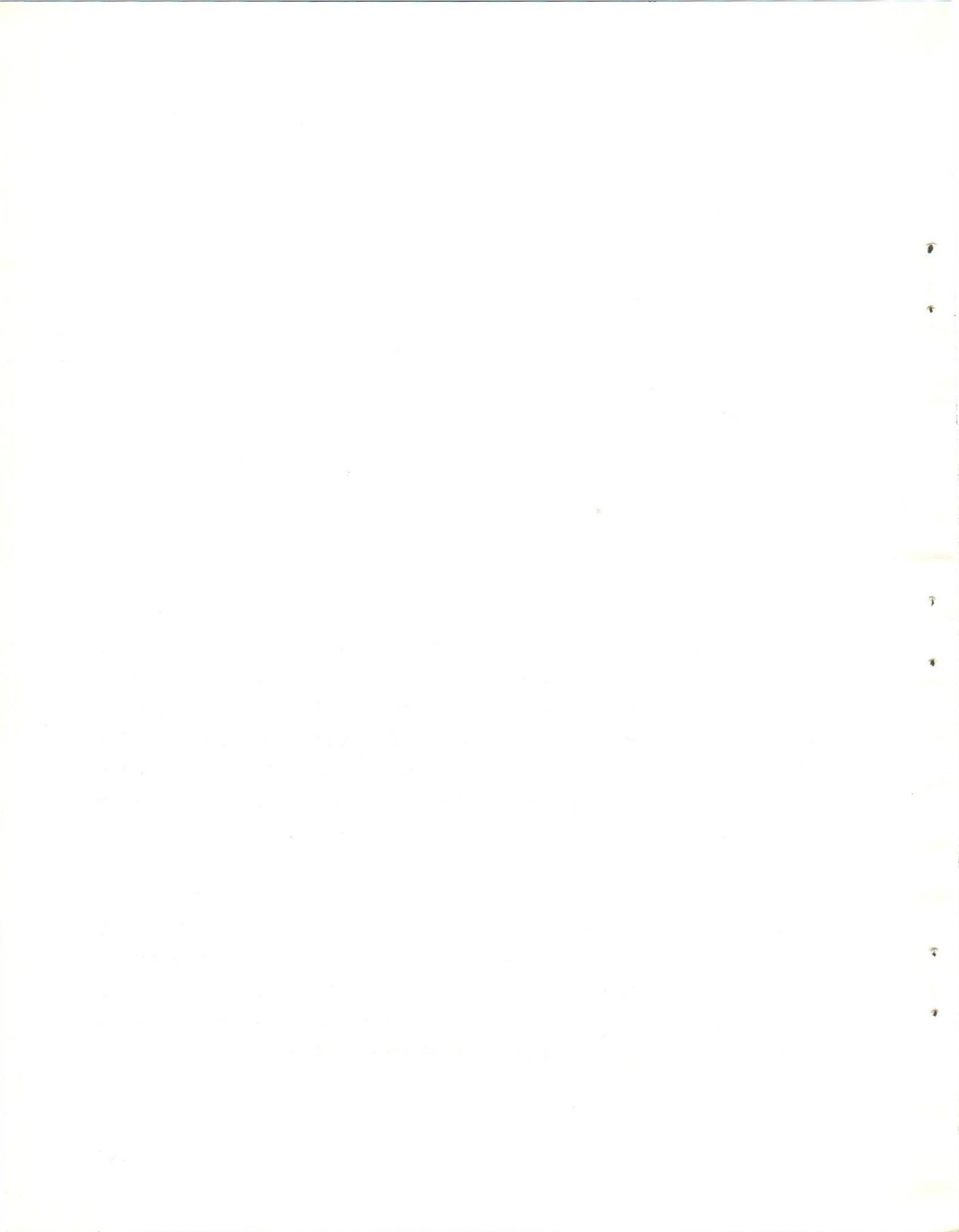
*"Husband has the final say in decision making, which shows a sense of powerlessness for the woman,". (Social Mobilizer Rajanpur)*

*"Man has the final say" (Woman with more than three children, Khairpur)*

However, there was a difference in the responses of many younger men and women from better economic background. Many participants said that fertility related decisions were made more or less mutually by the couple and the wife generally had her consent in the process. This definitely supports the assumption that improved socioeconomic conditions empower women and they have some control over their bodies.

*"The decision for the number of children is usually in consultation with my mothers in law, husband and myself. It is a family decision but I have the final say. No, I think we both (husband and I) have the final say". (Female with less than three children, Khairpur)*

As in earlier sections of the report, during the discussion on decision making, eventually the responses of a large number of participants revolved around fate and the will of God to decide on the number of children or their gender. Old and young alike were of the view that no interference in God's wish can work, but the final decision in terms of what is in the hands of man rest with the husband followed by father-in-law and mother-in-law.



## C H A P T E R      S I X

### **Conclusion and recommendations**

The study “Demand for Children in Rural Setting”: identifies different socio-cultural factors which influence the families to adopt large family norms. The most important among these are son preference, religious pressures, economic benefits, old age security and fear of side effects of contraceptives. Some of the other reasons mentioned were exchange marriages, peer pressure, early age at marriage, use of spicy and hot food, social pressure of impotency, and lack of education. These factors are deep- rooted and very much prevalent in the society. There are no significant differences among all groups regardless of age, gender and economic status or regional variations.

All participants and respondents in the research agreed that son preference was prevalent in the society and one of primary reason for a large family as people kept producing more daughters in the desire to achieve a certain number of sons. Sons were perceived as an asset while daughters were a liability that needed to be protected until handed over to another family after marriage. Although, there was not a single participant who expressed hostility towards daughters, however, ideally they had to be accompanied by two to three sons.

It is also reflected through the study that people perceive children as an economic asset and consider five to six children as a small size. Even the poor segments felt that they could take care of six children quite easily. However, there is a growing awareness among the local communities about ways and means to control the population size. Majority of respondents were able to name two or three contraceptive methods like pills, condoms, IUDs, and sterilization. People with the spread of education and socio- economic development only a slight change is felt but still many of them were hesitant due to the fear of side effects. Men and women alike expressed hesitation in using family planning methods and complained about the poor quality of services in the available centers.

Media, mostly television, were the most popular source of information for controlling the number of children. The role of lady health visitor was highly appreciated especially by the women as they felt comfortable in receiving information and services at their door-steps.

Furthermore, it was also apparent that religion played a major role in determining people's decision for controlling children. There were rampant misconceptions among a significant proportion of the respondents that controlling children was against Islamic doctrine and Allah did not permit humans to interfere in His will.

Although, it was agreed upon by majority that husbands made the final decision in fertility control, but the eventual decision was that of God. But, it was also clear that women still have little power in reproductive health decision making and the husbands followed by parents-in-law are the primary decision makers. Only some women in the economically better off groups indicated some level of decision making powers.

Considering the above findings of the study, the following recommendations emerge from this research:

- The study clearly indicates that socio-cultural factors have a significant influence on people demand for children in the rural communities in Pakistan. Therefore, it is of prime importance for policy makers to design and formulate policies and strategies in

accordance to socio-cultural norms and sensitivities. Population related policies should take into consideration the status of women in the rural communities, their role in decision making and their mobility patterns for accessing family planning services;

- As husbands and parents-in-law play an important role in decision making in demand for children and controlling them, these three key players should be sensitized and especial orientation and awareness sessions should be organized with them both at the community level and during individual sessions;
- Education of all especially women is a major determinant for controlling fertility, therefore, the national and local policy makers should emphasize further on female education to empower women and create awareness about the benefits of small family norms;
- There is a high level of appreciation among the people about the effective role of the Lady Health Worker, therefore, this program component should be further strengthened and the services of the LHW should be scaled up and expanded;
- The Population Welfare Program should improve its service delivery and the available Family Welfare Centers should be made more accessible to the people with efficient staff and services including required medicines and contraceptives;
- Clients should be provided professional counseling services about various contraceptives and their side effects. Couple counseling should also be encouraged and follow-up visits and referral services need to be in place;
- Although, there is a reasonably high awareness level among the people regarding family planning methods, but there is a demand to give more detailed information to the people as the present knowledge is inadequate and many times based on disinformation;



- A large segment of the society still perceives controlling the family size as un-Islamic and a sin. Most of the perceived notions are based on misconceptions and misinterpretation of religious doctrine. To reduce this stigma against contraception, religious leaders should be involved further at the community and also provided up-dated and regular information material and sessions;

For controlling the demand for large number of children, the participants of different focus groups suggested that family planning methods should be made available at their doorsteps with the involvement of lady health worker. It is possible through LHW but they should have effective family planning methods because if one woman had got the side effects, then others wouldn't use them. Family planning centers should be established at the village level, which should be given under the supervision of influential of villages. Appointment of staff at the centers should be done by the Union Council and with out any influence or bribe.

Demand of children in rural settings findings clearly lead to conclude that it is a multidimensional phenomenon and can only be reduced by a multidimensional approach on the economic, political, ethnic, social cultural religious and spiritual fronts. Men also need information to help them meet their responsibilities as husbands and fathers. Insecurity, the fear factor, culture of conflict and violence, culture of corruption and self enrichment are the major causes of population growth. Findings clearly show that prosperity and better socio economic status makes a difference at least in perception .One of the positive trend emerges from the study is that men are more aware of the consequences as compare to women irrespective of socioeconomic status and parity. Children are presumed future network or ethnic capital in rural society when decision is made about family size.

Study suggests that I.E.C and advocacy campaigns should be focused on the consultation process from husband dominated to share decision making or informed decision-making.

The national population welfare programme should target men in rural areas to encourage them for consultation with their wives on size on family size because there are prospects for shared decision making. However, it can only be done through interpersonal communication.

This begs the question: Is national population welfare programme paying adequate attention on informing men about imperatives of small family size? Would improved interpersonal communication and shared decision making on family size help in promoting small family size norm? Further research is needed to find a more definitive answer on these issues.

## ANNEX- A

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## **ANNEX- B**

### **In-Depth Interview Guide for Opinion Makers**

#### **OBJECTIVES**

To determine opinion maker's perception about his/her attitudes and behaviors as an agent of change in decision making covering the demand of children in rural settings.

*"Interviewer"* make sure, you conduct the interview in a private place. If it seems that the respondent is just repeating or is not being very candid, reassure him/her of the confidentiality of the interview. That may help to put the respondent at ease and foster a frank interview

#### **I. Family Size:**

1. What do you think about the population size of Pakistan?
2. In your community, what are the family norms?
3. The advantages or disadvantages of LARGE number of children?
4. The advantages and disadvantages of SMALL number of children?
5. What are the serious problems families facing in your area?
  - Insufficient income for the family
  - Education of children
  - Health care issues
  - Unemployment

#### **II. Issues of Decision-making about Family Size:**

1. What is the process of decision-making about family size in your area?
2. In your view who are the main decision-makers?
3. Who influences during the decision-making? (Within a family and outside)
4. Who has the final say?
5. In our daily life, do we plan before taking a decision?

### III. Fertility Preferences:

1. What children mean to man/ woman?
2. What are your views about son preference?
3. Is it common in your area and what are the benefits people talk about son preference?
  - Children as economic value
  - Old age benefits
  - Security in the community

### IV. Socio-cultural Factors influencing the demand for children

1. What are the socio-cultural pressures, factors and reasons contributing in demand for children?
2. Which is the most important factor in your opinion?
3. Does son preference play any role in increasing demand for children?

### V. Factors controlling the demand for children

1. In your opinion, how do you think that a couple can manage and control family size?
2. What are the channels and sources for managing the family size?
3. Is people's attitude towards family norms changing due to family planning and reproductive health?
4. What do you think people need to understand more regarding the number of children?

### VI. What advice do you have for families to adopt Small family norms?

BEFORE CLOSING THE INTERVIEW CHECK THAT YOU HAVE DISCUSSED ALL THE TOPICS WITH RESPONDENT.

Thank the respondent and end interview.

## ANNEX- C

# FOCUS GROUP DISCUSSION (FGD) GUIDE

### Guide for FGD of Parents

#### OBJECTIVES

To determine Parents attitudes and behavior in decision making for demand of children in rural setting.

#### Ice breaker and introduction:

“Moderator” introduces himself/ herself and his/her Note-taker who takes the notes during discussion.

Begin the Focus Group Discussion with a brief discussion of the purpose .....

- For example: We are particularly interested in hearing your thoughts about the issue. As a responsible parent, you have much to contribute to a discussion on demand for children. During our discussion, there will be no wrong or right answers. What is important is to know what you think and feel in relation to the topics that we are going to discuss.

1. We would like to tape this session, if you have no objection, to make sure we do not miss any of your opinions or part thereof. I assured you that all the discussion would be used only for research purpose.
2. Before we begin, I would like to go around the room and have everyone introduce himself/ herself?

#### I. Family Size:

1. We would like to begin the discussion with your views about Pakistan's population size.
2. What do you mean by family size?
3. What are the benefits of a large or small family?
4. In your opinion how many children become a problem rather than asset for a family?

### III. Decision-Making:

1. In our daily life, do we plan before taking a decision?
2. Do you discuss about family size with others?
3. In your opinion who are the main decision-makers about the size of family?  
(Couple, relatives, friends, mother-in-law, father-in-law and others)
4. Who influences during the decision-making? (Within a family and outside)
5. Who has the final say?

### IV. Socio-cultural Factors influencing the demand for children

1. What are the socio-cultural pressures, factors and reasons contributing in demand for children?
2. Which is the most important factor in your opinion?
3. Does son preference play any role in increasing demand for children?

### IV. Factors controlling the demand for children

1. Do you know how a couple could manage the number of children?
2. What are the channels and sources for managing a family size?
3. Do you think these sources have any contribution in family size management?
4. During child rearing, what are the roles of wife and husband?
5. Is people's attitude towards family norms changing due to family planning and reproductive health?

### V. Suggestions for changing people's attitude towards small family norms.

THE MODERATOR SHOULD NOTE THAT: ...

- BEFORE CLOSING THE DISCUSSION CHECK THAT YOU HAVE DISCUSSED ALL THE TOPICS OF FGD GUIDE.
- Thank the participants and close the discussion.

## ANNEXURE - D

### POVERTY-WISE RANKING OF DISTRICTS, PAKISTAN 1998-2000

Rank	Province/ district	Total Fertility Rate (TFR)	Singulate mean age at marriage of females	% Literate in population age 10 & over	% Labour force in population age 10 & over	Persons per house hold	Persons per room	Percent of population having one room	Percent of households having piped water	Percent of household without latrine	Never use family planning	Wants more children	Son preference	Index
	<b>I</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>	<b>9</b>	<b>10</b>	<b>11</b>	<b>12</b>	<b>13</b>	<b>14</b>
A	<b>ISLAMABAD</b>			72.4	31.1	6.2	2.1	16.0	57.3	42.5	35.28	30.91	5.64	66
B	<b>PUNJAB</b>													
1	RAJANPUR	5.7	19.3	20.7	42.3	7.3	4.1	53.7	8.5	79.2	77.4	67.0	35.7	20
2	MUZAFARGHAR	5.5	19.5	28.4	33.2	7.3	3.8	46.2	6.0	82.5	52.5	48.9	24.1	22
3	DERA GHAZI KHAN	5.5	19.3	30.2	39.0	7.8	3.7	38.9	19.5	76.8	62.0	46.3	21.2	26
4	LAYYAH	5.8	19.5	38.7	21.6	7.3	3.2	31.6	5.2	78.1	23.3	40.0	26.0	28
5	LODHRAN	5.1	20.7	29.6	37.8	7.2	3.4	37.2	13.3	75.9	50.4	47.3	31.8	31
6	RAHIM YAR KHAN	5.0	20.9	33.0	32.4	7.5	3.6	39.5	15.3	68.5	50.5	50.7	29.6	31
7	KASUR	5.0	21.9	36.2	31.3	7.0	3.7	43.2	19.8	66.3	57.8	41.3	15.9	33
8	VEHARI	4.8	22.2	36.8	36.8	6.9	3.1	35.2	17.2	57.3	52.7	47.8	27.8	37
9	BAHAWALPUR	5.0	21.1	34.7	40.2	6.8	3.4	42.3	16.0	67.0	44.6	39.2	19.6	38
10	JHANG	4.4	22.0	37.1	32.3	6.5	3.1	32.6	29.2	76.2	26.8	56.3	47.1	38
11	BAHAWALNAGAR	4.8	22.8	35.1	36.8	6.7	3.0	36.1	27.0	71.6	42.2	39.4	29.5	39
12	OKARA	4.6	22.1	37.8	29.0	6.5	3.4	44.6	15.0	66.9	47.0	36.1	19.1	39
13	MIANWALI	4.7	22.4	42.8	26.7	7.1	2.6	22.3	23.2	69.4	37.7	70.9	43.7	40
14	PAKPATTAN	4.7	22.3	34.7	38.1	6.4	3.2	42.9	15.0	71.1	74.0	43.0	26.8	40
15	HAFIZABAD	4.9	22.4	40.7	32.1	7.1	3.2	31.4	22.6	69.5	28.9	47.6	25.8	41
16	SHEKHUPURA	5.0	22.2	43.8	31.5	7.3	3.3	33.7	18.7	54.0	47.5	36.4	15.5	42
17	GUJRAT	4.0	22.8	62.2	28	6.6	2.4	31.9	21.2	61.7	0.0	43.8	18.8	43
18	KHANEWAL	5.0	22.3	40.0	37.8	7.0	3.0	31.2	12.0	63.5	17.7	37.9	20.9	43
19	MULTAN	5.0	21.6	43.4	36.4	7.1	3.4	39.0	21.7	52.4	40.6	42.0	25.9	43
20	TOBA TEK SINGH	4.6	23.3	50.5	29.6	7.1	2.8	24.7	24.4	67.7	43.4	52.5	46.8	44
21	BHAKKAR	4.7	22.3	34.2	32.4	6.2	2.7	36.0	7.9	78.5	5.9	42.9	19.0	46
22	MANDI BAHAUDDIN	4.2	22.6	47.2	30.7	6.7	2.8	26.2	8.0	74.7	13.2	46.3	33.1	46



Rank	Province/ district	Total Fertility Rate (TFR)	Singulate mean age at marriage of females	% Literate in population age 10 & over	% Labour force in population age 10 & over	Persons per house hold	Persons per room	Percent of population having one room	Percent of households having piped water	Percent of household without latrine	Never use family planning	Wants more children	Son preference	Index
	1	2	3	4	5	6	7	8	9	10	11	12	13	14
23	SAHIWAL	4.6	23.3	44.0	39.0	6.9	3.0	32.1	18.0	59.9	48.1	41.2	18.7	46
24	SARGODHA	4.3	22.5	46.3	30.7	6.4	2.9	34.1	11.0	69.4	29.5	54.4	31.3	46
25	FAISALABAD	4.4	23.0	52.0	32.3	7.2	3.1	30.1	28.1	44.1	60.0	50.2	35.6	48
26	KHUSHAB	4.3	23.2	40.5	28.2	6.2	3.1	44.9	20.9	76.3	42.9	26.7	20.0	48
27	ATTOCK	4.1	22.3	49.3	31.2	6.1	2.6	21.3	27.0	64.7	31.4	46.9	23.3	49
28	NAROWAL	4.7	22.5	52.7	30.2	7.4	3.0	22.5	12.2	79.0	53.7	24.2	11.9	49
29	GUJRANWALA	4.9	22.7	56.3	33.4	7.5	3.0	24.4	32.5	35.9	24.9	29.2	16.1	54
30	SIALKOT	4.7	22.9	59.0	30.5	7.3	2.8	21.6	26.2	51.1	10.8	49.8	24.5	54
31	RAWALPINDI	4.0	23.5	70.4	28.0	6.4	1.9	17.3	41.3	46.2	27.3	40.6	18.6	55
32	CHAKWAL	3.9	23.3	56.7	23.6	5.7	2.7	40.3	21.4	71.0	17.2	34.6	9.8	60
33	LAHORE	4.4	23.1	64.6	28.1	7.1	3.0	32.8	75.2	13.8	28.1	37.8	7.4	67
34	JHELUM	3.8	23.0	63.6	27.3	6.1	2.2	17.4	27.2	63.8	14.3	35.3	17.6	70
C	SINDH													
1	KHAIROPUR	5.3	19.6	35.5	28.8	6.0	4.0	66.9	16.0	47.9	57.4	75.1	45.3	23
2	JACCOBABAD	5.2	17.9	23.7	36.4	7.6	5.4	81.8	16.8	63.6	27.2	61.3	20.7	25
3	NAWABSHAH	5.4	20.6	34.1	21.2	6.0	4.3	71.3	23.6	46.9	31.0	78.8	26.9	25
4	GHOTKI	5.2	18.4	29.0	28.1	5.5	4.2	77.7	14.4	73.6	36.8	49.0	8.6	27
5	BADIN	4.9	19.2	24.6	26.9	5.3	4.1	81.8	13.0	56.0	29.9	63.6	18.2	28
6	NAUSHAHRO FEROZE	5.5	20.6	39.1	28.0	5.8	4.1	75.2	16.1	27.9	45.0	57.3	29.7	29
7	SANGHAR	4.9	19.9	30.9	33.2	6.4	4.3	69.2	20.9	51.4	42.2	60.3	30.9	31
8	THATTA	5.2	20.2	22.1	37.1	5.1	3.9	78.1	14.7	49.0	31.2	54.6	10.9	32
9	DADU	5.2	19.9	35.6	30.4	5.5	4.0	73.3	20.4	34.0	36.0	48.8	14.5	33
10	UMERKOT	4.8	19.2	24.8	35.4	5.4	3.4	56.9	12.1	62.0	33.8	49.1	20.9	33
11	SHIKARPUR	5.4	20.6	31.9	28.3	8.0	1.6	63.4	20.3	41.0	58.2	48.4	9.0	34
12	LARKANA	5.1	19.5	35.0	34.5	5.9	3.9	68.5	17.1	26.2	32.5	54.1	18.4	35
13	SUKKUR	5.0	20.5	46.6	31.6	6.5	4.1	59.6	37.7	45.6	58.6	45.9	18.0	37
14	THARPARKAR	4.7	19.3	18.3	34.1	5.6	2.3	25.5	2.3	78.0	36.8	48.7	14.3	40
15	KARACHI (MALIR)	4.0	21.4	53.6	33.2	6.2	3.3	48.4	61.3	12.6	0.0	0.0	0.0	41
16	MIRPURKHAS	4.7	20.7	36.0	33.8	6.1	4.1	65.1	30.4	43.6	35.5	57.7	40.8	41
17	KARACHI (WEST)	4.0	27.1	56.4	36.6	6.8	3.2	36.4	65.3	4.1	0.0	0.0	0.0	45

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	1	2	3	4	5	6	7	8	9	10	11	12	13	14
18	HYDERABAD	4.8	21.9	44.3	35.2	6.0	3.8	66.0	47.3	27.0	14.9	49.5	2.9	50
19	KARACHI (EAST)	4.0	24.1	73.1	30.2	6.8	2.5	22.9	78.3	1.4	0.0	0.0	0.0	56
20	KARACHI (SOUTH)	3.8	23.6	67.6	36.0	6.2	2.8	32.5	72.6	1.7	0.0	0.0	0.0	67
21	KARACHI (CENTRAL)	3.9	24.5	76.0	32.6	6.8	2.6	22.6	85.4	0.8	20.0	58.4	9.3	86
D	NWFP													
1	SHANGLA	4.9	19.0	14.7	35.9	8.1	3.9	31.0	11.8	85.9	0.0	0.0	0.0	24
2	BUNER	5.5	19.5	22.6	31.0	9.0	4.3	39.0	27.7	66.8	43.3	49.7	39.7	25
3	MANSEHRA	5.7	21.4	36.3	28.7	6.7	3.2	34.4	26.3	78.9	42.3	65.8	46.3	26
4	UPPER DIR	5.2	19.7	21.2	29.1	8.0	3.2	25.5	18.9	84.4	60.8	43.2	30.3	27
5	TANK	5.4	20.9	26.3	29.4	9.3	3.2	15.8	29.7	56.5	0.0	0.0	0.0	29
6	BATAGRAM	5.7	19.3	18.3	33.9	6.6	3.5	43.0	23.4	81.1	41.7	26.3	10.5	30
7	LOWER DIR	5.2	20.2	29.9	25.6	9.3	3.2	18.7	32.7	74.4	60.8	43.2	30.3	31
8	SWAT	4.9	19.8	28.7	29.5	8.8	3.4	22.4	24.5	62.5	36.2	52.4	40.0	32
9	DERA ISMAIL KHAN	5.1	21.3	31.3	32.0	7.5	3.1	28.6	4.9	60.0	47.4	35.3	22.5	35
10	SWABI	5.5	20.9	36.0	29.9	7.7	3.9	37.1	10.9	52.3	15.6	33.8	22.1	36
11	KOHISTAN	5.0	17.5	11.1	37.5	6.4	3.4	49.0	9.1	82.5	25.0	30.0	15.0	38
12	MARDAN	5.7	21.1	36.5	31.2	8.4	3.7	27.6	18.1	35.5	42.7	28.2	13.7	39
13	HANGU	5.6	20.8	30.5	23.4	10.4	3.6	18.6	23.6	56.6	16.7	26.3	15.8	40
14	MALAKAND	5.1	20.5	39.5	27.0	9.1	3.2	18.9	23.6	46.2	46.7	29.6	29.6	40
15	CHARSADA	5.0	21.6	31.1	31.5	8.0	3.6	31.2	12.6	40.1	13.6	41.1	25.1	41
16	LAKKI MARWAT	4.9	21.3	29.7	27.2	9.2	2.8	12.2	38.7	74.3	15.4	39.3	25.0	42
17	KARAK	5.0	21.4	41.9	23.3	10.0	3.0	11.6	21.6	79.7	5.0	50.0	37.5	43
18	BANNU	4.9	20.5	32.1	29.6	9.7	3.3	18.6	43.2	46.8	14.3	48.3	34.5	44
19	KOHAT	4.8	20.9	44.1	25.5	7.4	3.1	28.2	36.9	57.6	21.4	40.0	30.0	44
20	NOWSEHRA	4.9	21.5	42.5	32.9	7.7	3.5	31.0	33.9	43.8	28.6	33.3	25.0	44
21	PESHAWAR	4.9	21.3	41.8	28.6	8.5	3.3	24.1	47.7	28.7	43.3	47.5	27.2	45
22	CHITRAL	4.2	19.9	40.3	30.7	7.9	2.8	18.4	25.1	61.8	0.0	38.1	19.0	46
23	HARIPUR	4.9	22.5	53.7	27.1	6.6	2.7	24.2	49.6	56.1	33.3	38.9	16.7	50
24	ABBOTTABAD	4.7	22.3	56.6	27.9	6.4	2.8	27.5	29.9	69.7	25.3	31.1	18.7	58
E	BALUCHISTAN													

Rank	Province/ district	Total Fertility Rate (TFR)	Singulate mean age at marriage of females	% Literate in population age 10 & over	% Labour force in population age 10 & over	Persons per house hold	Persons per room	Percent of population having one room	Percent of households having piped water	Percent of household without latrine	Never use family planning	Wants more children	Son preference	In
	I	2	3	4	5	6	7	8	9	10	11	12	13	14
1	AWARAN	5.6	19.6	14.8	40.0	5.4	3.6	70.7	7.0	72.1	0.0	0.0	0.0	17
2	JAFARABAD	4.9	18.5	18.5	37.2	7.1	4.4	60.7	17.1	75.0	70.0	69.6	47.8	20
3	BARKHAN	5.2	19.0	15.7	28.2	7.1	2.6	30.1	9.7	82.2	0.0	0.0	0.0	23
4	BOLAN	6.2	20.1	15.7	37.3	7.3	2.2	33.2	15.2	41.4	0.0	0.0	0.0	24
5	NASIRABAD	4.7	19.4	12.7	35.3	6.4	3.8	57.3	15.2	77.8	0.0	0.0	0.0	25
6	KHARAN	5.6	20.6	15.1	36.6	5.8	4.1	75.2	9.4	84.1	0.0	29.4	5.9	27
7	KHUZDAR	5.6	18.4	17.5	38.7	5.4	2.7	48.8	7.6	79.0	30.8	41.2	35.3	28
8	KECH	6.7	20.1	27.5	32.1	5.1	3.9	77.9	20.4	54.1	29.4	31.3	12.5	29
9	MASTUNG	5.7	21.0	27.6	36.4	7.9	3.3	14.1	24.0	43.4	0.0	0.0	0.0	30
10	ZIARAT	5.2	22.2	34.3	15.2	7.4	2.6	19.2	33.2	62.2	0.0	0.0	0.0	30
11	JHALMAGSI	4.7	18.2	12.3	40.5	6.8	1.7	56.5	13.8	56.3	0.0	0.0	0.0	32
12	KOHLU	4.4	18.5	12.2	40.8	6.4	2.9	45.5	7.1	89.0	0.0	0.0	0.0	32
13	GAWADAR	4.8	20.5	25.5	37.8	5.5	1.3	80.8	45.4	68.8	0.0	0.0	0.0	33
14	KILLA SAIFULLAH	5.7	20.3	17.6	38.0	7.0	2.5	21.0	13.5	84.4	20.0	40.0	0.0	33
15	CHAGHI	5.0	20.9	26.5	34.9	6.7	3.1	37.1	27.8	74.5	50.0	38.9	22.2	34
16	DERA BHUGHTI	5.9	19.5	11.7	43.4	6.2	3.4	55.9	13.9	89.9	29.4	26.3	15.8	34
17	MUSAKHAIL	5.1	18.4	10.4	42.3	7.0	2.5	34.8	5.8	89.9	10.0	60.0	0.0	34
18	PUNJGUR	5.9	19.1	31.4	32.7	6.2	2.4	39.8	1.1	30.8	23.1	38.5	0.0	35
19	KILLA ADULLAH	5.9	20.5	16.1	38.6	8.0	2.4	14.0	50.7	27.2	42.9	73.3	53.3	37
20	ZHOB	5.7	20.7	16.8	45.1	7.9	2.7	19.5	18.1	70.8	33.3	50.0	0.0	37
21	KALAT	5.1	18.7	19.9	38.9	6.8	2.5	22.5	13.2	65.8	17.6	52.9	17.6	38
22	PISHIN	8.0	21.1	31.1	31.9	6.8	2.3	18.1	50.4	27.1	21.1	59.1	54.5	38
23	SIBI	5.2	25.1	25.5	30.0	6.9	2.1	45.4	41.4	68.1	46.2	28.6	7.1	41
24	LORALAI	5.0	22.7	19.0	36.9	7.4	2.5	18.7	54.2	21.1	0.0	57.1	42.9	42
25	LASBELA	4.7	20.9	22.3	39.5	6.2	4.1	72.0	12.9	70.8	20.0	22.2	11.1	43
26	QUETTA	4.7	22.7	57.1	33.0	8.5	3.0	14.2	79.8	5.5	42.9	33.3	28.6	62



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