

Socio-Economics, Religion and Family Planning in a Muslim Society: A Study of Islamabad (Pakistan)

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Abstract *Demographic characteristics of varying societies vary from area to area depending on the ecological patterns of different societies. The commencement, receipt, and popularization of the movement of birth control were not identical all across the world. The idea of birth control reflects one of the most interesting episodes in the history of modern ideas. It is widely known as all the methods used to regulate or prevent the birth of children. It is deliberate prevention or delaying of births by various artificial means. Family Planning or Planned Parenthood is the term generally used to refer more broadly to policies, programs, and services designed to assist people in practicing birth control. The present study claims that all apparently religious doctrines against family planning are actually the expression of their local worldview. Accordingly, the people consider their opposition to the idea of family planning justified in Islam, though in reality, they derive their feelings from their socio-economic considerations.*

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Economic, Socio-economic, Religion, Birth Control, Family Planning, Pakistan,

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Introduction

The Movement which Himes (1936), terms as "democratization of birth control" reflects one of the most interesting episodes in the human history of modern ideas. The birth control movement was initiated in Europe during the eighteenth century. As a matter of fact, it was the advancement in science and technology under the industrial revolution which increased resources and curtailed the mortality rate causing a population boom (Peterson, 1969; 487). Initially, Thomas Robert Malthus (1766-1834) put the issue of population growth in the academic debate in 1798. He wrote an *Essay on the Principle of Population*. The essay affirmed that man's ability to reproduce is so great that the population doubles in each generation. He also anticipated that the human species will increase geometrically i.e. 1, 2, 4, 8, 16, 32, 64, 128, and 256; while subsistence will increase in arithmetical progression i.e. 1, 2, 3, 4, 5, 6, 7, 8, 9. He further asserted that the population, if unchecked through `moral

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restraints' or the postponement of marriage, (i.e. preventive checks) is kept in check by wars and natural calamities (i.e. positive checks).

The present study is intended to probe into the socio-economic considerations *viz-a-viz* religious theory and practice regarding the practice of family planning prevailing in the Muslims in Pakistan. The aim is to discover why both the opponents and proponents of family planning have such divergent attitudes towards birth control despite their reference to the same sources i.e. the *Quran* and the *Sunnah* of the Prophet Muhammad (PBUH). It is important to point out that the present work is not intended to decide as to who is right and who is wrong. It is meant just to be a descriptive and not a prescriptive study. Its main purpose is to trace out only the directions and dimensions of the Pakistani Muslims' socio-economic considerations, religious doctrines and the practice of family planning without going into the moral issues of the case.

In the agro-based society of Pakistan, more children are required not only to enhance manpower but also the family's social status. Large families, especially those who have more male children, are considered socially prestigious and more secure than others. Thus, under these very socio-economic considerations, the people tend to reject the notion of family planning declaring it against their religious doctrine. Eventually, they tend to have more children and family planning efforts do not succeed fully in Pakistan.

The present study claims that all apparently religious doctrines against family planning are actually the expression of their socio-economic worldview. Accordingly, the people consider their opposition to the idea of family planning is justified in Islam, though in reality, they derive their feelings from their own worldview.

Theoretical Construct

An explanation and operationalization of terms used here are required for formulating an operational theoretical framework for this study. In the term of agro-traditional, 'agro' is derived from the word agriculture. Agriculture includes all sorts of practices relating to the cultivating of land and rearing animals. The word 'traditional' refers to the passing of beliefs and customs from one generation to the next, especially without writing (*Dictionary of Sociology*, 1988). So, in its operational form, the agro-traditional worldview means all views, values, and attitudes based upon the traditions of an agricultural or agrarian society. Pakistan, being an agrarian society, still has a largely rural population. Although the rural/urban population breakdown reveals that the share of rural population has declined from 71.7% in 1981 to 67.5% in 1998 (*Economic Survey of Pakistan*, 1998-99: 129), even so, since more than two-thirds of the total population lives in rural areas the society may be presumed to have an agrarian worldview. Myrdal (1985: 1207) has also observed that most South Asians are still inspired by traditional practices and attitudes despite the modernization witnessed in the cities.

The term 'worldview' is basically a conceptual construct in cultural anthropology, mainly used in the hostile characterization and comparison of cultures. The concept of worldview is indeed an output of the outstanding efforts of a group of scholars at the University of Chicago. They worked under the guidance of Robert Redfield in 1950. In his *The Folk Culture of Yucatan*, (Redfield, 1941), he expressed his concern with the concept of worldview. However, the first explicitly elaborative concept of worldview was given by him in *The Primitive Worldview* (Redfield, 1952). In this study, he clearly emphasized the validity of the individual self as an axis of the worldview i.e. the way a man in a particular society sees himself in relation to everything around him.

Methodological Intent

A field survey is a useful technique for gathering data for anthropological research like the present one. A sample, as the name implies, is a smaller representation of a larger whole (Goode, 1952: 209). The first step in sampling is to specify the group of persons or things to be studied. The objects of study are called the units of analysis. The units of analysis in the present study are all the 14 established urban sectors, including urban slums, townships and all the 100 villages situated in Islamabad. The sum total of all the units of analysis is called the population or universe. A sample of a total of 200 peoples — one hundred male and one hundred female respondents were selected. The alternative techniques, which can be used to complete the sampling design, are random sampling, stratified sampling, and purposive sampling. The latter technique of purposive sampling is applied here. The locale of the study i.e. the federal capital, Islamabad, covers a total area of 906.50sq. km.

Religion, Socio-Economic Considerations, and Family

In trying to understand the actual position of the Muslim world view about family planning, an attempt is being made to understand the attitude of the respondents towards religion, marriage, and family. For a clear analysis a number of variables may be considered as:

Observance of daily Prayers, *Juma* and *Khutba* Prayer

Prayer or salat stands among one of the five basic tenets of Islam (*Arkan-e-Islam*). For all adult Muslims, observance of prayer five times a day is obligatory. In the present Pakistani society, however, people seem to be somewhat careless about it. A detailed account of the performance of daily prayers by the respondents of the present sample is given in Table 1. The information provided by the respondents about offering prayers as shown in Table 1 is taken as a measure of religious attitudes. The table illustrates that in the urban areas, both the males and females are more devoted to prayers as compared to their rural counterparts with 70.8% males and 67.7% females in comparison to 85.8% males and 65.8% females, who in urban areas offer their prayers in varying numbers. In aggregate, 24 male respondents (urban and rural combined) and 26 females (urban and rural combined) offer no prayer in a day. In short, if the observance of prayers is an indicator of religiosity, urban people are slightly more religious than rural ones.

Furthermore, the respondents were also asked about their offering of *Juma* prayers and listening to its *Khutba* (address) in full. This too was done to judge their religiosity. Table 2 gives the details of their response concerning this issue. Here, the columns for females who do not say the *Juma* prayers themselves demonstrate the attitude of their husbands. This is because in this respect they were asked about the practices of their husbands.

Table 1: No. of Prayers Offered by Respondents

No. Of Prayers Offered by the	Respondents' Observance of Prayers					
	Female Urban	Female Rural	Total No. females	Male Urban	Male Rural	Total males

Respondents in a day	No.	%	No.	%	No.	%	No.	%		
0	5	14.2	21	32.3	26	5	14.2	19	29.2	24
1	0	0	2	3	2	1	2.9	1	1.6	2
2	1	2.9	6	9.2	7	2	5.7	5	7.7	7
3	8	22.9	9	13.9	17	1	2.9	13	20	14
4	10	28.6	4	6.2	14	4	11.4	4	6.2	8
5	11	31.4	23	35.4	34	22	62.9	23	35.3	45
Total	35	100	65	100	100	35	100	65	100	100

Table 2 shows that the prayer of *Juma* is offered more in urban areas than in rural ones. However, a little difference is found in the response of male and female respondents. The female columns show lesser percentages mainly due to either ignorance or unawareness about the performance of their husbands in this respect. On the other hand, the ratio of listening to the full *Khutba* was reported to be considerably higher in rural areas. Indeed, the urban people appear to perform the *faraiz* (religious duties) in mosques and try to get their religious knowledge from other sources i.e. religious books, media, and other religious material etc.

Table 2: Offering of *Juma* and *Khutba*

Whether offered/a ttended	Percentage of respondents offering <i>Juma</i> prayers and <i>Khutba</i>					
	Out of 35 female urban %	Out of 65 female rural %	Average (%)	Out of 35 male urban %	Out of 65 male rural %	Average (%)
<i>Juma</i>						
Yes	80.0	77.0	78.5	85.7	72.3	78.95
No	20.0	23.0	21.5	14.3	27.7	20.75
Total	100.0	100.0	100	100.0	100.0	100
<i>Khutba</i>						
Yes	51.4	69.2	60.3	68.6	64.6	66.6
No	58.6	30.8	44.7	31.4	35.4	33.4
Total	100.0	100.0	100.0	100.0	100.0	100.0

Statistics given in Tables 1 and 2 show that religion exerts much influence upon the lives of urban as well as rural Muslims in Pakistan. From this, it may be inferred that it also affects the worldview of both the urban and the rural people concerning family planning in Pakistan. However, the contention of this study is that this is not so. As has been explored in the previous chapter, the fertility rate is higher in rural areas than in the urban ones.

Socio-Economic Considerations and Family Planning

The practice of Family Planning

To deal with the main issue of family planning practices, a major question asked was to check whether the respondents practice it or not or will they practice it in the future or not. The study reveals that irrespective of a male and female difference the respondents belonging to the urban areas adopt the measures of family planning more frequently. In rural areas, this proportion of the practitioners of family planning is comparatively less. This clearly suggests that the

acceptance of family planning practice is positively associated with the urban areas and that the non-acceptance or indifference to the practice of family planning is inversely related to the rural areas. This positive association of urban living and the practice of family planning may also be attributed to the factor of education.

This is suggested by the fact that the level of literacy is higher in the urban areas than in rural areas and also that the literacy level is inversely related to the size of the family or family planning. Table 3 is about the details of the present and expected practice of family planning.

Table 3: Practice of Family Planning

Practice	Respondent									
	Female urban		Female rural		Total no.	Male urban		Male rural		Total no.
	No.	%	No.	%		No.	%	No.	%	
Practicing presently										
Yes	14	40	15	23	29	13	37.1	16	24.6	29
No	21	60	50	77.0	71	22	62.9	49	75.4	71
Total	35	100	65	100.0	100	35	100.0	65	100.0	100
Will practice in future										
Yes	20	57.1	19	29.2	39	16	45.7	20	30.8	36
No	15	42.9	46	70.8	61	19	54.3	45	69.1	64
Total	35	100.0	65	100.0	100	35	100.0	65	100.0	100

It can be seen from Table 3 that the proportion of the present practitioners of family planning is more or less the same both in urban male and female respondents. It shows that 14 urban females are practicing family planning as compared to 13 male respondents. Similarly, in rural areas, 15 females as compared to 16 male respondents are practicing it. Even this meager difference vanishes in aggregate terms where 29 respondents are equally practicing it both in the case of males and females. However, concerning future practice, urban females are keener on family planning than their male counterparts. For instance, 14 urban females are presently practicing while 20 urban females said they would practice family planning in future, i.e. $20-14=6$ respondents are expected potential practitioners in the future. In comparison, only three urban males are expected potential practitioners — $16-13=3$ future practitioners minus 13 expected practitioners. However, the proportion of expected practitioners in the future is more or less the same both among males as well as female rural respondents i.e. $23-15=8$ respondents for females and $23-16=7$ respondents for males.

Number of Children and Family Planning

The data in respect of the number of children, after which the respondents are taking or will take the measures of family planning, may also help in scrutinizing the real attitude of the respondents towards family planning. So, the data concerning these two variables i.e. the number of children and the practice of family planning is shown in Table 4.

A thorough survey of the above table shows that in aggregate terms more women (43%) take measures for family planning as compared to men (38%). This difference is mainly

created in an urban area where 20 females (57.2%) and 16 males (45.7%) are receptive to this idea. In the rural areas, however, the proportion of practitioners is the same both for male and female respondents i.e. 35.4 percent (23 respondents each).

Table 4: Number of Children and Practice of Family Planning

No. of children	Respondents' % age of Practicing Family Planning									
	Female urban		Female ruler		Total no.	Male urban		Male rural		Total no.
	No.	%	No.	%		No.	%	No.	%	
01	4		10	15.2	14	2	5.7	-	-	2
		11.5								
02	5		1	1.6	6	1	2.8	1	1.6	2
		14.3								
03	7		4	6.2	11	3	8.6	1	1.6	4
		20.0								
04	3		3	4.6	6	6	17.3	6	9.1	12
		8.6								
05	1		2	3.1	3	1	2.8	7	10.7	8
		2.8								
06	0		1	1.6	1	2	5.7	3	4.6	5
		0								
07	0		0	-	-	1	2.8	2	3.1	2
		0								
08	0		1	1.6	1	-	-	1	1.6	1
		0								
09	0		1	1.6	1	-	-	2	3.1	2
		0								
Total Practitioners	20	57.2	23	35.4	43	16	45.7	23	35.4	38
Non-Practitioners	15	42.8	42	64.6	57	19	54.3	42	64.6	62
Total Respondents	35	100	65	100	100	35	100	65	100	100

Furthermore, an overall comparison between the urban and rural respondents also shows varying results. Twenty urban female practitioners have a total of 52 children, while 16 urban male practitioners have a total of 54, making a total of $52+54 = 106$ children in all. In aggregate terms, those 36 respondents (i.e. $20+16=36$), have an average number of 2.94 children per respondent. On the other hand, the rural practitioners, numbering 23 for female and male respondents have 69 and 122 children respectively. It makes a total of 116 children divided by 46 respondents. This is calculated as an average of 4.15 children for each respondent. This difference of 2.94 children in urban and 4.15 children in rural respondents cannot be ignored. Another factor of male and female differentials as far as the average number of children is

concerned, is shown in Table 4. However, the researcher is unable to give it attention because it lies beyond the scope of this study. The data show that at the moment almost 60% of the population is non-practitioner of family planning i.e. neither presently practicing nor expected to practice family planning in the future.

Attitude towards General Counseling

The attitude towards general counseling by the respondents is, indeed, an important dimension of the decision making about family planning. This counseling involves interspousal counseling and general consultation with the doctor the friend or the Maulvi (religious guide). Before discussing the husband-wife communication or interspousal counseling specifically, it is required to sort out those who consult or do not consult anyone else, other than their spouse. A detailed response of the respondents in this respect is enclosed in Table 5.

Table 5: Attitude toward General Consultation

Consult with	Respondent									
	Female urban		Female ruler		Total no.	Male urban		Male rural		Total no.
	No.	%	No.	%		No.	%	No.	%	
Doctor	11	31.5	4	6.2	15	4	11.4	15	23.1	19
Friend	4	11.4	9	13.8	13	-	-	1	1.5	1
Maulvi	-	-	1	1.5	1	-	-	2	3.1	2
Doctor & Friend	4	11.4	6	9.3	10	1	2.9	-	-	1
All The Three	2	5.7	-	-	2	-	-	2	3.1	2
Total consulting	21	60	20	38.8	41	5	14.3	20	38.8	25
Consulting No One	14	4	45	69.2	59	30	85.7	45	69.2	75
Total	35	100	65	100	100	35	100	65	100	100

Table 5 indicates the respondents' general attitude towards consulting anyone other than their spouse about family planning. It reflects that females are generally more prone to such consultation. Although the number of consulting respondents (both male & female) is equal in rural nativity i.e. 20 respondents (38.8%) each, this difference is much higher in urban areas where 21 out of 35 females (60% respondents) as compared to only 5 males (14.3%), consult about family planning. The reason behind this difference may be that either urban male is usually literate and well informed or have a comparatively broader outlook, so they need no consultation with anyone other than their wives.

A separate question was asked about interspousal counseling in this study to probe into personal limitations and the real worldview of the respondents. The data concerning interspousal counseling are shown in Table 6. While showing interspousal counseling, Table 6 shows that in aggregate terms males are comparatively more open towards counseling their wives about family planning than females. This is based on the fact that a total number of 57 males were positive about counseling their wives as compared to only 45 females. However, in urban areas females are found more positive towards interspousal counseling. For instance, 23 urban females (65.7%) were counseling as compared to only 16 urban males (45.7%). It

may be due to the liberal social environment of urban society. But the case was absolutely opposite in the rural areas. Here only 22 female respondents (33.8%) affirmed this counseling. While, in the very same context, the number of rural males was as high as 41 respondents (63.1%), the reason behind this is that in rural areas only males may discuss such issues with their wives, while the females generally do not.

Table 6: Interspousal Counseling

Counsel with the spouse	Respondent									
	Female urban		Female ruler		Total no.	Male urban		Male rural		Total no.
	No.	%	No.	%		No.	%	No.	%	
Yes	23	65.7	22	33.8	45	16	45.7	41	63.1	57
No	12	34.3	43	66.2	55	19	54.3	24	36.9	43
Total	35	100.0	65	100.0	100	35	100.0	65	100.0	100

General Attitude towards Sterilization

Sterilization means to treat the husband and/or wife, or only one of them, in such a way as to prevent procreation. It does not, however, involve the removal of the sex glands as occurs in castration. This operation has, therefore, no effect on sexual potency, which is the major apprehension of the non-acceptors. Sterilization mainly involves two methods i.e. tubectomy for females and vasectomy for males.

The query was made to know the prevailing opinions of the respondents about both the above-mentioned methods. A detailed description of this query is given in Table 7. Table 7 shows the respondents' attitudes toward the practice of sterilization. The question "whether they have, may or may never practice sterilization?" was asked to the respondents to know their acceptability towards the sterilization methods. In response, females were found comparatively more receptive to it than their male counterparts. In all urban females, 4 respondents (11.4%) had already got themselves tubectomies and 14 respondents (40%) showed their acceptability to it. In urban males, however, only 2 respondents (5.7%) told them to be vasectomies and only 6 more respondents (17.1%) showed their acceptability to the same. However, in the case of rural respondents (male and female both), the same number of respondents (i.e. one respondent each) had already been sterilized. The ratio of expected practitioners, however, remains once again high in the female respondents.

Table 7: General Attitude towards the Practice of Sterilization

Practice	Respondent									
	Female urban		Female ruler		Total no.	Male urban		Male rural		Total no.
	No.	%	No.	%		No.	%	No.	%	
Have practice	4	11.4	1	1.5	5	2	5.7	1	1.5	3

May practice	14	40.0	21	32.3	35	6	17.1	15	23.1	21
Will never practice	164	5.7	41	63.1	57	26	74.3	48	73.9	74
No comments	1	2.9	2	3.1	3	1	2.9	1	1.5	2
Total	35	100.0	65	100.0	100	35	100.0	65	100.0	100

In all 35% of females (urban and rural combined) as compared to only 21 males (urban and rural combined) said that they may practice sterilization in the future. It is worthwhile pointing out that in addition to the data and results enclosed in Table 7, it was also observed during the field survey that males were too reluctant to get themselves vasectomies; however, if required, they might get their wives tubectomies. An aggregate account of the socio-economic considerations of Muslims regarding religion, marriage, and family and to different measures of family planning has been presented. The above data show that the number of modernist Muslims is considerably less as a whole and next to nil among rural males. Moreover, irrespective of gender, the response of urban modernists is almost 100% receptive to family planning. Even the response of rural females is also highly receptive to modern ideas like family planning. Surprisingly, the acceptability of sterilization is also 100% in all the males as well as female respondents.

Conclusion

For the sake of verifying the hypothesis that the real genesis of the opposition of family planning is derived from the socio-economic perspective of the society and not from religion, the relevant data has been analyzed and interpreted. It has been observed that a large number of Muslims in Islamabad are ignorant of the population boom, and consequently indifferent towards family planning. It may be stated that there are, indeed, certain prejudices among the Muslims of this area against family limitation, mostly based on their socio-economic consideration of life and sometimes because of their religion. The socio-economic perspective of the Muslim community has been considered an important dimension affecting the factors of male dominance, son preference, and children as a source of prestige and strength etc. These, indeed, are the factors to determine the reproductive behavior in any community. Further, this study suggests that Islam is not the only factor affecting the reproductive behavior of the Muslims of Islamabad. Rather, a number of other are factors also influential in determining the reproductive behavior of this populace.

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