

EFFECT OF ISLAMIC PERCEPTION ON FAMILY PLANNING PRACTICES

Hassan Raza ^a, Aysha Shiraz ^b, Rabia Zafar ^c

^a, Iqra University, Islamabad, Pakistan.

^{b, c} National Institute of Population Studies, Islamabad, Pakistan.

Corresponding author: hrza200992@yahoo.com

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Abstract: It is common perception that religious beliefs are one of the major causes to reduce family planning practices. The current study attempts to analyze the effect of religious perception of general community and the role of religious leaders on family planning practices controlling for socio-economic and demographic variables. Data from National Institute of Population Studies was taken to conduct this study. The sample size was comprised of 2398 ever married men and women in which 1162 currently married women were taken as unit of analysis to conduct this study. For estimation, bi-variate analysis was performed in order to check one to one relationship with bi- level of significance. Due to the dichotomous nature of dependent variable, logistic regression was applied for multivariate analysis to check composed effect of predictors on response variable. The results revealed that although religion plays an important role in scheming attitudes of women for contraceptive practices but it is not statistically significant while the role of religious leaders is very important is molding women's attitudes towards the use of contraceptives. Education of both husband and wife is considerable factor in relation to contraceptive practices. In addition, family planning practices are more common among urban women due to availability of health facilities, source of information and access to contraception while older women are more likely to use birth control methods. Media is also playing sufficient role to mobilize women about family planning programmes.

Keywords: Contraception, Islamic perception, Logistic Regression

INTRODUCTION

The increasing population of Muslim countries in this globalizing world is now-a-days taken as a threat to the resource-population equilibrium of the world in general and to the developing world in specific. There are different factors which are coined responsible for such a rapid increase in the population of Muslim world and among those, the one held most responsible is considered to be the religion. Over population has become a serious phenomenon of our country as well. Although there are many reasons, for example weak supply side of contraceptive and other social and demographic constraints. But religion is considered as one of the prime factors which can affect contraceptive behavior of both husband and wife. Usually, people's religious perception plays very important role in diverting the attitudes of married couples for the use of contraception. On the other hand, role of religious leaders is also extremely vital to motivate people about the use of contraceptive methods because people especially in rural areas are significantly influenced by their guidance and motivation. In this regard, the present study aims to analyze the significance of religious perception along with the influence of religious leaders to develop the attitudes of married women with respect to family planning practices. Moreover, socio-economic and demographic variables are controlled in this study to assess the difference in significance level among these various factors.

LITERATURE REVIEW

Mitra (1987) reports that in contraceptive prevalence survey conducted in 1985, only 7.2 percent women respondents who were not using contraception cited religion as the reason. Kamal et al. (1988) used qualitative research by conducting eight focus group discussions among ever married women. He reported that the participants felt that religion was an important consideration in the adoption of family planning programmes.

Michael and Moslen (1990) conducted their research on the issue of Islam and family planning acceptance in the religiously conservative area of Bangladesh and concluded that almost 23 percent of the respondents denied practicing family planning on religious grounds. Furthermore, religious identification is a key variable influencing fertility behavior Kiser et al. (1968), Whelpton (1966), Westoff (1963). Rising concerns with high rates of population growth in the developing world has led to increased interest in the extent to which religious values may affect the efforts to reduce fertility level. This has resulted in a number of studies of the doctrines and attitudes of various religious groups toward fertility Ling (1969), Fagley (1965) and Kirk (1965). Population Council (2000) undertook an extensive review of the Muslim attitudes toward family planning, suggests that the weight of Islamic scholarship supports the temporary measures to prevent contraception. Kirk and Fagley (1967) reported that Muslim fertility is almost universally high, relatively uniform, with little evidence of important trends over time and generally higher than that of neighboring people belonging to other major world religions.

Similarly, Hakim (1999) conducted a study in Philippines, concluded that religious taboos and husband/family disapproval for the use of birth control methods are the primary causes of unmet need for contraception. Teresa, (1999) carried out a study in Bangladesh and found that the contraceptive prevalence rate (CPR) was depressingly low in a community where more than two third of religious leaders were against family planning programmes. In addition, Samiullah, a Muslim religious scholar rejected family planning in 1992 and termed it as a western ploy to diminish the numbers of the Muslim population in order to maintain its hegemony. In 2003, a study by Siraj-ul-Islam in Bangladesh determined that contraceptive prevalence rate (CPR) increases rapidly by increase in level of education. Senanayake (1997) steered a study using data from the demographic and health surveys for 26 countries confirms that education enhances woman's ability to

make reproductive choice.

Likewise, Imran (1981) provides evidence that Indian Muslim author telling Muslim women to shun birth control. He emphasizes that "birth control should be resorted to only in cases of extreme necessity such as the wife's ill-health owing to constant births. The Nationalist and anti-contraception line is even defended by the world's most powerful Islamic organization, the Rabita al-Alam al-Islamiyya (World Islamic League). At the UN Conference on Population in Cairo 1994, a number of Muslim countries joined hands with the Vatican in opposing contraception and abortion. Islamic spokesmen denounced the UNO plans (family planning) as a conspiracy against the exponential increase of the number of Muslims worldwide Kathleen (2000).

Adding further, the views of leaders of juristic schools qualified to interpret the teachings of Islam. Therefore, a Muslim only seeks guidance in any aspect Roudi-Fahimi (2004). In Pakistan, There are two major sects, Sunni and Shia with majority belonging to Sunni school of thought. Most of them do not have knowledge of modern trends because modern science and thoughts are not taught in traditional and religious schools. Therefore, there are religious conflicts and controversies among various groups. A single religious leader of any sect is not acceptable to all Muslims of Pakistan Zahir (2000). Moreover, family planning, as understood by Islam, is not opposed to marriage or to the begetting of children nor does it's concept imply disbelief in the doctrine of fate and divine dispensation of Allah Almighty has bestowed reason upon man to enable him to distinguish between the useful and the harmful and to help him follow the path that would assure him happiness in this world as well as in the world to come Underwood (2000).

Bernhart (1990) examines the depth and extent of such opposition in Bangladesh, 106 men who had been identified by their wives as religiously opposing to family planning were interviewed. It was observed that 26 percent of "opposing" husbands reported that they were current users of a contraceptive method and an additional 50 percent, although not practicing, said they were in favor of family planning. While only 23 percent said that they opposed family planning on religious grounds. One fourth of this last group was able to cite specific Islamic injunctions against family planning. Zahir (2000) conducted a study with religious leaders consisting of Imam Mosques and religious scholars covering all the provinces including urban and rural areas of Pakistan highly recommends the importance of inter personal communication and in turn religious leaders can be

important for convincing people.

Population Council (1997) observed the reasons of unmet need for family planning in Punjab province of Pakistan. It was found that use of contraceptive methods is more likely among older women, women with more children, living in urban area and better education level. The likelihood of using contraception is strongly linked with women's fertility preferences. The age-specific marital fertility rates are also seem to drop off more rapidly at later ages in urban areas. This may be related to the relatively higher use of contraception at ages 29-39 observed among urban women. Urban women may be reproducing at higher rate in the younger age groups but they may also be resorting more frequently to contraception use in later years in an effort to curtail family size Zeba Sathar (1975). Ali Muhammad (1996) attributes the high fertility levels among same ethnic groups to low level of education, lower age at first marriage, higher demand for children and greater value placed on number of children. It is also found that fertility levels are high among those ethnic groups who have little knowledge and less use of family planning methods.

In addition, the empirical data collected in mid-1990s indicates that men have more positive views about contraceptive methods than their wives assume Population Council (1997a). The majority of women especially in rural areas seek family planning services in large hospitals while other types of outlets even where available are rarely visited Population Council (1998b). Radio and television campaigns are promoting family planning have picked up momentum in terms of both their frequency and the explicitness of the messages. The percentage of women who reported that they have heard or seen any family planning message became more than doubled between 1990-91 PDHS and 1994-95 PCPS, exceeding 60 percent in the latter survey NIPS/IRD (1992), Ministry of Population Welfare and Population Council (1995). In addition, radio and television messages legitimize family planning practices and offer concrete information about how contraceptive methods can be obtained. A recent analysis comparing the impact of information, education and communication programmes in Bangladesh, India and Pakistan shows substantial improvements in the reach of family planning messages in Pakistani media and in their association with the adoption of contraception Westoff and Bankole (1998). Even though some religious scholars are generally inclined may refuse to approve the family planning programmes due to growing tension because they do not allow anyone to undermine the

facts. Ibid (2000), PDHS (2008) are evident that among other factors cited for family planning not being used in Pakistan, the religious factor is considered being prominent. On the basis of this literature review, the adequate methodology is used to conduct this study.

DATA AND METHODOLOGY

The dependent variable of this study was "current use of contraceptive methods" and independent variables are "Do family planning programmes allow in Islam", and "Do Ullma/Moulvi in your area allow family planning" while the control variables were consisted of "women education level, husband education level, women age at marriage, current age of women, type of place of residence (rural, urban), district and media message

For estimation, bi-variate analysis was applied to check one to one relationship between dependent and independent variables along with bi level of significance and percent distribution. Furthermore, due to the dichotomous nature of dependent variable, logistic regression was used for multivariate analysis in order to check the composed effect of independent variables on outcome variable.

Data was taken from National Institute of Population Studies which conducted a pilot survey on "Islam and Family Planning" in two districts of Punjab province of Pakistan in which the target group was comprised of two categories: general public (male/female) and religious leaders (Men and women including religious scholars sensitized by Population Welfare Program). Three tehsil from district Sialkot (Daska, Pasrur and Sialkot) and three from Chakwal (Chakwal, Choa Saidan Shah and Talagang) were selected as sample frame while 20 union councils were selected from each district using two stages stratified random sampling. Total sample was consisted of 2398 households. Moreover, both quantitative and qualitative research tools were adopted to conduct this study. Men and women were interviewed through structured questionnaire while two focus group discussions were conducted in each union council separately with men and women. In addition, one in-depth interview was also conducted with male and female religious scholar in each cluster who was sensitized by the Ministry of Population Welfare. The questionnaires and in-depth interviews were to explain individual behavior and practices on the selected matter while FGDs assisted in understanding and revealing the community's actions and attitudes towards Islam and family planning.

Table 1.1: Introduction to data

Sr. No.	Variable	Categories	Question No
Dependent Variable			
	Current use of contraceptive methods	Not using FP method, Using FP method	203
Independent Variables			
1	Do family planning programmes allow in Islam?	Ⓜ Islam disapproves family planning, Islam approves family planning,	310
2	Do Ulama/Maulvi in your area allow family planning?	Ⓜ No, Yes	323
3	Women education level	Ⓜ No education, primary/middle, secondary/higher	104
4	Husband education level	Ⓜ No education, primary/middle, secondary/higher	108
5	Women current age	Ⓜ up to 25, 26 to 40, 41 and above	102
6	Women age at marriage	Ⓜ Up to 18, 19 and above	
7	Media message	Ⓜ No, Yes	211
8	Type of place of residence	Ⓜ Rural, Urban	Identification section
9	District	Ⓜ Chakwal, Sialkot	Identification section

Table 1.1 furnishes brief introduction of data with construction of dependent and independent variables. Dependent variable is the “current use of contraceptive methods”. This variable was categorized into modern and traditional methods in its initial form for data collection but for estimation purpose this variable was constructed in binary form as “using FP method” and “not using FP method”. This is the most important variable with regard to rapid increasing population because it directly affects fertility level. So it is extremely vital to study this as outcome variable because over population is associated with other social, economic and political issues in the country.

Moreover, one variable related to Islamic perception is included as independent variable. This variable integrated to assess people’s Islamic perception in relation to their contraceptive practices. The reason to include this variable is because religion is considered as one of the prime obstacles in the use of contraception. So in order to check its effect on use of family planning programmes, this variable is taken for current study. This variable was in binary form so it remained the same for estimation.

Similarly, in Pakistan, people take guidance from religious leaders and follow their preaching. It is evident that mostly religious scholars oppose family planning programmes and consequently community people who always follow them they remain reluctant while using birth control methods. So, one variable about the role of religious leaders is also encompassed in present study.

Furthermore, as evident from past studies, both women and husband education plays very important role to mould couples’ attitudes towards contraceptive practices. So these variables are included to check their effectiveness in term of use of contraception. In survey questionnaire, these variable were found in count form which were further constructed into three categories as “No education”, “primary/middle” and secondary/ higher for this study.

Table 2: Characteristics of currently married women

Variable	Category	Current use of Contraceptive methods		Total	Chi
		No	Yes		
Do family planning programmes allow in Islam?	Islam disapproves FP	27.6	72.4	100	0.017
	Islam approves FP	19.9	80.1	100	
Do Ulama/Maulvi in your area allow family planning?	No	27.3	72.7	100	0.001
	Yes	16.9	83.1	100	
Women education level	No education	24.5	75.5	100	0.000
	Primary/Middle	21.6	78.4	100	
	Secondary/Higher	23.3	76.7	100	
Husband education level	No education	29.1	70.9	100	0.021
	Primary/Middle	24.0	76.0	100	
	Secondary/Higher	20.5	79.5	100	
Current age of women	Less than 25	25.6	74.4	100	0.137
	26-40	21.5	78.5	100	
	41 and above	28.6	71.4	100	
Women age at marriage	Up to 18	21.0	79.0	100	0.268
	19 and above	24.4	75.6	100	
Media message	Read/heard FP message	20.7	79.3	100	0.045
	Not read/heard FP message	27.1	72.9	100	
Type of Place of residence	Rural	23.2	76.8	100	0.735
	Urban	22.1	77.9	100	
District	Chakwal	25.0	75.0	100	0.148
	Sialkot	20.6	79.4	100	

Table 3: Probability of women who used contraceptive methods

Variables	Model 1 (Total sample)	Model 2 (Rural sample)	Model 3 (Urban sample)
Do family planning programmes allow in Islam? (Islam disapproves FP[®])			
Islam approves FP	1.408 (0.919-2.156)	1.584* (0.932-2.692)	0.887 (0.409-1.925)
Do Ulama/Maulvi in your area allow family planning? (No[®])			
Yes	1.704** (1.114-2.606)	1.616* (0.944-2.768)	1.610 (0.761-3.406)
Women education Level (No education[®])			
primary/middle	1.209* (0.674-2.168)	1.279* (0.628-2.606)	1.398* (0.441-4.432)
secondary/higher	1.523** (0.951-2.439)	1.406* (0.793-2.493)	1.913* (0.778-4.706)
Husband education level (No education[®])			
primary/middle	1.574 (0.881-2.814)	1.801 (0.880-3.685)	1.296 (0.327-3.031)
secondary/higher	2.470*** (1.353-4.511)	3.040*** (1.470-6.285)	1.557 (0.478-5.073)
Current age of women (Up to 25[®])			
26 to 40	1.604* (0.964-2.669)	1.234 (0.647-2.351)	4.126*** (1.568-6.860)
41 and above	1.497 (0.706-3.173)	1.141 (0.359-2.423)	1.035** (1.057-5.402)
Women age at marriage (Up to 18 years[®])			
19 and above	0.765 (0.505-1.157)	0.501*** (0.299-0.838)	0.762 (0.805-3.856)
Media message (Not read/heard FP message[®])			
Read/heard FP message	1.271 (0.513-1.159)	1.072 (0.638-1.802)	1.023** (0.192-1.231)
Type of place of residence (Rural[®])			
Urban	1.045* (0.688-1.588)	Omitted	Omitted
District (Chakwal[®])			
Sialkot	1.472* (0.985-2.201)	1.052 (0.641-1.728)	3.138*** (1.453-6.778)

Note: x = $\leq .1$, xx = $\leq .05$, xxx = ≤ 0.001

Adding further, age is one of the most important indicators of population dynamics. It was open ended question in its original form which was further constructed into three categories as “up to 25 years”, “26 to 40 years” and “40 and above years”. This variable was selected to analyze the contraceptive practices among different age groups in order to focus on that group that is lacking family planning practices. In addition, age at marriage is also very important predictor of the use of contraceptive methods. It is evident that those women who get married in early age they tend to have larger family size as compared to those women who get married in older age and in this regard they use birth control methods in later age after having high fertility level. So, in order to check family planning practices among different age at marriage groups, this variable was also involved in this study.

Likewise, type of place of residence is significant factor which motivates women to adopt family planning programmes. It is divided into rural and urban category. The prime reason to include this variable in current study is to analyze the contraceptive practices among people living in different areas to sort out the difference in the level of use. Additionally, district is also taken to assess the difference among these two districts with respect to use of contraception.

Finally, media has become very important source of information to mobilize women about family planning programmes. In order to check its effect on women family planning practices, this variable was also comprised in present study.

EMPIRICAL RESULTS

Bi-Variate Analysis

It is essential to investigate the link between Islamic perception about family planning programmes and use of contraceptive methods because people usually think that this is one of the serious hurdles in contraceptive practices. Table 1.2 reveals percent distribution of currently married women according to their Islamic perception about the adoption of family planning programmes with respect to the use of contraception. According to the data, it is observed that those women who say that Islam disapproves FP programmes are less using contraceptive methods as they stand at 72 percent as compared to those who think that Islam approves FP programmes (80 percent). This indicates that Islamic perception is also playing important role to mould woman's contraceptive behaviors to some extent while it is significant at 5%.

Furthermore, religious leaders have substantial influence to guide people while their pieces of advice have vital position for the local people including men and women. The data furnishes that in those communities where Ulama/Moulvi allow family planning programmes, women are more likely to use contraception (83 percent) and where they oppose these birth spacing practices, there are fewer users of contractive methods in those areas as they stands at 73 percent. The level of significance is very high ($p=0.001$) which reveals strong association between these variables.

Moreover, as woman's education is always extremely important factor, the information shows that primary/middle education level is more affecting contraceptive practices as more women having this level of education are using contraception (78 percent). The level of significance is also very high ($p=0.000$) signaling high correlation between these two factors. In addition, highly qualified husbands are contributing to more use of contraception as women whose husbands have got secondary/higher education level stand at highest level in term of use of contraceptive methods (80 percent) as compared to other women whose husbands have lower level of education.

Similarly, birth control methods are more popular among women age between 24-40 years as 79 percent women are using them. Those women who got married in young age (up to 18), they are more likely to use contraceptive methods as compare to those who got married in later age because the younger women achieved ideal family size early in their age. Additionally, media is also playing crucial role in relation to use of contraception as women who read or heard any family planning message, they are in high number for using family planning programmes (79 percent) than those who did not receive any FP message. This variable is also statistically significant at 5% which explains the sufficient level of relationship between these variables.

Further to mention, type of place of residence is always very important for contraceptive practices as it is related to the availability of health facilities, source of information and access to contraception. The data elicits that contraceptive methods are more common among those women who live in urban area. Finally, women who live in district Sialkot are using family planning methods in large number (79 percent) than those who belong to district Chakwal because Sialkot is more developed district which ensures the availability of contraception among these women.

Regression Results

In order to perform multivariate analysis logistic regression was applied due to the dichotomous nature of response variable. Three models were run, first model was run for overall sample while second and third models were run for rural and urban sample respectively.

Model 1

Model-1 explains Islamic perception of general community about the adoption of family planning programmes and role of religious leaders to guide women about the use of contraceptive methods controlling for social-economic and demographic variables in order to find out the composed effect of these factors on outcome variable.

In this regard, independent variables are modeled together for 1162 currently married women. The data reveals that women who think that Islam approves the acceptance of FP programmes are 1.4 times ($p=0.116$; O.R; 1.408; 95% CI; 0.919-2.156) more likely to use contraception than those women who claim that Islam does not approve family planning programmes but it is not statistically significant. Similar results are found by Michael and Mosleh (1990) and Zahir (2000).

Moreover, those areas where Ulama give permission to use birth spacing methods under the light of Islam, women of those communities are 1.7 times ($p=0.014$; O.R; 1.704; 95% CI; 1.114-2.606) more likely to use birth control methods than those women who live in those areas where Ulama do not allow family planning programmes according to Islamic knowledge and teachings. It is also significant at 5% which indicates strong association of this factor with the use of contraceptive practices. This result is evident with Teresa (1999). Female education is always very important factor in molding the attitudes of women towards family planning programmes. According to the information, women who have primary or middle education are 1.2 times ($p=0.072$; O.R; 1.209; 95% CI; 0.674-2.168) more likely to use contraceptive methods than those who have no education. Similarly, women having secondary or higher education are 1.5 times ($p=0.041$; O.R; 1.523; 95% CI; 0.951-2.439) more likely to use family planning methods than those women who have no education. Both levels of education are statistically significant which clarify the implication of this predictor. The results are identical with Senanayake (1997).

Similarly, husband's education is also significant factor in relation to use of contraception. The data depicts that women whose husbands have primary or middle education are 1.5 times ($p=0.126$; O.R; 1.574; 95% CI; 0.881-2.814) more likely to have family planning practices than those women whose husbands have no education. Likewise, those women whose husbands have secondary or higher education are 2.5 times ($p=0.003$; O.R; 2.470; 95% CI; 1.353-4.511) more likely to use contraceptive methods than those whose husbands have no education. Higher level of husband education (secondary/higher) is highly significant at 1% which indicates that male education is also vital for women's contraceptive practices. The results are apparent with Abdul Hakim (1994).

Furthermore, age is one of the most important determinants of contraceptive practices. The information furnishes that use of contraception is more common among older women as women who are 26 to 40 years old are 1.6 times ($p=0.069$; O.R; 1.604; 95% CI; 0.964-2.669) more likely to use contraceptive methods than those who are up to 25 years old. Similarly, women who are 40 or above years old are 1.5 times more likely to use family planning methods than those who are up to 25 years old as evident from the past study Population Council (1997).

Additionally, age at marriage determines fertility level which is related to contraceptive behavior. As evident from the data, women whose age at marriage are 19 and above years are 0.77 times ($p=0.765$; O.R; 0.765; 95% CI; 0.505-1.157) less likely to use contraceptive methods than those women who are up to 18 years old when they got married. Similar results are observed by Naushin and Ringheim (1996).

Likewise, media is also playing significant role as it provides sufficient source of information about contraceptive practices. According to the information, women who read or heard any FP message during last month preceding the survey are 1.3 times ($p=0.211$; O.R; 1.271; 95% CI; 0.513-1.159) more likely to use contraceptive methods than those who did not receive any FP message which is proved from past studies NIPS/IRD (1992) and Ministry of Population Welfare and Population Council (1995). Place of residence is highly associated with the use of contraception as it contributes to the availability of health facility, source of information and access to birth control methods. Family planning programmes are more popular among women who live in urban areas. The data provides information that women who belong to urban area are 1.05 times ($p=0.063$; O.R; 1.045; 95% CI; 0.688-1.588) more likely to use

contraceptive methods than those women who live in rural communities. Identical results are found by Sathar and Mason (1993)

Finally, region also contributes to contraceptive practices as developed regions ensure the availability of family planning methods while other factors also serve in similar direction. The data reveals that women who live in district Sialkot are 1.5 times ($p=0.069$; O.R; 1.472; 95% CI; 0.985-2.201) more likely to use contraceptive methods than those who live in district Chakwal. In addition, qualitatively similar results are found for rural and urban sample.

Further to mention, qualitative information also supported these results as women during focus group discussion identified female education as the prime factor in relation to contraceptive practices. They also highlighted the difficulties at household and community level along with the opportunity cost associated to approach contraception which approves the weakness of supply side of family planning programs. More importantly, respondent provided arguments in favor of family planning programmes but at the same time they gave worth to the preaching of religious scholars. It is notable that many scholars talked in favor of family planning programmes but they more emphasized on traditional methods rather than modern methods. They were also agreed that people should be mobilized to limit their family size due to the rapid increase in population and lack of economic resources but they were not settled to come forward to perform such an important task.

CONCLUSION AND DISCUSSION

Although women religious perception about the use of family planning programmes plays substantial role in framing their attitudes towards contraceptive practices. For example, those who think that Islam does not allow the use of contraceptive methods they are reluctant to use them but those who consider contraception as an appropriate way for birth spacing under the light of Islam they are more likely to adopt these programmes. But the most important finding is that it is not significant which indicates that Islamic perception does not matter a lot in designing women's attitudes towards or against the use of contraceptive practices. On the other hand, role of Islamic leaders are more vital as evident from the results that women are more likely to use contraceptives methods where Ulama guided them about the acceptance of FP programmes under the light of Islamic knowledge. Moreover, women's education level significantly influences their contraceptive practices. Women having higher

education are using contraception as compared to illiterate women because they are more mobilized and well known about the importance of small family size while their higher opportunity cost also forces them to use contraceptive methods in order to reduce their number of children. Furthermore, family planning practices are more common among older women while those women who got married in earlier age, they are more likely to use contraceptive methods because they achieved ideal family size sooner than those women who got married in later age.

Addition further, contraceptive practices are more popular among urban women because of easy availability of health facility and other adequate factors which favor them. They have also more exposure due to education and source of information especially print and electronic media so they prefer to have small family size which motivates them to adopt birth control methods. Media also plays encouraging role to increase use of contractive methods as women having access to information are more likely to use contraception.

To conclude, religion perception of women about family planning programmes is not a prime obstacle in contraceptive practices but it is the role of religious leaders who provide religious knowledge to local people (men and women) and preach them to deal with social issues under the light of Islam because people obey and follow them with great intension and respect. So it will be extremely useful to sensitize these religious scholars who can educate women to adopt contraceptive practices under the light of Islam. Moreover, socio-economic factors especially education which develops couple's behavior and converge them towards family planning practices. Education is associated with many other factors as it increases the probability of employment which brings opportunity cost at higher level and directs women to adopt family planning programmes to have small family size. Rural women should be more targeted by providing them more health facilities and access to contraception. They should also mobilize through media and interpersonal communication (lady health worker) to develop their exposure and familiarize them about family planning programmes which ultimately augment contraceptive practices among them.

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