❖ *Muhammad Mumtaz Khan*[1]
❖ *Dr. Muhammad Iqbal Zafar* [2]
❖ *Abdul Manan*[3]

The True Islamic Perspective and the Reproductive Health: A Case Study of Two Districts of N.W.F.P.

INTRODUCTION:

The study is designed to investigate the effects of religious factors in terms of education of spouses, their occupation, income and family structure. Moreover the demographic factors are taken into account in terms of current age, family size and marriage pattern and their duration, and the infant and child mortality rate. The cultural factors in terms of gender roles as to a wife's participation in the decision-making process, their communication on contraceptives, etc. and program factors in terms of availability and accessibility of reproductive health facilities, utilization behavior of health facilities, and the attitude of health providers are being considered. The study has been conducted in the two randomly selected districts with the random selection of three communities from each district.

60 contraceptive users of contraceptives from the family planning clinics and 60 non-users from each community were selected using systematic random sampling technique. In this way the total sample size will be 720 (360 users of contraceptives and 360 non-users of contraceptives). A well-structured interviewing schedule consisting of open-ended and close-

---

[1] Assistant Professor, Geography Department, University of Peshawar
[2] Professor, , University of Faisalabad
[3] Assistant Professor, Law College, University of Peshawar.

ended questions was prepared to explore the research objectives and research hypotheses. A qualitative study (six focus group discussion; 3 with users and 3 with non-users) was also carried out to have an insight into the forces that influence women's reproductive health and support the findings of quantitative study. Fecund women with at least one living child were interviewed. The conceptual framework describes all dependent and independent variables.

Various statistical enquiry modes were used to study the relationship of independent and dependent variables. Groan Bach alpha test was used to examine the reliability of the different statements for the construction of index variables.

Statistical information:

It is very sad to note that every year worldwide, more than 500,000 women die from pregnancy related causes in developing countries. Globally, 43 percent of all women and 51 percent of pregnant women die from Iron-deficiency anemia. 120 million women say that they do not want to be pregnant, but are not using family planning methods, due to non-availability of services and other socio-cultural hindrances. Twenty million unsafe abortions are resulting in tens of thousands of deaths and millions of disabilities in a year. More than 15 million girls aged 15 to 19 give birth every year.

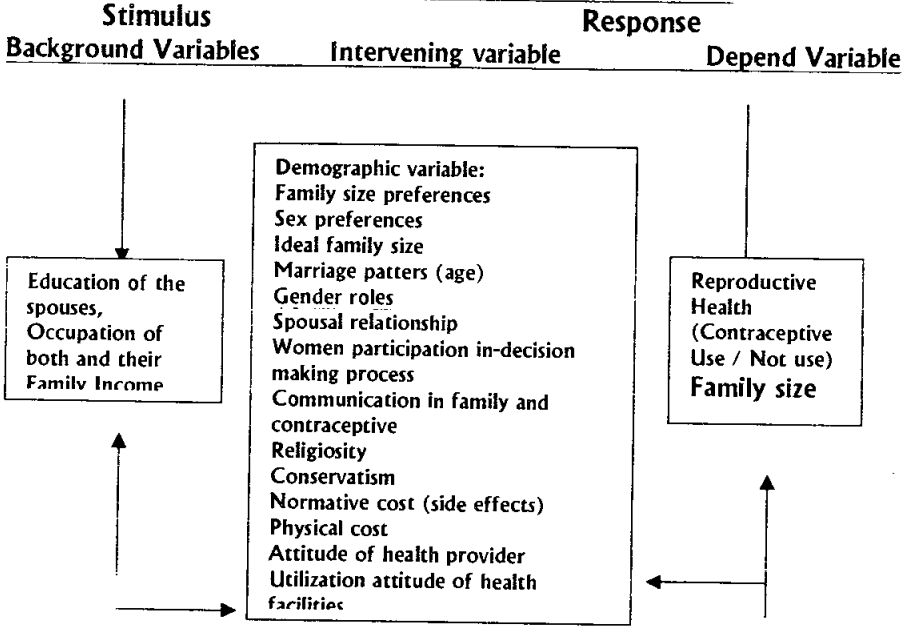
In Pakistan 28 thousand women die every year due to pregnancy and childbirth complications. The fertility rate is very high i.e. 6 to 7 children in reproductive age. Contraceptive prevalence rate is very low i.e. it is 19% only. The population is increasing with very high growth rate of 2.9% p.a. Today we are more than 130 million. Fifty percent of women in Pakistan having 3 children can not afford more children. 55% of all

maternal deaths can be saved if the women can stop becoming pregnant after the age of 35. The life of thousands of mothers can be saved in this way. An important aspect of religiosity and its impact is on the use or no use of contraception. Another important aspect is to investigate the role of destiny. 36.4% respondents strongly disagreed regarding the idea of fate. They favored advance planning of family. Therefore, they had partial belief upon the orthodox value of religion and culture. In this connection respondents had a belief upon the statement of Holy Book and its interpretation. Therefore, they did not think contraception as a means of killing children. Thus, 35.6% women strongly disagreed that the contraception is a means of killing children.

Reproductive health problems:

Many health problems were found in community under study. Most of the respondents replied in affirmative concerning reproductive health problem. These health problems are shown in table 5.11. More than 93%, respondents had a number of reproductive health problems in one form or another and concluded that the condition of women health in study area was not satisfactory.

CONCEPTUAL FRAMEWORK SHOWING THE RELATIONSHIP BETWEEN PREDICTOR AND RESPONSE VARIABLES



In the light of above-mentioned conceptual framework the following objectives are designed to explore the different dimension of women's reproductive life.

Religiosity and its effects on fertility and contraceptive use:

Alam and Cleland (1981) analyzed WFS (word fertility survey) data to examine the influence of religion on fertility disproportion and contraceptive use. They found the persistence of high fertility rate and low contraceptive use in many Muslim countries including Pakistan, Iran and Bangladesh etc. They argued that religion is an important factor in explaining fertility differentials.

Akhtar (2002) disclosed that fear; shame and lack of resources inhibit adolescents from seeking safe and early abortions on the one hand and from seeking care when complications occur on the other. Research in selected areas of Bangladesh found that while adolescents constitute 9 percent of those who received menstrual regulation services, they constituted 15 percent of those who were turned away because they sought services too late in their pregnancy.

LITERATURE REVIEW

Ashfaq *et al.* (1990) investigated the association between conservatism and fundamentalism and family size and sex preferences among women of the rural Pakistan. A random sample of 500 married women, aged 15-49 years and living with their husbands, was selected. The study revealed that fundamentalism is one of the major determinants of underlying family size and sex preference and that education is the most important factor in lowering fundamentalism.

Conservatism is opposite to innovation. It is a behavior pattern of people in traditional societies, the symbol of close system. It also

supports the preservation of established custom and institution in traditional societies and thus opposing the change.

Westoff et al, (1991) discussed magnitude of potential demand of family planning. They discussed that in Pakistani society fertility decision is not based on female considerations alone. Their husbands' desire is very important.

Petchesky, (1986) revealed and proved that many cultures are conservative and most women experience powerful pressures to "prove" their "femaleness" by becoming a mother. At the same time women and their partners will also be influenced by the social and economic reality of the world around them: "A woman does not simply "get pregnant" and "give birth" like the flowing tides and seasons, she does so under the constraint of material conditions that set limits on "natural" reproductive processes". For many couples this will result in the decision to have a large family, not as is often assumed, out of ignorance or religious obscurantism, but because male children represent an important supply of labour and a sign of social status as well as a source of material security.

Karim et *al.* (1992), reveals that young adults may feel uncomfortable discussing their reproductive health needs with parents or providers in conservative and close system, particularly if providers are unfriendly. Cultural and religious bias may make providers reluctant to give reproductive health information and contraception to young adults especially unmarried women. Case studies in Africa have shown that adolescents who approach clinics often deny information or give misinformation.

Zafar (1993) pointed out that some primitive cultural and social conditions, as discussed by Fort, might lead to high fertility in Pakistan.

Teitelbaum, 1975; Knodel and Van de Walle, (1979) reveal that because of conservation in culture, people have interests other than economic well-being (Turke, 1991). The question arises, how many interests of individuals coordinate to shape an observed behavior? Discussion regarding culture reveals that many decision-making styles are habitual and are characterized by a culture. Culture varies within and between societies.

NIPS (2001) in its nationally presented sample survey conducted in Pakistan reflected that 44% of the currently married women did not want any more children and another 22% wanted their next pregnancy after at least one year. The changing behaviour pattern of society means innovation in the non material cultural values.

Adamchak *et al* (2000) revealed that community-based studies in Cameroon, India and Nepal disclosed, that how and why, young people often use home remedies, traditional methods of contraception, the contraceptives provided by friends or relatives and contraception and medication purchased without a doctor's prescription reflects the traditional society with conservative behaviour.

Baker (2000) pointed out, if young people are embarrassed to be seen at clinics or are worried about a lack of privacy and confidentiality, they may not seek care. As with other aspects of youth reproductive health care, social stigma related to seeking care often affects young men differently than young women. Adolescent women may be afraid of medical procedures such as pelvic examination and may feel ashamed about having experienced coercive abusive sex. Young men may fear that using health services will be perceived as feminine or contrary to social stereotype of virility.

Senderowitz (2000) discussed the problems of youth concerning reproductive health problems and family planning. The organizations in Latin America have attracted adolescent clients by creating special spaces for young people and hiring staff specially trained to work with teens and adolescents. The following statistical information may be considered for a clearer picture

Table: 1 Religiosity in three strata / Classes

Sr. No.	Low	Medium	High	Total
1. Kohat	51	211	98	360
	14.2	58.6	27.2	50.0
2. Peshawar	35	172	153	360
	9.7	47.8	42.5	50.0
Column	86	383	251	720
Total	11.9	53.2	34.9	100.0

The table indicates that low religiosity is found in upper class and high religious trends and practices are found in lower class. Therefore the reproductive health was found better in upper class than in lower class.

Table: 2 Relationship of family size with religiosity

Religiosity		Family size			Row
		Small	Medium	Large	total
Low	Number	26	25	68	119
	Row (%)	218	21.0	57.1	16.5
Medium	Number	87	147	35	269
	Row (%)	32.3	54.6	13.0	37.4
High	Number	212	82	38	332

	Row (%)	63.9	24.7	11.4	46.1
Column total		325	254	141	720
Total (%)		45.1	35.3	19.6	100.0

Chi-square = 196.72** Gamma = -0.5349

The chi-square values indicated the significant ($P < 0.01$) results that there was strong association between family size and religiosity.

The religiosity is one of the important factors contributing and affecting family size. Modern concept of religion is based on the idea that religion is not an obstacle. In fact religion never prohibits contraception i.e. shown and proved by significant of chi-square and also Gamma.

Table: 6.37 Bivariate relationship of contraceptive use / not use with religiosity

Religiosity		Contraceptive use/not use		Row total
		Yes	No	
Low	Number	31	88	119
	Row (%)	26.1	739	16.5
Medium	Number	163	106	269
	Row (%)	60.6	39.4	37.4
High	Number	244	88	332
	Row (%)	73.5	26.5	46.1
Column total		438	282	720
Total (%)		60.8	39.2	100.0

Chi-square = 82.77** Gamma = -0.5037**

The Chi-square value indicates the significant ($P < 0.01$) results that indicated that there is a strong association between contraceptive use and religiosity.

The bivariate relationship between use and no use of contraception with religiosity is clearly given, in chi-square and Gamma. It means that, with the passage of time cultural value is changing because of evolutionary change process in social system. The orthodox concept of modern religion has changed.

Zafar *et al.* (1995) has argued the significance of cultural factors in influencing fertility and contraceptive behavior. The study indicated the importance of social forces such as education of spouses, age, family size, sex preference, beliefs and values regarding family life in predicting fertility and contraceptive behavior in Pakistan.

Few of the respondents strongly disagree about the idea of destiny and an effort to plan. Majority favored advance planning of family. Therefore, the partial belief upon the value of old cultural aspect of religion and culture was found. They had belief upon the statement of Holy Book, which has not been briefed properly to masses regarding reproductive health. Therefore, they did not consider contraception as a means of murdering the children.

Islamic perspective regarding reproductive health:

Islam has given clear idea regarding reproductive health and holds menopause as a natural contraceptive mechanism."

The house hold size, education and occupation were introduced at a later step; the predicator variable reproductive health was entered in the regression model as a fourth step, when the index variable religiosity and conservatism were introduced at the fifth step. At the next step demographic variable as marriage pattern and normative cost were included that produced a variance about fifty percent. This indicates that social index variable has high bearing upon the

respondents' education and occupation. The index variable of reproductive health entered in the model at the next step and the negative sign of regression co-efficient shows the reduction in the family size and low effect of cultural norms on family size. However, it was interesting to note that the weak relationship of monthly income with the response variable of family size and reproductive health could not be maintained with their effect. This indicated that their relative importance in shaping the change of attitude of respondents was not significant, the weak relationship with household monthly income with the response variable use and non-use of contraceptive in index variable was most important. The beta value was given in the above table No. 6.4.4 at 0.01 significant levels. In other words, their betas and level of significance indicate that these index variables are very important in shaping the attitude change of respondents towards use or no use of contraceptives.

Table 5.25 Distribution of respondents of variable religiosity and contraception:

Variable	S.A	A	No	D.A	S.D.A	Total	Mean
a. Religious Aspects: plan in advance an against destiny.	17.2	13.8	7.8	24.9	36.4	100(720)	3.49
b. The Holy Quran doesn't allow to limit family size	7.1	31.1	20.8	21.7	19.3	100(720)	3.15
c. Contraceptive means killing the child	6.1	10.4	18.8	29.2	35.6	100(720)	3.78
d. Child bring with the food	6.8	31.8	7.2	42.4	11.8	100(720)	3.21
e. It is sin to use contraception	5.4	5.3	13.9	39.3	36.1	100(720)	3.95
f. Limit family size is useless and sinful	9.2	39.2	17.5	15.7	18.5	100(720)	2.95
g. Large family is blessing of God.	7.4	15.8	14.9	32.9	29.0	100(720)	3.60

Ashfaq *et al.* (1990) investigated association between fundamentalism / religiosity and family size and sex preferences among women of the rural Pakistan. A random sample of 500 married women, aged 15-49 year living with husbands was selected. The study revealed that religiosity is one of the major determinants of family size. The education of the spouses is the most important factor in lowering and decreasing family size.

The relationship of cultural variables such as husband and wife's relationship and exposure to the mass media in terms of egalitarian and segregation roles, a husband's permission to his wife for participation in family and non-family matters, the decisions' worth and exposure to mass media, beliefs and values in terms of family size and sex preference, religiosity, fatalism and conservatism with contraceptive use and fertility behavior is investigated. Zafar (1993) and analysis found the strength of these predictor variables in predicting reproductive behavior such as family size and contraception. Alam and Cleland (1981) analyzed by word fertility survey. The WFS provides data to examine the influence of religion on fertility differential and contraceptive use. They found the persistence of high and low contraceptive use in many Muslim countries including Pakistan, Iran and Bangladesh. They argued that religion is an important factor in explaining fertility differentials. Ford (1945) also pointed out the importance of cultural factors all over the world for having children. He stated that human reproduction is a biological phenomenon supported by a belief system

The topic regarding reproductive health described that how religiosity affected family size. Another important aspect was related to plan in advance and the role of destiny. 36.4% respondents strongly disagreed

regarding the idea of destiny. They favored advance planning of a family. Therefore, they had partial belief upon the orthodox value of religion and culture. In this connection, respondents had belief upon the statement of Holy Book that has interpreted the concept of reproductive health clearly, that neither kill your children with the fear of hunger nor kill your wives with obsessed behavior regarding the number and sex.. Therefore, they did not think contraception as a means to kill the children. Thus, 35.6% strongly disagreed with the idea, that contraception is same as killing the child. They also disagreed with the percentage 42.4% disagreed with the statement and 31.8% agreed with it. Thus, the consensus developed that 54.2% were not in favor of the statement. It was noted that 39.3% disagreed to consider the use of contraception as a sin. The respondents also discarded it and they opined that to limit family size is not sinful and therefore they did not consider large family as a blessing. Thus, 32.9% disagreed with it and 29% strongly disagreed respectively.

Socio-economic conditions, religious belief and cultural values of society are other factors playing major roles in acceptance or rejection of any idea of innovation. During the planning process the facts are formulated in the form of values which were then accepted in society. The whole process is the outcome of value formation.

In the past efforts made for any activity without giving proper weight to social, economic, religious or cultural values have badly failed and resulted in poor contraception adoption. Shah and Mann (2003) described the case of assimilation of culture for the use of contraception in Pakistan.

Durr-e-Nayab, (1999) reported the cause of high fertility due to non adoption of contraception and was elaborated upon further by

Robinson, 1966; Mumtaz, 2000; Rukunuddin and Hardeel 1992; Raju, (1987) and Mehmood, (1977) who reported that the pace of fertility could be retarded with the introduction of Islamic education on fertility control.

Findings concerning religiosity and contraception:

The hypothesis was accepted and was proved to be in accordance with the concept of contraception in religion. It was found that Islam as a progressive religion has never opposed contraception at proper time. Abortion in Islamic teachings is prohibited strictly.

In the past, efforts were made for any activity without giving proper importance to social, economic, religious or cultural values. They have badly failed and resulted in poor contraception adoption. Shah and Mann (2003) described the case of assimilation of culture for the use of contraception in Pakistan.

References:

- Ahmad, M. K.M. Rehman and J. V.Ginneken (1998) Included in Matalab Bangladesh. Trends and Determinants. International family planning Perceptive. 24(3): 128-132
- Ahmad, Neelofar R(1981) Family size and sex preference among women in rural Bangladesh Studies in family planning, Volume 12, No. 3, March 1981.
- Ashfaq, *et al.* (1990) Fundamentalism, family and sex preferences among women of rural Pakistan. Rural development and admin, 22(1)
- Ashfaq. A Haq M A, Cheema M A & Zafar M I, (1990), Fundamentalism a determinant of family size and sex preference in rural Pakistan. Rural Development and Administration, 22(1)

- Baker, Therese L. and Judith a. Bootcheck: (1985). "The Relationship of marital Status and Career Preparation to Changing work Orientations of Young Women: A Longitudinal Study" in A. Kerckhoff (ed.), Research in Sociology of Education and Socialization. Vol. 5
- Bareer, M. (1993) "Making abortion safe: A matter of good health policy and practice" Bulletin of the WHO 78, No. 5 (Geneva)
- Barnett, B. (1995), "Family planning for refugees" 15(3):4-8
- Barua, A. and K. Kurz (2001). "Reproductive Health-seeking by married adolescent girls in Maharashtra, India", Reproductive Health Matters, 9(17): 53-62
- Baruch, G. Biener, L. and Barnett, R. (1987) "Women and gender in research on work and family stress; American Psychologist, Vol. 42, no.2, pp. 130-6
- Zafar M. I. Rukhsana M, (1977) "Women autonomy and its influence on reporoductive health". Pakistan Journal Agri Sc. 34 (1-4), 8-12
- Zafar M. I., (1996). Husband wife as correlate contraceptive and fertility behaviour". Journal of Pakistan Development Review 35:2, pp. 145-70
- Zafar M. I., N Ford and A Ankohma (1995) "Significance of belief of values in predicting fertility and contraceptive behaviour in Pakistan". J, of Bio, Soc. Sci 27(3): Cambridge.

BIBLIOGRAPHY

- Adhokari and Kulkarni, S. (2002). "The reproductive health status of married adolescents as assessed by NFHS-2, India", in S. Bott and others (eds.), Adolescent Sexual and Reproductive Health: Evidence and program implications for south Asia, (Geneva, World Health Organization)
- Adhokari, R. K. (2002). "Early marriage and childbearing: risks and consequences", in, S. Bott and others (eds.) Adolescent Sexual and Reproductive Health: Evidence and program implications for South Asia, (Geneva, World Health Organization)
- Akhter, H.H. (2002). "Menstrual regulation among adolescents in Bangladesh: risks and experiences", in, S.Bott and other (eds.), Adolescent Sexual and Reproductive Health: Evidence and programme implications for south Asia, (Geneva, World Health Organization)
- Alacon, I. And G.F.Gonzalez. 1996. "Attitudes towards sexuality, sexual knowledge and behaviour in adolescents in the cities of Lia, Cusco and Lquitos," report. Lima, Peru: Cayetano Heredia Peruvian University.
- Alam, A and J. Cleland (1988) "Infant and child mortality trends and determinants in fertility in Pakistan" I S I Publication, Voorburg
- Allen, Mary J. and Wendy M. Yen: 1979. Introduction to Measurement Theory, Wadsworth, Belmont, California, USA.
- Ashford, Lori, and Carolyn Makinson 1999, Reproductive Health in Policy and Practice: case studies from Brazil, India, Morocco and Uganda. Washington, DC: Population Reference Bureau.

- Ashford, Lori and Carolyn Makinson. Reproductive Health in Policy and Practice: Case studies from Brazil, India, Morocco and Uganda. Washington DC population reference Bureaue.
- Asian and Pacific Women's Resource Collection Network (1989) Asian and Pacific women's Resource and Action Series: Health (Kuala Lumpur: Asian and Pacific) Development Centre
- Babaloa, Stella O. 1997. "Sex-related attitudes and behaviours among a high risk youth population in Nigeria: A study of four motor parks in Lagos State" unpublished. Lagos: Stop AIDS
- Bamunsinghe J. *et al.* 1997 Emergency contraceptive pill, baselines study Sri Lanka, The Family Planning Association of Sri Lanka and Colombo
- Barnett, R. C., & Lundgren, L. (1998). Dual-earner couples and the decision to work less: A conceptual model. Community, Work and Family, 1, 273-295
- Hakim Abdul and Miller, Peter C., (2000) Family Planning in Pakistan: A turning Point, Fertility Transition in South Asia, etd., Zeba Ayesha Sathar and James F. Philps, International Studies in Demography, Oxford University Press.
- Hakim, A., J. Cleland, Bhatti, M. (1998)"Pakistan Fertitity and Family Planning Survey 1996-97," NIPS and Centre for Population Studies, London School of Hygience and Tropical Medicine, Islamabad
- Hakim, a., M. Sultan and Faateh ud Din. (2001) "Pakistan Reproductive Health and Family Planning Survey 2000-01," NIPS
- Hakim, Abdul, (2000) "Population Change and Development Prospects: Demographic Issue in Pakistan" in Pakistan's Populatin

Issue in the 21st Century , Conference Proceedings, Oct. 24-26, 2000 Karachi, Population Association of Pakistan

- Hakim, Abdul, John Cleland and Mansoor-ul-Hassan Bhatti (1999) Paksitan Fertility and Family Planning Survey, 1996-97 (Mian Report), Islamabad: NIPS and London School of Hygiene and Tropical Medicines
- Hall, ML. (1990) Identification of high risk and low risk. Clinical Obstetrics and Gynecology. 4, 149-168
- Zafar M. I. 1993, the co relations contraceptive and fertility behaviour within the frame work of socio cultural ideology: A case study of two urban center in Pakistan, Ph. Dissertation, the University of Exeter, U.K.