

Title: Reproductive Decision Making Within Muslim Families In Squatter Settlements Of Karachi, Pakistan.

Short Title: Reproductive Decision Making

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Abstract

Major obstacles to reducing fertility in Pakistan include social and religious objections to family planning. Understanding of the decision-making dynamics and identification of the fertility decision-maker in the household therefore is important if these obstacles are to be addressed.

As a complementary effort to a larger study aimed at identifying fertility decision-maker, the decision making process and the factors that influence inter-spousal communication, key-informant interviews were conducted in the squatter settlements of Karachi. Between June and August 1995 we interviewed 18 individuals in six families: three families in which the couple was currently using contraceptives and three families in which the couple had never used contraceptives. Using a set of semi-structured open ended questions, within each family, we interviewed a triad of three adults, consisting of a married woman, her husband and her mother-in-law.

Responses of the 18 individuals suggest that males and elderly women made decisions on family matters. Young women neither had the power to make decisions nor were they consulted on important matters. The decision to use contraceptives was dependent on husbands' approval although the method of contraception adapted was by mutual consent between spouses. Husbands and mothers-in-law in the contraceptive users households were not opposed to family planning practices although all respondents perceived that the society regarded family planning contradictory to the teachings of Islam. Compared to non-user families, contraceptive user families had a better understanding of the objectives and scope of family planning including contraceptive methods. They also reported a greater degree of inter-spousal communication.

We assume that the pace of fertility decline may be enhanced by designing family planning programs that lend clarity to Islamic teaching on fertility control and providing family planning education and information specifically aimed at males.

Key words: Reproductive decision making, Contraceptives, Muslim families, Pakistan

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Introduction:

More than one third of currently married Pakistani women do not want to have any more children. It is reported that 40 percent of currently married women have a need for family planning: 27 percent to stop childbearing and 13 percent to space their children. Since only 12 percent of married women are currently using contraception, 28 percent have an unmet need for family planning services (Pakistan Demographic and Health Survey 1990-91 [PDHS 1992]). The PDHS 1990/1991 has reported that in recent years the Total Fertility Rate (TFR) has declined from 6.3 [Pakistan Fertility Survey] in 1975 to 5.4 in 1990/91 (PDHS 1992). This decline, however, is attributed to a rapid increase in age at marriage (the singulate mean age at marriage has risen from 16.7 years in 1961 to 21.7 years in 1990/91) (PDHS 1992) rather than a significant rise in contraceptive use. The contraceptive prevalence rate was five per cent in 1975, and 11.9 per cent in 1990/91 (United Nations 1993). Major obstacles to reducing fertility include lack of consistent government commitment to provision of family planning services, and social and religious objections (Zheng 1991). Understanding of the decision making dynamics and identification of the fertility decision-maker in the household therefore is crucial and important if these obstacles are to be addressed and women's fertility desires actualized.

In the South Asian patriarchal and extended family norm of social life, women are taught that their own interests are subordinate to those of the family group, and consequently they are likely to discount their own desire to regulate fertility (Ubaidur Rob 1990). This translates to poor inter-

spousal communication, a factor cited to have an important bearing on fertility control (Bongaart 1995, Raju 1987 and Reddy 1983). In the extended family system, the mother-in-law is also considered a major impediment to family planning (Caldwell 1982 and Agarwala 1967). The breakdown of joint families (Sarker 1993) dominated by mothers-in-law appears to enhance the intimacy between couples, facilitating mutual decision-making (Nag 1988). Further, in Pakistan where over 90% of the population is Muslim, traditional and religious beliefs largely based on personal interpretations of Islamic law, and its tenets inhibit the use of family planning.

Limited research has been conducted on the decision-making process and inter-spousal communication for matters related to family planning in Pakistan. Detailed analysis of PDHS data on inter-spousal communication is not yet published. The Aga Khan University in collaboration with the World Health Organization, is currently undertaking a large survey in Karachi to examine household decision-making dynamics for adoption or non-adoption of family planning. As a complementary exercise, key-informant interviews were conducted to help design a suitable structured questionnaire for the survey. We here report the findings of these interviews. The discussions provide insight into the household decision-making process and identify possible factors which may be important in shaping inter-spousal communication with respect to fertility regulation.

Materials and Methods:

Pakistan has an estimated population of 127 million (United Nations 1995). Approximately 13 million people reside in Karachi, a major metropolitan port city. It is the largest city in Pakistan and an estimated 40% of its population reside in squatter settlements.

Key-informant interviews were conducted between June and August 1995 in the squatter settlements in Karachi where the Department of Community Health Sciences at The Aga Khan University has operational Primary Health Care centers (Bryant 1993). Since 1986-87 Community Health Workers (CHWs) from these centers have been visiting each household at least once a month for health education, including family planning advice. We interviewed a total of 18 individuals in six families: three families in which the couple was currently using any reversible or non-reversible method of modern contraception including withdrawal, and three families in which the couple had never used any modern method of contraception including withdrawal. Within each family we interviewed a triad of three adults, consisting of a married woman (either between 15-24 years, 25-34 years or above 35 years), her husband and her mother-in-law. These triads were identified by the CHWs based on their knowledge of the triads capacity of providing good, accurate information and closely reflecting the norms of the society they lived in.

A set of semi-structured open ended questions was used to explore issues on family planning. We probed into issues related to population explosion, religious and societal perspectives, objectives of family planning, contraceptives, family planning counseling, female mobility, decision making and inter-spousal communication. Each member of the triad was interviewed separately (and alone) and attempts were made to hold all the interviews within a given household on the same

day. Due to cultural sensitivity to the topic, individuals were interviewed by members of the same sex. Interviews were conducted by the author and two co-authors in the national language “*Urdu*”. Visits and interviews were made until all issues had been fully explored. Responses and notes were written down during the interview and then immediately transferred on the computer using Microsoft Word 6 package. The interviewers held discussions on each set of interviews to verify the contents and translations. Analysis was conducted to identify similarities and major differences between the user and non-user responses and inter-generation differences, if any, across the set of issues explored.

Results:

All 18 respondents belonged to the lower socio-economic group and were Sunni-Muslims, the predominant sect of Islam in Pakistan. Except one user-couple (Table 3) none had formal schooling and none of them had a scholarly understanding of Islam. Religious beliefs were based on personal perceptions of traditional Islamic teachings. The ages of women for each comparable triad of users and non-users were similar. The age difference between spouses of each couple ranged from six to eleven years, the wife always being the younger of the two. All except one non-user couple had at least four surviving children, and couples had between one and ten children (mean = 5.8 children).

The collective responses of user-couples, non-user couples and mothers-in-law in the six families interviewed are summarized in Table 1. Tables 2 to 7 depict the responses of individuals with each of the family interviewed.

To an open ended question “Who makes decisions on important family matters?” most individuals replied that males and elderly women (particularly mothers-in-law) made decisions on family matters. All 18 individuals agreed that elderly women (i.e. mothers-in-law within their families), had a significant role in decision making for important family matters such as seeking health care, marriages and incurring major house-hold expenses. They played an important role either as an independent decision maker or an important member of the decision making group in the family. Among the 18 persons interviewed there was consistent agreement that young women neither had the power to make decisions nor were they consulted on important matters. In general, wives could not independently decide on leaving their homes for routine errands or family visits without

approval from their spouses or mothers-in law. The only exception was found in the one household that included an educated wife: there, all three adults reported shared decision-making and approved of independent female mobility (Table 3).

As expected, the mothers-in law and husbands of the three user households were not opposed to family planning practices. Two mothers-in-law reported to be supportive and proponents of family planning. In contrast, the husbands in all three non-user households opposed family planning, and two had mothers-in-laws who strongly opposed family planning. These responses were self-reported but were consistent with statements made by the wives.

All 18 respondents expressed concern at the rapidly growing population of Pakistan, and linked this to economic concerns. They expressed fear that with limited means it would be difficult to meet the needs, specifically food and clothing, of a large growing family. Analogously they felt that the state, with limited resources, could not possibly provide basic amenities like water and electricity if the population kept on expanding at a rapid pace. They also expressed anxiety about the reciprocal reduction in employment opportunities with an increasing population.

Asked their perceptions of society's view on family planning, all respondents indicated that society regarded family planning as contradictory to the teachings of Islam. Most respondents had heard from other members of the community that "*Practicing family planning was a sin and forbidden in Islam*" and that "*Islam professed the need to have a large community and therefore the need to have more children*". All couples in user households disagreed with the societal perspective on family planning. Their impressions were based on personal interpretation

of Islam and based on what they claimed to be their rationale thinking. These interpretations were reflected as “*Excess of anything is bad in Islam, and so are many children*” or “*Allah has given everyone a mind to think for themselves and thus decide and act accordingly*”. On the other hand all non-user couples strongly believed in what the society professed and were convinced that “*Children are a gift of Allah and any interference in the process of child-bearing was a sin and called for Allah’s wrath*”. Such beliefs were reinforced by some undesirable experiences such as death of an Intra Uterine Contraceptive Device (IUCD) user and complaints of weakness and poor health amongst contraceptive users in the community.

A clear distinction could be made between the user and non-user households with reference to the understanding they had about the objectives and scope of family planning. Non-users of contraceptives understood family planning as a measure of limiting the number of children (“*bachey band karna*”) whereas all members of user households and one young wife (Table 5) and a mother-in-law in the non-user group (Table 7) regarded family planning also as a means to space (“*waqfa karna*”) children. Correspondingly, those aware of spacing could name one or multiple forms of reversible contraceptives (most commonly condoms, pills and injections) whereas most non-users were aware of only tubal ligation, an irreversible method.

Another noticeable difference was in the discussion of why to use or not to use contraceptives. Male non-users considered poor child survival a valid reason for not supporting family planning and contraceptive use. One individual expressed this concern as “*Child survival is a problem in our community, so by having few children, we may end up having no children at all*”. In contrast, husbands in user households cited “*better chances of child survival*” as an incentive to

use contraceptives. This was explained as operating through provision of better maternal care to the child in a smaller family. Similarly females in the user households expressed economic hardship, particularly difficulty to feed and clothe children, as a reason for supporting and using contraceptives. The mothers-in-law of the three user-couples pointed maternal health as a reason to encourage (or not oppose) the use of contraceptives.

Verbal inter-spousal communication about family planning matters was reported only by user-couples and the youngest of the non-user couples. However, none of the couples had discussed or used contraceptives before the birth of their first child. All three user-couples described themselves as discussing family planning and using contraceptives after the birth of at least one or two male children. Discussions between user-spouses revolved around spacing and choice of contraceptives. The method of contraception in each case was adopted after mutual consent of the partner for all user-couples. The two younger couples (Tables 2 and 5) of the six began discussing family planning earlier in their married life and usually after the birth of their first male child.

Discussion:

In general, poor Pakistani hold traditional and religious beliefs in high esteem and consider family planning heretical to Islamic law. All respondents reflect attitudes of a patriarchal society where female mobility is restricted and where women are not supposed to talk to men as evident by preference of all 18 respondents to have a counselor of the same sex as the client and a female counselor if the couple were being counseled together. Our findings suggest that males and elderly women are principal household decision makers, which is consistent with the general impression that clear roles are demarcated based on gender (United Nations 1993) and age and that family norms generally conform to those of the society. Elderly women are involved in decision making and do shape attitudes of the family but, as will be discussed later, where fertility is concerned, males seem to make the ultimate decision to use contraceptives and regulate fertility.

Family planning issues are generally not openly discussed within Pakistani families. Our impressions are that some form of unspoken communication exists in families where traditional religious beliefs are cherished, and family planning and the use of contraceptives is not supported. This is probably demonstrated by the almost identical responses of non-user individuals. Inter-spousal dialogue is likely to take place in families where specifically husbands demonstrate a positive attitude to family planning, an impression consistent with Farooqui's finding (Farooqui 1994). Additionally, unless both spouses have a reason to consider large families unmanageable, inter-spousal communication may not take place or may be restricted. Our finding would suggest that all families including contraceptive users initially view family planning repugnant to Islamic teachings and consequently do not have verbal inter-spousal communication. Circumstances and

practicalities may force them to change their attitude to family planning and to initiate inter-spousal communication. We base this suggestion on the observation that none of the user-couples initiated a dialogue before the first pregnancy and particularly before the birth of at least one male. What then is important is to identify those factors that enable the change in attitude and an opening of inter-spousal dialogue. One possible explanation could be found in the economic realities that compel these couples into a dialogue. In societies where old age security is not guaranteed and where females are not valued economically, the birth of a male child is preferred (Mahmood 1993, Ahmed 1992 and Nag 1991) and considered an economic asset. The sooner a couple attains this goal the greater is the likelihood of inter-spousal communication. This is evident in the case of the educated woman (Table 3) who despite her independence and decision making power within the family described her helplessness as *“We did not really want to have so many children, but the quest for a son led to the birth of so many other children. I did not really have a choice in this matter because I had to give birth to a son as soon as possible.”* From our data based on limited number of responses, we assume that the presence of male off-spring(s) and economic hardships expressed as “difficulty to feed and clothe large families” are likely to influence families transcend societal barriers and initiate inter-spousal communication.

Inter-spousal communication and use of contraceptive is seen in families where spouses have different though complementary views on the reason for adapting family planning. They also have a better understanding of family planning objectives and are aware of the choices of contraceptives available, a finding supported by other studies (Mahmood 1993, Kabir 1992 and Pariani 1991). However, it is difficult to establish whether holding differing views and having information helps change attitude and initiate communication, or change in attitude facilitates

inter-spousal communication and acquiring information. Our impression is that both must occur simultaneously. The responses of the two elderly contraceptive user-couples (Tables 3 and 4) indicating that they began inter-spousal communication and contraceptive use much later in their married life points towards a possible initial resistance to change. In contrast one cannot ignore the fact that family planning education provided by the CHWs, though aimed at all women in the community, is having a more substantial impact on the younger couples even prior to their marriage which possibly encouraged earlier dialogue between spouses (Tables 2 and 5). The concern of their own health expressed by the youngest female user (Table 2) is possibly a direct outcome of interaction with CHWs or has occurred over the years through diffusion of information (Cleland 1987) as has been reported in Matlab, Bangladesh (Mita 1995).

Although inter-spousal communication is known to be associated with contraceptive use (Shah 1986), it does not always translate to use of contraceptives unless both spouses, specifically males, are convinced and have changed their attitude. In triads three (Table 4) and five (Table 6) although the beliefs and views of the mothers-in law on family planning are contrary to those of their sons, in both instances, the decision to use or not to use contraceptives seems to have been made by the males. This impression is consistent with other studies on fertility regulation in Pakistan (PDHS 1992), the Indian sub-continent which show women lack the decision making power (Ravindran 1993); and that males hold the ultimate key to decision making in Muslim Societies like Turkey (Kulu 1990).

Thus we subscribe to the view (Bongaarts 1995 and Baburajan 1993) that changes in family planning behaviour can be brought out by changing value systems and creating awareness about

family planning. The pace of fertility decline in Pakistan can be enhanced by helping the society, particularly the males, to better understand Islamic teaching on fertility control, and providing family planning education simultaneously. Change in attitude is likely to occur when a clear understanding is given that Islamic law does not proscribe the use of contraceptive and infact is benignly permissive with regard to family planning (Obermeyer 1994 and Mahmood 1977). The urge to acquire information is reflected in the need expressed by a non-user male as *“People are not aware of family planning. Someone, particularly the government should take the responsibility to educate and bring awareness on the issue. What can we do when we are ignorant?”*. Policies and service providers should therefore direct information, education and communication efforts accordingly.

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Table 1: Summary of contrasting responses to family planning issues by families of users and non-users of contraceptives

Issue	Users	Non-users
Religious perspective:		
wife	Not forbidden (3)	Forbidden (3)
husband	Not forbidden (3)	Forbidden (3)
mother-in-law	Not forbidden (2)	Forbidden (2)
Purpose of family planning:		
wife	Spacing (3); Limiting (2)	Spacing (1); Limiting (3)
husband	Spacing (3); Limiting (1)	Spacing (0); Limiting (3)
mother-in-law	Spacing (3); Limiting (3)	Spacing (1); Limiting (3)
Reason for use or non-use of family planning:		
	For use:	For non-use:
wife	Economic (2); Health (1)	Religious (3)
husband	Better child care (3);	Religious (3); Poor child survival (2)
mother-in-law	Maternal health (3); Child health (2)	Religious (2)
Knowledge about methods of family planning:		
wife	Multiple (3);	Multiple (1) Ligation (2)
husband	Multiple (3);	Multiple (0) Ligation (2)
mother-in-law	Did not ask	Did not ask
Communication regarding family planning between:		
husband and wife	All couples (3)	Youngest couple (1)
wife and friends	One couple (1)	None (0)
husband and friends	All couples (3)	None (0)
with mother-in-law by wives	One couple (1)	None (0)
Decision on use of particular method		
	With spousal consent (3)	Couples did not discuss (3)

Numbers in parenthesis indicates numbers of families

Table 2: Responses of contraceptive-user family (triad number one)

Issue	Wife	Husband	Mother-in-law
Age of respondent	20 years	27 years	Did not ask
Who decides on important family matters?	Husband and mother-in-law	Mother	Self
Do women need permission to go out?	Yes	Yes	Yes
Own religious perspective	Not forbidden	Not forbidden	Not forbidden
Purpose of family planning	Spacing	Spacing	Spacing and limiting
Reason for practicing or advocating family planning	My health	Better child care	Mother and child health
Knowledge of methods	Multiple	Multiple	Did not ask
Ideal and actual no. of children	3 & 4	3 & 4	4 & did not ask
First use of contraceptive	After first child who was male	After first child who was male	Not applicable
Communication with spouse	Open	Open	Not applicable
First communication with:			
spouse	After first child	After first child	Did not ask
others (other than spouse)	Mother-in-law	With friends	
Decision on the method	With husband	With wife	Not applicable
Advise your children?	Yes	Yes	Advise daughter-in-law

Table 3: Responses of contraceptive-user family (triad number two)

Issue	Wife	Husband	Mother-in-law
Age of respondent	33 years	42 years	Did not ask
Who decides on important family matters?	Self	Self and Wife	Self and son
Do women need permission to go out?	No	No	No
Own religious perspective	Not forbidden	Excess is bad	Not forbidden
Purpose of family planning	Spacing & limiting	Spacing & limiting	Spacing & limiting
Reason for practicing or advocating family planning	Economic	Better child care	Mother and child health
Knowledge of methods	Multiple	Multiple	Did not ask
Ideal and actual no. of children	Do not know & 7	Situation dependent & 7	3
First use of contraceptive	After seventh child After two sons	After seventh child After two sons	Not applicable
Communication with spouse	Open	Open	Not applicable
First communication with:			
spouse	After seventh child	After seventh child	Did not ask
others (other than spouse)	None	With friends	
Decision on the method	With husband	With wife	Not applicable
Advise your children?	Yes	Not sure	Advise daughter-in-law

Table 4: Responses of contraceptive-user family (triad number three)

Issue	Wife	Husband	Mother-in-law
Age of respondent	38 years	49 years	Did not ask
Who decides on important family matters	All family elders including self	All family elders including wife	Family elders
Do women need permission to go out?	Yes	Yes	Yes
Own religious perspective	Not forbidden	Decide for yourself	Forbidden
Purpose of family planning	Spacing & limiting	Spacing	Spacing & limiting
Reason for practicing or advocating family planning	Economic	Better child care	Maternal health
Knowledge of methods	Multiple	Multiple	Did not ask
Ideal and actual no. of children	3 & 6	4 & 6	God's will
First use of contraceptive	After sixth child After two sons	After sixth child After two sons	Not applicable
Communication with spouse	Open	Open	Not applicable
First communication with:			
spouse	After sixth child	After sixth child	Did not ask
others	Friends	Friends	
Decision on the method	With husband	With wife	Not applicable
Advise your children?	Yes	Yes	No

Table 5: Responses of contraceptive-non user family (triad number four)

Issue	Wife	Husband	Mother-in-law
Age of respondent	16 years	22 years	Did not ask
Who decides on important family matters?	Husband and mother-in-law	Mother	Family elders
Do women need permission to go out?	Yes	Yes	Yes
Own religious perspective	Forbidden	Forbidden	Forbidden
Purpose of family planning	Spacing & limiting	Limiting	Limiting
Reason for not practicing or not advocating family planning	Religious	Religious	Religious
Knowledge of methods	Pills	None	Did not ask
Ideal and actual no. of children	2 & 1	2 & 1	Do not know know
First use of contraceptive	Never used	Never used	Not applicable
Communication with spouse	Limited	Limited	Not applicable
First communication with:			
spouse	After first child	After first child	Did not ask
others	None	None	
Decision on the method	Not applicable		Not applicable
Advise your children?	No	No	No

Table 6: Responses of contraceptive-non user family (triad number five)

Issue	Wife	Husband	Mother-in-law
Age of respondent	29 years	36 years	Did not ask
Who decides on important family matters	Mother-in-law	Self and mother	Son
Do women need permission to go out?	Yes	Yes	Yes
Own religious perspective	Forbidden	Forbidden	Abortion forbidden but not contraception
Purpose of family planning	Limiting	Limiting	Spacing & limiting
Reason for not practicing or not advocating family planning	Religious	Religious	Maternal and child health
Knowledge of methods	Tubal ligation	Tubal ligation	Multiple
Ideal and actual no. of children	Don't know & 5	Not sure & 5	4 (2 of each sex)
First use of contraceptive	Never used	Never used	Not applicable
Communication with spouse	None	None	Not applicable
First communication with:			
spouse	None	None	Did not ask
others	None	None	
Decision on the method	Not applicable	Not applicable	Not applicable
Advise your children?	No	Not sure	Yes

Table 7: Responses of contraceptive-non user family (triad number six)

Issue	Wife	Husband	Mother-in-law
Age of respondent	42 years	53 years	Did not ask
Who decides on important family matters	All family elders including self	All family elders including wife	Self
Do women need permission to go out?	Yes	Yes	Yes
Own religious perspective	Forbidden	Forbidden	Forbidden
Purpose of family planning	Limiting	Limiting	Limiting
Reason for not practicing or not advocating family planning	Religious	Religious	Religious
Knowledge of methods	Tubal ligation	Tubal ligation	Did not ask
Ideal and actual no. of children	4 & 10	4 & 10	God's will
First use of contraceptive	Never used	Never used	Not applicable
Communication with spouse	None	None	Not applicable
First communication with:			
spouse	None	None	Did not ask
others	None	None	
Decision on the method	Not applicable	Not applicable	Not applicable
Advise your children	Not sure	No	No

Table 1: Responses of current contraceptive users with respect to family planning issues

Parameter	Wives			Husbands		
	15-25 (Illiterate)	26-35 (Literate)	36+ (Illiterate)	15-25 (Illiterate)	26-35 (Literate)	36+ (Illiterate)
Respondent's age						
Triad number	One	Two	Three	One	Two	Three
Who decides on important family matters?	Husband & mother-in-law	Self	All family elders including self	Mother	Wife	All family elders including wife
Do women need permission to go out ?	Need permission	Permission not needed	Need permission	Need permission	Need permission	Need permission
Own religious perspective	Not forbidden	Not forbidden	Not forbidden	Not forbidden	Excess is bad	Decide for yourself
Purpose of family planning	Spacing	Spacing & limiting	Spacing & limiting	Spacing	Spacing & limiting	Spacing
Reason for practicing	My health	Economic	Economic	Better child care	Better child care	Better child care
Knowledge of methods	Multiple	Multiple	Multiple	Multiple	Multiple	Multiple
Ideal & actual no. of children	3 &4	Do not know &7	3 &6	3 & 4	Situation dependent &7	4 &6
Sex of first two children	Male and male	Female and male	Male and female	Male and male	Female and male	Male and female
Rank of first two sons	First and second	Second and sixth	First and fifth	First and second	Second and sixth	Fifth and sixth
First use of contraceptive	After first child	After 7th child	After 4th child	After first child	After 7th child	After 4th child
Communication with spouse with others	Open after first child Mother-in-law	Not until 7th child None	Yes, after 6th child Friends	After first child With friends	Not until 7th child With friends	Yes, after 6th child With friends
Issues discussed	Spacing & methods	Spacing & methods	Spacing & methods	Spacing & methods	Spacing & methods	Spacing & methods
Decision on the method?	With spouse	With spouse	With spouse	With spouse	With spouse	With spouse
Advise your children	Yes	Yes	Yes	Yes	Not sure	Yes
Counselor's sex	As of client	As of client	As of client	As of client	As of client	As of client

Table 2: Responses of current non-users of contraceptives with respect to family planning issues

Parameter	Wives			Husbands		
	15-25 (Illiterate)	26-35 (Illiterate)	36+ (Illiterate)	15-25 (Illiterate)	26-35 (Illiterate)	36+ (Illiterate)
Respondent's age						
Triad number	Four	Five	Six	Four	Five	Six
Who decides on important family matters?	Husband & mother-in-law	Mother-in-law	All family elders including self	Mother	Self & mother	All family elders including wife
Do women need permission to go out?	Need permission	Need permission	Need permission	Need permission	Need permission	Need permission
Own religious perspective	Forbidden	Forbidden	Forbidden	Forbidden	Forbidden	Forbidden
Purpose of family planning	Spacing & limiting	Limiting	Limiting	Limiting	Limiting	Limiting children
Reason for not practicing	Religious	Religious	Religious	Religious	Religious	Religious
Knowledge of methods	Pills	Tubal ligation	Tubal ligation	None	Tubal ligation	Tubal ligation
Ideal & actual no. of children	2 & 1	Do not know & 5	4 & 10	2 & 1	Not sure & 5	4 & 10
Sex of first two children	Male	Male and male	Female and male	Male	Male and male	Female and male
Rank of first two sons	First	First and second	Third and seventh	First	First and second	Third and seventh
First use of contraceptive	Never used	Never used	Never used	Never used	Never used	Never used
Communication with spouse with others	Limited None	No communication None	No communication None	Limited None	No communication None	No communication None
Issues discussed	None	None	None	None	None	None
Decision on the method?	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable
Advise your children	No	No	Not sure	No	Not sure	No
Counselor's sex	As of client	As of client	As of client	As of client	As of client	As of client

Table 3: Responses of mothers-in-law of contraceptive users and non-user couples with respect to Family Planning (FP) issues

Parameter Age Groups (Literacy)	Mothers-in-law of user-couples			Mothers-in-law of non-user couples		
	15-25 (Illiterate)	26-35 (Illiterate)	36+ (Illiterate)	15-25 (Illiterate)	26-35 (Illiterate)	36+ (Illiterate)
Triad number	One	Two	Three	Four	Five	Six
Who decides on important family matters?	Self	Self and son	Family elders	Family elders	Son	Self
Can women go out?	Need permission	Need permission	Need permission	Need permission	Need permission	Need permission
Ideal no. of children	4	3	God's will	Don't know, large	4 (2 males & 2 females)	God's will
Own religious perspective	Not forbidden	Not forbidden	Forbidden	Forbidden	Abortion forbidden but not contraception	Forbidden
Purpose of family planning	Spacing & limiting	Spacing & limiting	Limiting children	Limiting children	Limiting children	Limiting children
Do you support family planning?	Yes, support	Yes, support	Indifferent	No, oppose	Yes, support	No, oppose
Reason for advocating family planning	Maternal & child health	Maternal & child health	Maternal health	Not applicable	Maternal & child health	Not applicable
Reason for not advocating family planning	Not applicable	Not applicable	Not applicable	Religious	Religious	Religious
Counselor's sex	As of client	As of client	As of client	Not applicable	Not applicable	Not applicable
Advise the couple	Advised daughter-in-law	Advised daughter-in-law	No	No	Yes	No

25th April, 1996.

Dear Dr. Fariyal,

As-salaam-alaikum

Hope this letter finds you in the best of health.

Attached please find the “final draft” of the paper. Dr. Snow has gone through it and approved it for submission to the Social Sciences and Medicine. Much of the reorganization of the text and tables has been done with her assistance. She has suggested that the editor should be asked to incorporate Tables 2-7 also if space permits or else they could be dropped. Anyhow, she thinks that it stands a very good chance of getting published. She is a regular reviewer for the journal.

I shall appreciate to have your comments and feedback ASAP. I would like to submit it before my return. You can email your suggestions/comments rather than send through courier. You could also add a paragraph on acknowledgements for WHO and others. Any other suggestions would be welcome.

So far my funding for PhD has not come through. Last week there was a faculty member from the London School who was here on a visit. When I mentioned to him about my plans he strongly encouraged me to apply there. He was of the view that the school is likely to at least provide partial funding since I had obtained a distinction during my masters there. Moreover British Council also is likely to provide funding. I keep my fingers crossed. I have written to JBM about it.

Kindly give the other envelope to MK.

With best regards,

Amanullah Khan

25th April, 1996.

Dear Masood,

As-salaam-alaikum
& Eid mubarak!

I hope this letter finds you and your family in the best of health as am I at this end. I do hope you had a nice Eid. Dr. Fozia had informed me that your daughter had typhoid. I hope she has recovered.

AFQ did write to me about BI and SS leaving the dept. (keep it to yourself). Its good for them but it is sad. You could write to me some details.

I have written to JBM about my application to London School and the remote chances of fundings here though I keep my fingers crossed. Moreover I would like to be home for at least one year. I personally think London School is much better. The students here at HSPH are not satisfied. There are a few who have done their masters at London School and they all think that HSPH is more theoretical and does not have a good teaching base. Anyhow lets see how things work out.

I have sent the final draft of the paper on family planning to FF. Dr. Snow, the co-author has approved it for submission to Soc. Sc. and Medicine for which she is a reviewer. She thinks it stands a very good chance of getting published. It has been quite challenging to write the key-informant interviews with an n=18. Dr. Snow has been very helpful in this regard and I learn quite a bit of writing with a small sample size in qualitative context.

Kindly give the envelope to my family. Sorry that I do bother you often.

With warm regard,

Amanullah Khan

25th April, 1996

Dear Mummy and Afroze,

As-salaam-alaikum

I hope all of you are well over there. I too am fine over here.

Please give the other envelope to Zaheer Bhai. It is a condolence letter.

It was nice to know that Ayesha did well in the exams although she stood fifth. I hope Nida too has done well.

The weather here is now getting a little warm. Lots of flowers have already come out and the trees and leaves are turning green.

I just received Sheikh Uncle's letter. He writes that everyone there is fine and not to worry. Things are getting very expensive there. Over here too in America, prices keep on going up after every 2-3 months. I think it is happening everywhere.

That is all for now.

With warm regards to all and love to children.

Yours affectionately,

Amanullah.

9th May, 1996

Ms Sally Macintyre
The Editor-in Chief
Social Sciences & Medicine
MRC Medical Sociology Unit
6 Lilybank Gardens
Glasgow G12 8RZ
UNITED KINGDOM

Dear Madam,

Enclosed please find three copies of our paper "Reproductive Decision Making Within Muslim Families In Squatter Settlements Of Karachi, Pakistan" which we are submitting for publication in your esteemed journal, Social Sciences & Medicine. This original paper has not been submitted for consideration or review elsewhere.

The paper is based on 18 key-informant interviews in six families in the squatter settlements of Karachi. It provides insight into the household and reproductive decision-making process within families. This study is a complementary effort in helping design a larger study which will examine household decision-making dynamics for adoption or non-adoption of family planning in Pakistan.

The paper includes seven tables. Table 1 provides a summary of important responses of the contraceptive users and non-user families. Tables 2-7 capture the responses of each family separately and thus are helpful in providing the reader with an in-depth understanding of the responses summarized in Table 1. Realizing the space constraints, we leave it to your judgment to decide whether or not you would like to include all of them or only Table 1.

We look forward to hear from you and shall be glad to consider any suggestions you may recommend.

Kindly address all correspondence before 30th June 1996 to the undersigned at the address on the letter head. Thereafter, I may be contacted in Karachi, Pakistan at The Aga Khan University at the address mentioned on the first page of the paper.

Yours sincerely,

Dr. Amanullah Khan

Encl: Three sets of the paper (27 pages each)

9th May, 1996

Dear Dr. Fariyal,

As-salaam-alaikum.

Enclosed please find a copy of our paper “Reproductive Decision Making Within Muslim Families In Squatter Settlements Of Karachi, Pakistan” which I have submitted to Social Sciences and Medicine. I do hope that it is published.

Thank you very much for your assistance in completion of the paper. I do appreciate your guidance throughout.

With warmest regards.

Amanullah Khan

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