Causes and Prevention of Population Explosion in the Rural Areas of Peshawar

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Abstract

One of the major challenges facing Pakistan is the mounting boom in the country's population. It is expected that if the same pace of population growth continues, the population of country would increase tremendously in the coming years. The effects of such a negative trend are going to be even more exigent for the less developed parts of Pakistan, including NWFP. The main objective of this study is to asses the major causes of population explosion, obstacles to population control and to see the shortcomings in family planning and strategies to overcome them with a focus on the rural areas of Peshawar, NWFP. The paper also deals with the Islamic views on population control and then examines the historical background of birth control. The causes of population explosion have been analyzed in detail, including economic, religious, governmental, psychological, and infrastructure related ones.

For the empirical analysis, three types of respondents were selected: family planning government staff, non-governmental organizations' (NGOs) staff and beneficiaries of both the organizations at selected family planning centers of Peshawar district. After mapping the area and selecting the respondents, the researcher pre-tested the interview schedule and questionnaire, and then data was collected from the sampled respondents. It was found that in order to overcome these factors of population explosion/obstacles to family planning, the government and NGOs are working and have adopted various strategies but a lot more needs to be done. It is suggested that these organizations should change their strategies and should develop a comprehensive program to solve the problem of population explosion and ensure the success of family planning program in the area.

Keywords: *Population explosion, family planning, contraceptives, socio-economic factors, Malthusians.*

1. Introduction

1.1 Background of the Study

One of the biggest challenges in the world today is the rapid growth in population. The world population took 130 years to increase from one billion to two billions. The third, fourth and fifth billion took 30, 15 and 13 years respectively. If the growth rate continues with the same

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pace, the population of the developing countries will double in the next quarter of a century. World population is now 6.3 billion, compared to 2.5 billion in 1950 and only one billion in 1830. By 2050, it is likely to reach 9 billion. Over 90 per cent of this growth will take place in the developing countries, many of which are facing serious social, economic and environmental problems. Over-population is not only a problem for Pakistan, but is a universal concern, especially for developing and under-developed countries.

The world population datasheet 2003 indicates that China is the most populated country with a population of 1289 million, followed by India with 1069 million, the US with 292 million, Indonesia with 220 million, Brazil with 176 million and Pakistan with 149 million. It shows that Pakistan, one of the developing countries in South Asia, has a population growth rate 2.7 per cent among the 6th most populous countries of the world and the 4th overpopulated country in Asia. The population growth rate of the developing countries is 2.1 per cent lower than that of Pakistan. It is speculated that Pakistan will have a population 249.7 million in 2025 and 348.6 million in 2050. (World Population Data Sheet 2003 of Population reference Bureau USA, p-5)

Table 1: World Population Growth from 10,000 BC to 2000 AD

Year	**10000 BC**	**1000BC**	**1 AD**	**1000**	**1500**	**1700**	**1800**	**1900**	**2000**
Population (Millions)	4	50	170	265	425	610	900	1625	6078

Source: Colin and Jones (1978) *Atlas of World Population History*, U.S. Census Bureau

Table 2: World's Top Six Populated Countries in 2003 and 2050

Rank (2003)	**Country**	**Population (million)**	**Rank (2050)**	**Country**	**Population (million)**
1	China	1289	1	India	1628
2	India	1069	2	China	1394
3	USA	292	3	USA	422
4	Indonesia	220	***4***	***Pakistan***	***349***
5	Brazil	176	5	Indonesia	316
6	***Pakistan***	***149***	6	Nigeria	307

Sources: *World Population Datasheet* (2003) Population Reference Bureau. US, p. 5.

Table 3: World Population Trends (billions), PGR and CPR 2004

Regions	Population (in billions)	PGR	CPR
World	6.396	1.3	59
Less Developed	5.190	1.6	57
More Developed	1.206	0.1	69

Source: NIPS (2004) 'Population Growth and its Implications,' p. 7.

1.1 Population Explosion and Family Planning

Population is the number of individuals residing in a specific period of time in a particular area. Over-population occurs when the growth rate in population/birth is higher than the per-capita income growth. Population explosion on the other hand is higher birth rate and low death rate. Family planning 'is the way of thinking and living that is adopted voluntarily upon the basis of knowledge, attitude and responsible decision by individuals and couples in order to promote health and welfare of family group and thus contributes effectively to the social development of a country' (WHO, 1994).

1.2 Theories of Population Growth

According to Thomas Malthus' theory of population growth, if birth rates are left unchecked, the population goes on doubling, or increases geometrically (e.g., 1,2,4,8...), while subsistence (food) only increases arithmetically (e.g., 1,2,3,4...). Malthus examines 'the general checks to population', 'moral restraint' (delay of marriage) and 'vice' (measures of birth control). The New Malthusians, including William Faunce (1981), are convinced that Malthus was right and believe that the only solution to population growth is birth control through family planning (Henslin, 1997).

2. Family Planning and Islamic Perspective

Islam is a complete code of life. In the Holy Quran, there are numerous verses where clues are given to the wise. 'If you fear that you cannot treat orphans with fairness, then you may marry such women as seem good to you two, three or four of them. But if you fear that you cannot do justice, marry one only or those you possess. This will make it easier for you to avoid injustice' (Al-Quran, 4-2).

Muslims scholars have given fatwas (edicts) in favor of family planning. Among them the names of Imam Shaffi, Qazi Abubakar Jasas, Shah Abdul Aziz, Allama Muhammad Khalid, Sheikh Abdul Majeed Salim, Shiekh Attaullah Haki Baha-ud-Din Mahlathy of Iran, Advisory Council for Religious Affair of Turkey, Haji Abdul Jalil Bin Haji Hassan Mufthy Jahoor Malasia, Al-Azhar University Cairo (Egypt), Fatwa Alamgiri, Allama Shaikh Mehmood Shaltoot Ex

Shaikh Al-Azher and Professor Rafi Ullah Shahab are very popular (Zeb, 1997).

2.1 Interval between Two Conceptions

There is a verse in the Holy Quran, 'Mothers shall milk their children for two whole years,' Al-Bakara (V-233). 'Allah desireth for your ease, He desireth not hardship for you.' God desireth not to lay a burden upon you but he desireth to purify you and he would fill up the measure of his favor upon you, that you may be grateful (Al-Quran 5-6). The Prophet (PBUH) has warned the women who conceived during feeding period of a child (Zeb, 1997:29).

2.2 Ahadis (Sayings of Prophet Mohammad 'SAW') related to Family Planning

1. Jaber reported: We used to do *Azal* (onanism) in the period when Al-Quran was being revealed. Agreed upon it, Muslim added: This reached the Messenger of Allah, but he did not prohibit us. 1355: Sahih Bukhari; 5208, Sahih Muslim; 1440. (Mulana Fazal Karim, p. 636 and Mulan Rafullah, p. 47).
2. The same reported: Prophet (SAW) was asked about Azal. He said: It is not from every (drop of) water that a child is born; and when Allah wishes to create a thing, nothing can prevent Him. Muslim (Mulana Fazal Karim, p. 638 and Mulana Rafiullah, p. 47).
3. Umar bin Al-Khattab reported: The Prophet (SAW) has forbidden onanism with a free woman (not slave) without her permission. (Related in Musnad Imam Ahmad bin Hanbal and Sunan Ibn Majah, Mulana Fazal Karim, p. 639 and Mulana Rafiullah, p. 49).
4. Asma'a–bn-Yezid reported: I heard the Prophet (SAW) said: Don't kill your children secretly, because Ghaila intercourse will overtake a horse and stumble him down from his horse. (Abu Daud: 1359)
5. Sa'ad-b-Abi Waqas reported: A man came to the Prophet (SAW) and said: I practice 'Azal' with my wife. The Prophet (SAW) asked him: Why do you do that? The man replied: I fear for her childbirth. The Messenger of Allah said: Were it to cause injuries, it would have injured the Persians and the Greeks. Muslim. (Reference Hadith No. 1-8-Nail al-wtar, vol. VI, pp 208-209, published by the Mustafa al-Babi al-Hlabi Press, 1961).

2.3 Birth Control and Aimma-i-Mujtahidin

The four leading Imams of Islamic jurisprudence agree that onanism (coitus interruptus) is allowed in Islam subject to the permission of the wife (Mulana Rafiullah, p. 49). The Ulemas of Deoband: Maulana Rashid Ahmad Sahib Gangohi, Mufti Muhammad Shafi sahib, Mufti Aziz-ur Rahman and Imam Ghazali were in favor of family planning (Mulana Rafiullah, p. 51).

2.4 Islamic View against Family Planning

Dr. S. Rizwan Ali Nadvi in his book, 'Tahqeeq wa Thasorat' has cited various Quranic verses and Ahadis against family planning, while critically evaluating the views of Dr. Rashid Jalandri on 'Family Planning in Islamic Perspective' at Cairo Conference held in September 1994. He stated that authentic religious scholars of 'Deoband', India, i.e. Shakh-ul-Hind Mulana

Mehmoodul Hassan, Mulana Shabir Ahmad Usmani and Mulan Hussain Ahmad Madani were against of family planning. He has quoted the Quranic verse: 'Allah has created wives for you, and gave birth to your sons and daughters and your grandsons and daughters and gave you pure food' (Al-Quran; Alnamal: 294).

He has cited the following Ahadis:

1. Prophet (SAW) said, 'Get married and give birth to children, so that I get proud of you on doom's day against other Umahs (The Muslim Groups).'
2. 'Those who never marry due to the worry of child births, they are not from us (Muslim).'

Regarding Fatwa Shakh Shaltut, 'Quran and Hadis are against of family planning, Allah has stopped humans from killing children due to poverty.' (Fatwa No. 294). Quran says, 'Your wives are fertile land for you' (Al-Nisa: 223).

S. Rizwan says that the claim of Dr. Rashid Jalandari that 'Azal' during Prophet (SAW) was practicing is wrong. Hazrat Usman (R.A.), Hazrat Umar (R.A.), Hazrat Ali (R.A.), and Abdullah bin Masood (R.A.) were against family planning. Islamic history shows that many sahaba were in favor of maximum children (Ibni Hazan: 83).

2.5 Family Planning Supportive Views

Dr. Sharabassy (1974) says: 'All the laws or beliefs, concerning family planning with regard to Islam depend on the interpretation of the Islamic concepts. One of the established rule is that harm is to be removed, and that where good lies, there lies the law of God.' Rehman (1992) has quoted the Holy Quran: 'God desireth not to lay a burden upon you, but he desireth to purify you, and He would fill up the measure of His favor upon you, that you may be grateful' (Al-Quran; 5-6).

According to M. Iqbal Chaudhry (1980), 'Misinterpretation of religious values pertaining to reproduction and attitudes towards the new population among the Muslims have stimulated the birth rate.' Haji Nasruddin Latif (1974) says, 'Islam does not limit the number of children a family ought to have; the underlying reason for not fixing the maximum number of children is that this is closely linked with the exercise of human will in the family. Islam and Islamic laws whose objects are man's interest and well being in this world here as well as in the hereafter, seek to give the parents freedom of choice as to the number of children they can tend and raise, depending on their ability and capacity.'

According to Zahurul Haq (1958), 'Islam is a rational religion. In all matters it adopts the middle course. In matters of procreation also there seems to be no objection in Islam to adopt the middle course without going into the extremes of unrestricted multiplication of children.' Sheikh Mohammad Mahdi Shamsuddin (1974) further supports this view saying, 'Islam is greatly concerned with producing generations of people who are sound and fit both physically

and physiologically, for it is obvious that the ill-qualified in this respect and the maladjusted children are a burden to the state and a danger to society. It is natural that our efforts to produce healthy generation should start with the choice of husband and wife.'

According to Sheikh Ali Jadel Haq (1991), 'There is no text in the Quran prohibiting prevention of pregnancy or diminution of the number of children. But there are several traditions of the Prophet (PBUH) that indicate its permissibility. Pregnancy prevention is not killing or contradictory to provision or reliance on Allah. Modern methods are by analogy, permissible.'

A report by Ministry of Health, Labour and Social Welfare, Pakistan (1965-1970) says: 'At no point does the Holy Quran raise any objection to the family planning practice. There are specific statements in the Hadith that birth control used to be practiced during the Holy Prophet's lifetime. The Holy Prophet knew of this but, neither the Quran nor Holy Prophet raised any specific objections to it' (Ministry of Health Report, 1965-70).

In an International Islamic Conference on 'Islam and Family Planning' held in Morocco in 1971, it was noted that: 'The Islamic law allows the Muslims family to be able to look after itself as regards the procreation of children, whether this is in the sense of having many or few of them. It also gives it the right to deal with sterility and to arrange suitably spaced out pregnancies, and to have recourse, when needed to safe and lawful medical means' (International Islamic Conference Report, 1971, p. 486)

Similarly in the National Conference on 'Islam and Child Spacing' held in Somalia in 1990, it was maintained that: 'There is no contradiction between the Islamic Shariah and child spacing as decreed by Muslim jurists and on the account of its benefits to the health and welfare of the mother and child. Such is within the sphere of planning, which is one of the basic principles of Islam in matter of religion and daily life' (National Conference Report, 1991, p. 224).

2.6 Modernization of Muslim Family Law

Modern family law reforms in Islam are aimed at improving the well-being of the family, which Muslims regard as the most important and basic unit of society. Family welfare, both from economic and social points of view, is also the purpose of the recent drives launched officially in most Muslim and other developing countries to curb and control population growth. The family planning programs have met with stiff opposition in some Muslim countries at the hands of the conservatives, and the controversy still goes on. On the purely religious level, a great deal of important material can be found to support family planning as well as in its opposition, and the upholders of family planning are exploiting support to their advantage. The problem, however, is not purely religious, but is rooted in social environment and traditional attitudes. Several classical Muslim authorities allow abortion within 120 days of pregnancy but, on this point, the standing laws of modern Muslim states, which are very restrictive on abortion, need to be adjusted. On the whole, the Muslims need to recognize clearly that the interests of the community require not so much quantitative increase as

qualitative improvement to meet the task that Islam has shouldered, and to make a positive contribution to the newly emerging world order (Fazlur Rahman, 1980; pp. 451-465).

Legitimate Factors of Family Planning: Family planning is allowed for health of women, health of children, rude behavior of women, socialization of children, stability in family affairs, temporarily residency, marrying a non-Muslim women, and law of the state.

Illegitimate Factors: Family planning is not allowed for fear of poverty, free life, women employment, shyness of parenthood, abortion, abnormal child, vasectomy and sterilization and controlling minorities (Rehman; Alasar pp. 1-15).

Massages of Change and Struggle: According to Quranic injunction: 'That man can have nothing but what he strives' (Al-Quran: 53-39). It has explicitly been explained that human beings are given numerous faculties. They are required to make the best use of their talents and capabilities so that they may be able to live in a decent way. The concept of struggle and strife for human beings has further been strengthened through another verse from the Holy Quran: 'Verily never will Allah change the condition of a people until they change themselves with their own souls' (Al-Quran; 13-11).

3. Historical Background of Birth Control

A variety of birth control methods have been used throughout history and across cultures. In ancient Egypt women used dried crocodile dung and honey as vaginal suppositories to prevent pregnancy. In the 16th century Italian anatomist Gabriele Fallopio described linen sheaths to be used to protect against syphilis. After vulcanization of rubber in 1844 condom was widely used as a birth control device. A German physician invented the modern diaphragm in 1838. The cervical cap was invented in 1860. Margaret Sanger, an American nurse, pioneered the modern birth control movement in 1912 in the United States (Barnes, 1997).

3.1 20th Century Advancement in Birth Control

Great advances were made in birth control with the improvement of intrauterine devices in the 1950s and oral pills in 1960 by the American biologist Gregory Pincus. By the 1990s long lasting hormonal implants and contraceptive injections such as Depo-Provera were developed. Voluntary sterilization, involving vasectomies in men and sterilization/tube-legation in women, emerged as a popular way of permanent birth control. Unwanted pregnancies, however, remained a serious problem in the late 1990s. Researchers still sought more convenient and safer methods of birth control, including a male birth control pill (Bounds and Newman, 1997).

3.2. Birth Control in China

The decrease in fertility recorded between the 1950s and 1990s was largely affected by government efforts to promote late marriages and, more recently, to induce Chinese families to have only one child. It was officially estimated in 1984 that 70 per cent of all married

couples of childbearing age were using contraception, and that 24 million couples had formally pledged to have not more than one child (World Encyclopedia, 2000).

3.3 Birth Control in USA

In the United States, women attempted to control child bearing in various ways, including prolonged breast feeding, abstaining from sex, taking herbal remedies, jumping rope, horseback riding, and having abortions. By the early 19th century, condoms, originally intended to prevent the spread of sexually transmitted diseases, were being used to prevent pregnancy. The vulcanization of rubber after 1839 and the invention of latex in World War I (1914-1918) made condoms, cervical caps, and diaphragms, more widely available. From 19th century newspaper advertisements, it seems that abortion was a common method of controlling family size. By the 1870s religious reformers who were worried about prostitution and foresaw the spread of vice and sin began to connect contraception and abortion with immorality. The Comstock law of 1873 declared birth control and abortion information obscene and banned it from the US Mail. Many states passed laws against contraception. A small number of reformers spoke out in favor of birth control. The most famous of these advocates was Margaret Sanger, who in 1921 founded the organization that would become Planned Parenthood. Sanger worked to help poor women obtain what was still illegal information on birth control. Planned Parenthood led the fight to have the Comstock law overturned. The Comstock law was declared unconstitutional in 1938, although state laws against birth control remained active. In 1965 the US Supreme Court struck down the last of state laws against contraception, asserting that married men and women have a right to privacy. That right was extended to unmarried persons in 1971. In 1973 abortion was legalized in the United States (Donaldson, 1990).

3.4 Birth Control in India

The family planning program was initiated in India in the early 1949 when the Family Planning Association of India was formed. In 1952, a family planning cell was formed in the directorate general of health services. A family planning program research and planning committee was formed in 1953. This was replaced by the central family planning board in September 1956 and the central family planning council in 1965. The Indian Nursing Council, in a meeting in November 1957, gave approval of a training program in family planning for nurses and midwives. By the mid 1990, the spread of family planning facilities and the increase in confidence that children would survive to adulthood helped to reduce the preferred family size to just three children: two sons and a daughter. In 2000 the government decided for two children as the limit (World Encyclopedia, 2000).

4. Birth Control in Pakistan

The family planning program was started in Pakistan in 1950, when Pakistan Family Planning Association was formed. The Government of Pakistan took initiative in 1955 and declared family planning a national program. In 1960, it was under the ministry of Health and then with

Women development. In 1990, the Village Based Family Planning and Lady Health Worker as well as Family Planning and Primary Health Care and Mother-Child Health Care programs were initiated. The Ministry of Population Welfare was established and now, on federal as well as on provincial levels, the family planning program has made appreciable progress. During 2004 there were 1957 family welfare centers, 108 reproductive health service centers, 146 mobile service units, 1336 male village based family planning workers, and 24560 registered medical practitioners in Pakistan. The fertility rate was 4.1, population growth rate was 1.9% and contraceptive prevalence rate was 34% during 2004 in Pakistan (Hakim, 2004).

Table 4: Population Size of Pakistan

Years	**1947**	**1951**	**1961**	**1972**	**1981**	**2004**	**2025**
Population (Millions)	32.5	33.7	42.9	65.3	84.3	151.1	208.8

Source: NIPS (2004) 'Population growth and its implications', p-13.

Table 5: Provincial Population in 1998 (Thousands)

	Pakistan	**NWFP**	**Punjab**	**Sindh**	**Balochistan**	**FATA**	**FCT Islamabad**
Population	130580	17555	72585	29991	6511	3138	799

Source: Bureau of Statistics, NWFP, Development Statistics, 1999, p.4.

Table 6: Top Five Populated Districts in NWFP (census 1998)

District	**Peshawar**	**Mardan**	**Swat**	**Mansehra**	**Swabi**
Population	2038629	1450469	1249572	1141573	1010691
Position	1st	2nd	3rd	4th	5th

Source: Bureau of Statistics, NWFP, Development Statistics, 1999, p.8.

4.1 Population Policy Shifts and Their Implications for Population Stabilization in Pakistan

The family planning efforts in Pakistan have remained trapped in a vicious cycle for a long period of time. Fluctuating political support and frequent changes in program strategies, particularly from 1970 to 1990, also contributed to ineffective programs. The main reason apparently appears to be the slow program implementation, weak coordination between health and population welfare sectors, and inadequate supervision in the field during the last few years (Zafar, 2001). Sustainability and continuity in policies support and program

strategies, to a great extent, during 1990s made few experts to term 1990s as a turning point for family planning in Pakistan (Hakim and Miller, 1996).

4.2 Perception of Religious Leaders about Population Welfare in Pakistan

The National Institute of Population Studies (NIPS) conducted a survey in 1999-2000. The study indicates that majority of religious leaders in Pakistan have desire for more children, interval of about 2-3 years, they disapprove of family planning and recommend breastfeeding. They take family planning to reduce high-risk birth and maternal deaths (Hakim, 2000).

5. Factors of Population Growth and Constraints to Family Planning

5.1 Economic Constraints to Family Planning

a. Male Children an Economic Asset

There are various views regarding male children as an economic asset for the parents and family. Davis has stated: 'In familistic societies reproduction is considered a way to attain almost all goals in the life' (Davis, 1981). Boserup's study on 'economic utility of children in Africa' indicates that large family is an economic advantage, a provider of social security and of prestige in the local community. A man with many children can have his land cleared for long fallow cultivation he needs not to pay for hired labor or fear for lack of support in old age (Boserup, 1981).

According to Clay and Jane (1993), 'Parents in this society (Rwanda) maintain a high level of child bearing in order to improve their own social and economic well being. In Rwanda, where wealth flows in the direction of parents, where a formal system of social security is almost non-existent and where upward mobility is very restricted, bearing more children is a sensible strategy for survival.

b. Poverty and Desire of Maximum Male Children a reason of Large Family

Judith Blake (1972) contends that the poor desire large families than the non-poor. She says: 'Those in the lowest economic status group desire large family. This is so because children are regarded as economic assets and security in old age, even though it will mean more mouths to be fed' (Black, 1972)

Arthur McCormack (1970) supports this view in these words: 'Children are regarded as economic assets both in their adolescence, when they contribute their labor to the family's upkeep and in adulthood when they support their aged parents.' Reele (1969) found in various studies in Asia that security in old age was one of the advantages of having a large family. Mathew (1975) indicates that the major reasons for large family norm were evaluation of children as the source of family strength, economic support, and security in the old age.

Likewise, Dr. Haq (1980) maintains that 'Feeling of security is due to large family.'

c. Economic Advantages of Sons

Arens and J.V. Beurden (1977) report that son preference exists in Bangladesh purely because of economic value of sons. They find that: 'Within the marriage a man expects from his wife to bear him male children, as a source of income.' Mamdani (1979) in his study on rural India, contends that 'strong desire for sons exist since sons ensure economic and old age security. Daughters are expected to leave after marriage along with dowry.'

Barbara D. Miller (1981) says: 'Son essential to inherit family name and property, for economic security and performance of ancestral rites, as well as financial benefit in terms of bringing wives, whereas daughters are considered impermanent members of the family and more expensive to marry off.'

Many researchers have found that daughters are considered more costly than sons and thus 'troublesome' for parents (Kuppuswamy, 1986; Varma, 1992; Wakil, 1991). Dube (1967) holds the same idea. He defines son as an 'asset' and daughter as a 'liability', in the Indian rural context. This is because son 'belongs' to his parents while daughter is expected to leave for her husband's family. He explains: 'In a large family having many sons, a girl is definitely desired and welcomed. A family having too many daughters and no son is unhappy, for a son is both a psychological and ritual necessity' (Dube, 1967). Kondana Rao (1990) also describes importance of male child in Jalari families in South India. He found that the Jalaris are willing to have sons since patrilineage descent attaches 'social position' with sons. The 'social position' is expected to direct economic, political and social life of parents. Since Jalaris believe that birth of a male child is 'auspicious', they desire it greatly. Rao says: 'Besides ensuring continuity and stability of the family, it also gives a sense of security, and therefore, any numbers of sons are welcomed to Jalari family' (Rao, 1990).

Rukhnuddin and Ali (1992) argue that Pakistan, like other Asian societies, displays strong desire for sons. This is because of the socio-economic and cultural value attached to sons. They say: 'In the rural areas, specifically, sons are valued as farm laborers, for old age security and for advancing family lineage.' S. P. Wakil (1991) finds 'profound and intense desire' for sons in Pakistan. He indicates, 'In a patrilineal society only the male child it keeps carries family name as well as the family property. At the same time in agricultural society, male children are considered helping hand in cultivation and thus "producers" for the family, unlike daughters who are said to be only "consumers". This situation leads towards preference for a male child, and may increase family size.'

M. Iqbal Chudhry (1980) finds that the 'urge for a male child is stronger in Pakistani society, which contributes towards large families.' Parents, he says, in hope of having at least one son may have large number of children.' Tauseef Ahmad (1992) also reports desire for sons in Pakistan since they are considered necessary for perpetuation of lineage. He finds that 'Preference for male child, emerges as strong factor in case of all female births or due to the

loss of son.' Razzaque and Farooqui (1988) explain that 'In Pakistani society daughters are perceived as an "economic burden", while sons are considered 'economic asset', since they ensure economic security.' Zekiya Eglar (1964) describes importance of son in a Punjabi village. She finds 'son necessary to 'continue the ancestral line, inherit the land, follow the father's craft, and maintain the tradition of the family.'

5.2 Religious Constraints to Family Planning

a. Religion a Source of Population Growth

McCormack (1970) says: 'Children are regarded as a blessing in the natural order and gifts of God. As far as the Muslim faith is concerned, it is Allah who creates sexuality and determines procreation and barrenness and the number of souls is predestined. Therefore, the question of deliberately restricting off spring seems to go against the will of Allah, and to plan the number of children seems an impious distrust of dividing providence. The Hindu teachings on the whole in spite of their world-renouncing character, lay great stress on the family and caste, and the begetting of sons is regarded as a religious duty. The Hindus had therefore, strong pro-nationalism and opposed restrictions of fertility.'

It was found in a sample survey in Andhra Pradesh, India, conducted by S. Balakrishna (1971) that: 'The most important reason given for unfavorable attitude is that family planning is unnatural, sinful and against the will of God. The women who bear the brunt of child bearing and child rearing were more opposed to family planning than their husbands on moral grounds.' Ritzer,Kammeyer and Yetman (1987) argue: 'The Catholic Church, through its doctrine pronouncements, makes it clear that the purpose of marriage, and sex within marriage, is primarily for procreation.' Smith (1973) stated that the general view is that the Muslim religion strictly forbids family planning and the Muslims look on birth control as an interference with God's will.

b. Fatalism and Family Planning

Bogue (1973) is of the opinion that one of the reasons of failure of family planning in UDC's is the belief of the people that the child bearing activity is beyond their control. Such people also believe that 'fate determines everything and God determines how many children you have.' Keller (1970) stated that 'This type of belief is called "Fatalism", and assume that such type of beliefs are very common in the developing countries like India, Pakistan, Bangladesh, Nigeria, Sudan, Egypt and Brazil. The belief of fatalism is very much popular in almost all the Muslim world.' According to Ammar (1960), fatalism is still prevailing in Muslim communities. People believe in prescribed destiny and underestimate their power to change their fate. He stated that orthodox Muslim scholars by means of persuasive communication attempted to develop positive attitude towards fatalism. Progressive thinkers have challenged this doctrine but the religious leaders are silent on this controversial issue.

5.3 Socio-Cultural Constraints to Family Planning

a. Socio-Economic Values of Children

Leslie (1979) says that society values all children because they are considered necessity for its survival, yet distinctions may be made among them. Male children, he finds, are preferred over female children. Diana Gittin (1985) also makes the same finding. She concludes that the sex of child may influence family size. Sons, she notes, are preferred over daughters in most of societies. This is because mostly parents desire sons as 'heirs, field hands, cannon-fodders, feeders of machinery, images and extension of themselves; their immortality (Gittins, 1985).

Similarly, Osgood (1963) finds that rural China displays stronger desire for sons. He states a father's position in these words: 'If his first child was a son, he was adequately compensated for the difficulties of life.'

b. Maximum Male Children Desire and Resultant Large Family

The findings of different studies indicate that maximum male children desire results in large families. Fred Arnold (1997) says: 'Son preference is most prominent in a band of countries stretching from North Africa, through the Near East to South Asia. The most extreme preference of sons is found in India, Bangladesh, Nepal and Egypt, but a distinct preference for sons is also evident in Turkey, Tunisia, Pakistan, Sri Lanka, Jordan and Morocco.'

Arsala Sadiq (1992) mentions the reasons of desiring son particularly with reference to Narowal district of Punjab, Pakistan: 'Parents usually think that a son will continue the family name, will not be given any dowry and he will earn money for the family. Then he will also be responsible to look after his old parents.'

Rukanuddin and Ali (1992), in their paper 'Family size preferences, give reasons of preferring male child; 'Pakistan like other Asian societies displays strong desire of sons. This is because of the socio-economic and cultural values attached to sons, in rural areas; specifically sons are valued as farm laborers, for old age security and for advancing family lineage.'

Khalida Manzoor (1994) analyzes the socio-economic and psychological reasons for the preference of sons by women in Pakistani society: 'Women often desire to have sons in the expectation of which they end up having a large number of children. Their desire for sons emerges from two reasons. First the social pressure of son preference and second their own insecurity and dependency, which conditions them to perceive sons as economic and social support for old age.'

Nausheen Mahmood and Karin Ringheim (1993) mention five factors along with son preference which effect contraceptive use, these are: extent of communication between spouses, son preference, religious beliefs, female autonomy and family planning services supply.'The same way, Mubashir Ali (1989) says: 'The preference of at least one son in a

family produced a marked difference in the demand for additional children.'

Moreover, it has been found that in Pakistan 71 per cent preferred to have a boy, 5 per cent a girl and 24 per cent were undecided. The per cent of women using contraception tends to increase with the number of living sons, indicating a widely prevalent preference for sons; Pakistan had a far higher son preference (Nag, 1991).

The literature shows various reasons for desiring son and how this desire affects use of contraceptive. Education, family type, socio-economic class or bradri, inheritance, security in old age, source of survival and land ownership are some of the contributing factors affecting the desire for son and leading to large family size.

c. Women's Low Status a Constraint to Family Planning

Women's low status is considered as one of the constraint to family planning. Khalida Manzoor (1993) says: 'Female education has been conventionally considered as an indicator of female status. There is a consensus in terms of the inverse relationship between female education and fertility that education even up to primary level leads to fertility decline.' Susan Hill Cochrane (1943) mentioned, 'If preferences for sons decrease with increased education, the desired family size will also decrease, all other things being equal.' Naushin Mahmood (1990) stated: 'We expect women's education to be a forceful factor in reducing the net value and hence the ultimate demand for children.'

5.4 Governmental, Political and Policy Constraints

At the global level, the major political influences for the contraceptives revolution have been international agencies through various conferences. The United Nation 1965 UN Debate on the population problem, the 1968 Tehran Declaration on the human rights to family planning and the Bucharest world population conference in 1974 being the most notable on family planning.

Some important international organizations such as the organization of African Unity, the European Union, which are lukewarm about population and family planning programs and some countries, such as France and Italy, which, because of national political constraints, make little contribution to international family planning efforts (Population Council, 1998).

5.5 Medical and Technical Constraints

Regulation and attitude of the medical profession often hinder the expansion of the role of the health personnel and the extension of the service delivery outlets. In many countries, especially in Africa, regulation limits the right to prescribe oral contraceptives and to insert IUD to certified medical doctors, few of whom practice in rural areas. As early as the mid-1970s the International Planned Parenthood Federation (IPPF) central medical committee stated that 'the limitation of the oral contraceptive distribution to a doctor's prescription makes the method geographically, economically and sometimes culturally inaccessible to many women. Some countries, such as Bangladesh, Egypt, Nepal and Pakistan now allow the distribution of

contraceptives without prescription. Other countries authorize trained health personnel (midwives, nurses and health workers) to issue prescription for oral contraceptives and/ or to insert IUDs. In Zaire, specially trained nurses are allowed to perform caesarean operation and female sterilization in rural areas.

In many developing countries, regulations still require drugs (including contraceptives) to be supplied in pharmacies or medical centers, under the supervision of licensed pharmacies. These two conditions represent a major obstacle to the extension of service delivery outlets, especially in rural areas. In countries where regulation have been liberalized like Morocco and Zimbabwe, effective outreach and community based distribution projects have been established, resulting in a much higher use of contraceptives among rural population. The effects of such obstacles which added to shortcomings in the health care infrastructure, are reflected in the percentage of a country's population with access to family planning services, meaning that the recipient spends no more than an average of two hours per month to obtain contraceptive supplies and pays less than 1 per cent of a month's wages for a one month supply of contraceptives. A 1989 survey suggested that wild fluctuation still exist between developing countries in ease of access, while most methods were available to 95 per cent population in Botswana, less than 10 per cent in Madagascar and Zaire had such easy access.

Finally the technology used could itself be an obstacle to the successful implementation of family planning programs. When the industrialized countries went through the demographic (fertility) transition, the major methods of birth control were the withdrawal and the late condoms, both were under the influence of men, and it was the man and his ability that helped women to control their fertility. With the Pill, IUD and the Injectable, method of fertility control passed to women, and some of the family and social conflicts over contraception arises from this fact and from men's unhappiness, in many societies women control their own fertility without men's intervention. These methods also depend on high-quality health service backup, and where this is not consistently available, problems and a high dropout rate are inevitable (Hakim, NIPS; 1994).

5.6 Quality of Services Constraints

a. Shift in Family Planning Program

During the 1980s, there was a shift in focus of many family planning programs away from demographic targets to meet the unmet needs and improve quality of care, and result in many cases was better acceptance figures. Indeed many recent reports have stressed that programs of high quality are not likely to lead to better uptake, fewer contraceptive failures and fewer dropouts. As a result resources are more likely to be forthcoming, and opposition can be countered more convincingly.

Demographic health surveys in 12 countries suggested that over half of all women were unsuccessful or dissatisfied with the contraceptive methods they had been using. Contraceptive technology or family planning delivery programs are falling short and not according to women's

need (IPPF, 1992). IPPF has also published its medical and service delivery guidelines, which cover training, method of contraception, counseling, and the rights of the client. Family planning association and other non-governmental organization are well placed to focus attention on the deficiencies of programs and to work side by side with governments in making their programs more clients-friendly (Hashmi, 1990).

b. Prevalence and Factors Associated with Dropouts in Contraceptive Use in Rural areas of Peshawar

This study indicates that dropout of modern contraceptives (except condoms) is quite high in rural areas of district Peshawar. The dropouts are mainly during first year of contraceptive use. Female community of this area is mainly illiterate. There is a general desire for having more sons. Women who use contraceptives for longer duration mainly belong to the poor sector, which is quite a distinct finding from earlier studies. There is misinformation about contraceptives among women and this is one of the main reasons for discontinuation. The service delivery factors influencing dropouts were poor access (more than thirty minutes walk or facility away from home), lack of counseling services and inability to manage side effects (Najma, Naseem, and Inayat, 2001).

c. Side Effects of Contraceptives

A number of studies show that men are concerned about the side effects of contraception. According to a study, the fear of side effects was the most common hindrance to contraceptive use identified by men. As per the contraceptive prevalence and reproductive health survey (1996), men expressed concern about the safety of hormonal contraceptives and the IUD. Indepth interviews conducted with men about withdrawal use reveal a strong desire to avoid the adverse health consequences of modern methods on wife's health. Women withdrawal users often regard their husbands as caring and considerate because they perceive them as taking action to ensure they avoid additional pregnancies, as well as the side effects of modern methods (Hakim, 1992).

5.7 Psychological Constraints to Family Planning

The acceptance of family planning by people is purely a psychological affair, which involves change in beliefs, attitudes and values and consequent change in behavior. Most important are the existing values prevailing in the society demonstrated through norms and taboos which act as strong resistance to the adoption of family planning.

Couples all over the world have motives for children. But there are some people who desire for greater number of children and some who wish to have small number. The decision of having large and small number of children depends on an individual's motives and social circumstances. A number of studies about preference for sons have been conducted in the Indian subcontinent, Middle East and Far East countries, some of them are mentioned below: Biarai (1986) in Bangladesh; Ahmed (1981) in Bangladesh; Gadalla (1985) in Egypt;

Williamson (1976), Sheps (1963), Coombs (1979) in Taiwan; Park (1983) in Korea; De Tray (1980) in Pakistan; Repetto (1982), Sidney Ruth Schuler (1986) in Nepal.

6. Survey

In order to assess the issue of population explosion in the rural areas of Peshawar, the researcher selected three types of respondents i.e. family planning government staff (70/109), non-governmental organizations (NGOs) staff (60/73) and beneficiaries of both the organizations at selected family planning centers of district Peshawar (300/11885).

After mapping the area and selecting the respondents, the researcher pre-tested the interview schedule and questionnaire, and then the whole data was collected from the sampled respondents. After data collection the study went through data analysis, tabulation, figures, description, findings, conclusion and recommendations.

6.1 Results

- 94.3% government staff, 96.7% NGO staff and 60% beneficiaries specified sons as economic assets, source of income, helping hand in old age, inheritance of property, poverty, no source of income, and employment, high expenses of family, no proper infrastructure, building, equipments, medicines, tests equipments, and proper budget as economic factors of population explosion and obstacles to family planning.

- 97.1% government staff, 91.7% NGOs staff and 63% beneficiaries specified free counseling, checkup, treatment, operation, natural gap by breast feeding, foreign aid support, nominal charges, company rate contraceptives provision as strategies/protective measures for economic constraints.

- 97.1% government staff, 91.7% NGOs staff and 63% beneficiaries specified that birth control is a sin, Killing of humanity, illegal and illegitimate, against natural law, fatalism, God is food provider (Al-Raziq), children are blessing of God, increase Muslim Umah, one cannot stop those souls to be produced, results immorality and family planning is the program of non-Muslims as religious factors of population explosion and obstacles to family planning.

- 92.9% government staff, 100% NGOs staff and 77% beneficiaries specified meetings with religious leaders, awareness, counseling and convincing religious people, collection of different fatwas, religious literature distribution in favor of family planning as strategies/preventive measures for religious constraints to family planning.

- 94.3% government staff, 91.7% NGOs staff and 93% beneficiaries specified desire of male children (sons are power, prestige, source of protection, need and inheritance of property), ignorance and illiteracy, purda (veil), disapproval by husband, male dominancy, early marriage, large family tradition, public opinion and propaganda in favor of higher birth as socio-cultural factors of population explosion / constraints to family planning.

- 100% government staff, 100% NGOs staff and 98% beneficiaries specified small family norms, small family better life, two kids are better, son and daughter are equal and avoid early marriage as strategies/preventive measures for socio-cultural factors of population explosion and constraints to family planning.

- 51.4% government staff, 60% NGOs staff and 50% beneficiaries specified foreign aid dependency, no proper funds allocation, fluctuation support and policy change as political/governmental factors of population explosion and constraints to family planning.

- 54.3% government staff, 63.3% NGOs staff and 52% beneficiaries specified collaboration of public and private sectors, struggle to continue and getting support of foreign donors as strategies and preventive measures of political / governmental constraints.

- 75.7% government staff, 70% NGOs staff and 93% beneficiaries specified worry of side effects of contraceptives/medicines, conception and infertility as psychological factors of population explosion and constraints to family planning.

- 98.6% government staff, 98.3% NGOs staff and 93% beneficiaries specified motivation, awareness and counseling for proper usage, change of contraceptives, proper checkup, treatment, medicines and prescription by family planning staff as strategies/preventive measures for psychological factors of population explosion and psychological constraints to family planning.

- 91.4% government staff, 96.7% NGOs staff and 93% beneficiaries specified health problems (irregularity of menses, weight, weakness, vomiting headache), no family planning and health awareness, motivation, follow up, fear of side effects, no proper trained staff, equipments, medicines checkup, treatment and diagnosing (tests) as medical-technical factors of population explosion and medical-technical constraints to family planning.
- 98.6% government staff, 98.3% NGOs staff and 94% beneficiaries specified for motivation, awareness and counseling for proper usage, change of contraceptives, proper checkup, treatment, medicines and prescription by family planning staff as strategies/preventive measures for medical-technical factors of population explosion and medical-technical constraints to family planning.

- 97.1% government staff, 95% NGOs staff and 87% beneficiaries specified no proper budget, involvement of health outlets, coverage, outreach, information, supervision, monitoring and evaluation, strategy change, low quality contraceptives, questionable/no proper service, no door step service, less satisfaction, no male involvement, infrastructure, building and no proper trained staff as quality of service factors in population explosion/constraints in family planning.

- 74.3% government staff, 96.7% NGOs staff and 93% beneficiaries specified budget based on foreign assistance, proper supervision, monitoring and evaluation of family planning, proper, qualified and trained staff, male staff involvement as

strategies/preventive measures for quality of service factors of population explosion/constraints to family planning.

- 95.6% government staff, 96.7% NGOs staff and 93% beneficiaries specified side effects of contraceptives, no proper policy, planning, research, strategy, involvement of religious leaders, male interest, awareness of family planning, various constraints, no role of media, related departments, health outlets, district government and welfare organizations as shortcomings in family planning program.

- 100% of each government staff, NGOs staff and beneficiaries specified combined seminars, workshops, public-private partnership, proper awareness, counseling, motivation, communication and popularization program, involvement of media, religious leaders, and district government, establishment of more family planning organizations, recruitment of proper staff, involvement of health and education departments, women education, family planning education and enlightened vision should be given to the masses as strategies/preventive measures to overcome the weaknesses in family planning program and ensure population control in the area.

7. Conclusion

The study indicates that there were different factors of population explosion and constraints to family planning, including economic; religious; socio-cultural; political/governmental; psychological; medical-technical and health problems; absence of family planning and health awareness; quality of service; lack of proper infrastructure, lack of proper trained and qualified staff.

The strategies of family planning organization's centers to overcome these factors of population explosion / constraints include:

- for economic: free counseling, checkup, treatment, natural gap by breast feeding, foreign aid support, nominal charges and company rate contraceptives;
- for religious: meeting and consulting the religious leaders (Ulema Project), motivation, awareness, counseling and convincing religious people, Collection of different religious statements (fatwas) and religious literature distribution in favor of family planning;
- for socio-cultural: small family norms, small family better life, two kids are better, son and daughter are equal ,maximize gap through motivation, avoid early marriage and polygamy, women empowerment and giving the example of developed nation girls to reduce desire for male children;
- for political-governmental: struggle to continue, getting support of the government/foreign donors and collaboration of public and private sector;
- for psychological and medical-technical: counseling, motivation, awareness for proper usage, change of contraceptive, reduce fear of side effects, proper check-up, treatment, medicine and prescription; and,
- for quality service: foreign assistance, proper awareness about contraceptives, doorstep mobile service units etc.

There were various weaknesses and shortcomings in family planning program including; no proper communication, awareness and education program, various constraints to family planning, large family, side effects of contraceptives, no proper policy, planning, research, strategy, no involvement of religious leader, male members, media, related departments, health outlets, district government and welfare organizations. To overcome these weaknesses and shortcomings family planning organizations developed certain strategies include; involving media, district government, religious leaders, enlightened vision, proper counseling, motivation and communication through proper, qualified, trained staff and establishment of more family planning organizations.

8. Recommendations

On the basis of study findings and conclusion the researcher extends certain recommendations as follows:

1. Regarding Economic Factors: Free counseling, motivation, check-up, treatment, medicines, natural gap by breast-feeding and company rate contraceptives provision can solve the economic constraints.

2. For Religious Factors: Meetings with religious leaders for proper understanding of religion, supportive statements (fatwas), message of change and best quality of life can solve the religious constraints.

3. Socio-Cultural: Proper motivation, awareness and counseling for small family norms, save the life of mother-child, equality of son and daughter, proper socialization (education) of children, avoiding early marriage, positive propagation and public opinion can solve the socio-cultural constraints.

4. Political/Governmental Factors: Foreign donors' interest, support and collaboration of public and private sector can solve the political and governmental constraints.
5. Psychological Factors: Proper counseling to reduce the fear of side effects of contraceptives, preparing for adoption of family planning through proper motivation, skill provision for Proper usage and change of contraceptive, proper check-up, treatment, preventive medicines & measures can reduce the psychological constraints.

6. Medical-technical Factors: Proper awareness and counseling about contraceptives use, proper service through well equipped & trained staff, proper usage of contraceptives & medicines, multi vitamins, iron tablets and balanced diet can solve the medical-technical constraints.

7. Quality of Service Factors/Constraints: Proper supervision, monitoring & evaluation, budget arrangement, qualified and trained staff, male mobilization, communication, information, awareness, counseling and motivation for family planning, best quality contraceptives provision, and door step service through mobile service unit can improve the quality of service.

8. In order to overcome the weaknesses and shortcomings of family planning these measures are recommended; combined seminars, workshops, public-private partnership, proper awareness, counseling, motivation, communication and popularization program, involvement of media, religious leaders, and district government, establishment of more family planning organizations, recruitment of proper staff, involvement of health and education departments, women education, family planning education and enlightened vision should be given to the masses.

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