

Impact of Large Family Size on the Reproductive Health of Women at Palosi Peshawar

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ABSTRSCT

This study was under taken on, “Impact of large family size on the reproductive health of women at Palosi Peshawar”. For this study the researcher contacted 30 women respondents on purposive sampling basis out of 332 married women in Palosi Peshawar (DCR 1998 Peshawar). Interview schedule was used as a tool of data collection for illiterate respondents while questionnaire was used for educated respondents. The study indicates that due to illiteracy and ignorance, the women of rural areas are unaware about the complications, facilities, problems and precautions. They faced work pressure during pregnancy due to joint family system. Mostly the respondents were facing health problems during pregnancy due to the non-availability of female doctors, LHV/LHW were not visiting their home, no facilities of maternity clinics and lack of medicines. The desire for more children affected the mother child health and led to physical, psychological problems and also affect the reproductive health of woman and also caused excessive deliveries, which were harmful to mother child health. The reproductive problems of respondents can be resolved through proper nutrition, availability of maternity clinics, reproductive health centers, family health & welfare centers, quality contraceptives and proper medicines.

Key Words: Illiteracy, ignorance, pregnancy, LHV/LHW, maternity clinics, Children desire, mother child health, reproductive health, proper nutrition, family health & welfare centers, quality contraceptives and proper medicines.

INTRODUCTION AND BACKGROUND

Pakistan lags far behind most developing countries in women’s health and gender equality. The sex ratio is one of the most unfavorable to women in the world, a result of excess female mortality during childhood and childbearing.(World Bank 1998). A married woman bears the responsibilities of the whole husband’s family like mother-in-Law, father-in-law brothers and sisters etc. our society is male dominated. Pakistani women continue to be victims of an unjust society, rooted in history and tradition. Most people are aware to the idea of giving women social status, equal to that of man. In Pakistan the attitude towards women as inferior being is visible from the birth of a girl, which is greeted with guilt or despair on the part of mothers, shame or Anger on the part of the father and the general concern and commiseration of the entire circle of friends and family. (Anne G Tinker: 1998) The birth of a child is rarely on

occasion for rejoining since the embryonic woman is seen by all classes and in all regions of Pakistan as a liability and social Burden. A “woman’s assets are calculated only in term of her power of reproduction and as an object of sexual satisfaction.

The healthy future of society depends on the health of children of today, and on their mothers, who are guardian of that future. Pregnancy and childbirth and their consequences are still the leading causes of death disease and disability among woman of reproductive age in developing countries. More then any other single health problems 300 million women in developing world countries are suffering from short term or long-term illness brought about by pregnancy and childbirth. (Black; 2001)

FAMILY

The family is composed of persons united by ties of marriage, blood or adoption. The bond between husband and wife is that of marriage, and the relationship between parents and children is generally that of blood, but some times of adoption.

The common types of family in rural villages are joint and extended. The extended family consists of two or more monogamous, polygons, or polyandrous families, on the other hand the joint family consist of one man, his spouse and their married children and their married off springs (Kirkpatrick, C.: 1963).

MARRIAGE

Marriage is the approved social pattern where by two or more persons establishes a family. It involves in basic need satisfaction and rear children.(Clare:1979)

EARLY MARRIAGE

The marriage of children and adolescents below the age of 18 years is early marriage

THE IMPACT OF EARLY MARRIAGE ON GIRLS

Three key concerns are the denial of childhood and adolescence, the curtailment of personal freedom and the lack of opportunity to develop a full sense of selfhood as well as the denial of psychosocial and emotional well-being, reproductive health and educational opportunity Early marriage also has implications for the well-being of families, and for society as a whole. Where girls are uneducated and prepared for their roles as mothers and contributors to society, there are costs to be borne at every level, from the individual household to the nation as a whole very recently, the situation of children in need of special protection, notably girls vulnerable to sexual abuse and HIV/AIDS, suggests that early marriage is being used as a strategy, to protect girls from sexual exposure or to pass the economic burden for their care to others. Thus, early marriage lingers on as a culturally and socially sanctioned practice according to some traditional sets of values and, among some highly stressed populations; it may even be on the rise. Despite the efforts of reformers in the early part of the 20th century, early marriage has received scant attention from the modern women's rights and children's rights movements. There has been virtually no attempt to examine the practice as a human rights violation. Children and teenagers married at ages well below the legal minimum become statistically invisible as 'children', thus, in the eyes of the law, an adult male who has sex with a girl of 12 or 13 outside marriage may be regarded as a criminal, while the same act within marriage is condoned. To

date, most studies on the effects of early marriage have focused on premature sex and pregnancy and school dropout. (www.Google.Com /15-12-2010)

REVIEW OF RELEVANT LITERATURE

Children are considered essential for parents for different reasons. Clifford Kirkpatrick gives a general description of wanting children. He refers to the “advantages” brought by children in external world, in familial group as well as for the personality needs and family experience. These “advantages” may depict children as economic assets, family pride, and a way to attain biological immortality (Porter field. 1962:219). Lois and Martin Hoffman support the same idea. In their effort to define “The value of children to parents, “they give a general list of “basic values. “They refer to status of parents, expansion of self, act of morality, affiliation, having novelty and fun, feeling of creativity and accomplishment, power and influence, social comparison and economic utility of children as the motives behind value of children (Hoffman. 1973:46-61)

Having children is delightful for parents in certain ways, more important is that having male children is considered a matter of pride. Gerald Leslie defines that society value all children because they are considered necessity for its survival, yet distinctions may be made among them.

Male children, he finds, are preferred over female children (Leslie.1979: 17). Diana Gittins also make the same finding while analyzing, “why do people have children? “She concludes that sex of child may influence family size. Sons, she notes, are preferred over daughters in most of societies. This is because mostly parents desire sons as “heirs, field hands, cannon-fodders, feeders of machinery, images and extension of themselves; their immortality” (Gittins. 1985: 1 07).

Desire for sons seems to be stronger in many cultures. The ancient Chinese tradition places high value to sons as well as a few daughters, since producing children gives parents an adult status. Cornelius Osgood finds that rural China display stronger desire for sons. He states a father’s position, “If the child was his first and son, he was adequately compensated for the difficulties of life” (Osgood. 1963 :262). Similarly Royal Freedman and Jon Y. Takeshita cited this fact. They also viewed that Chinese tradition like most pre-industrial societies displayed strong preference for sons which affect family size decisions {Freedman and Takeshita. 1969:42}. Importance of sons in Chinese family system has also been find out by Gerald Leslie for family continuation and ancestor worship (Leslie. 1979:88).

In the same way Jenneke Arens and Jos Van Beurden reports that son preference exists in Bangladesh purely because of economic value of sons. They find that within the marriage a man expects from his wife to bear him children, especially male children, “who will produce and contribute to the family income” (Arens and Beurden. 1977:35). Economic security provided by sons has also been defined by Mahmood Mamclani in rural India.

Almost all his case studies, in Manupur village, describe that strong desire for sons exist since sons ensure economic and old age security. They are also considered a source of physical security. Daughters, on the other hand, are not regarded permanent earners for they are expected to leave after marriage along with dowry (Maradani. 1972:109443).

A large family with many sons is highly valued in most of the villages. Thomas and Shirly Poffenberger also found that importance of sons may increase average Indian family size. Their

focus was to view motives behind the desire for large and small family, including benefits of sons and daughters. They described that ideal number of sons is more than that of daughters in the native families'. They viewed that economic factors, attaining power, perpetuation of lineage, nurturance,

salvation and fear of mortality are the basic motives behind large family (with more sons). They summarized that it might get hard for parents to afford many children but they look forward to their sons who are expected to support them in future (Pofferberger. 1973:135-148).

M.Kondanda Rao defining family and kinship in the Jalari village of South Indian also describes importance of male child in Jalah families. He found that the Jalaris are willing to have sons since patrilineage descent attaches "social position" with sons. The "social position" is expected to direct economic, political and social life of parents. Since Jalaris believe that birth of a male child is "auspicious," they desire it greatly. Rao defines, "Besides ensuring continuity and stability of the family, it also gives a sense of security therefore any number of sons are welcomed to Jalari family" (Rao. 1990:38).

Since son becomes the 'need, a family should have his presence. He is expected to be the permanent member of the family that is why, Mandelbaum states, "If husband and wife find themselves unable to bring forth a son biologically or if no son survives childhood, they may bring one into family socially through adoption" (Mandelbaum. 1970:96). Son adoption becomes necessary in the situation, where sons are desired strongly in order to fulfill their-expected roles. One of these expected role is the right for son towards dead parents i.e., performance of death rituals. Various researchers have found that in many societies and especially in Indian society a son is necessary for the attainment of salvation after death. The rituals and offerings made by sons ensure peace and blessing for the soul and affects on man's immortal life (Mearns. 1984:172-175; Malley. 1975:118; Davis. 1973:421).

Engle's concept of "private property" seems important in contributing towards desire for sons. Engle argued that children were wanted as heir of property. Since male members were considered property-holders, producing a male heir became necessity for passing on one's possessions (Gittins. 1985:94; Arens and Beurden. 1977:33).

Pakistan, like other Asian societies, display strong desire for sons. This is because of the socio-economic and cultural value attached to sons. In the rural areas', specifically, sons are valued as farm laborers, for oldage security and for advancing family lineage (Rukanuddin and All. 1992:101). S. Parvez Wakil defines "profound and intense desire" for sons in Pakistan. He indicates that in a patrilineal society family name is carried only by the male child as well as the family property is kept by him. At the same time in agricultural society, male children are considered helping hand in cultivation and thus "producers" for the family, unlike daughters who are said to be only "consumers". This situation leads towards, preference for a male child, and may increase family size (WakiL 1991: 62-63).

The same idea has been hold by M. Iqbal Cahudhry. He finds that "urge" for a male child is stronger in Pakistani society which contribute towards large families. Parents, he says, in hope of having atleast one son may have large number of children (Chaudhry. 1980:289). Tauseef Ahmad also explain desire for sons in Pakistan, since they are considered necessary for perpetuation of lineage. "Preference for male child," he finds, "emerges as. strong factor in case of all female births or due to the loss of son" (Ahmad. 1992:45). Abdul Razzaque and Naseem Farooqui in their effort to analyze Desire for children in Pakistan highlight "a particular

desire to have more living son.” They explain that in Pakistani society daughters are perceived as an “economic burden” while sons are considered “economic asset,” since they ensure, economic security (Razzaque and Farooqui. 1988:268).

Similarly Zekiye Eglar describes importance of son in a punjabi village. She finds son necessary to “continue the ancestral line, inherit the land (if they are *Zamindar*) or follow the father’s craft (if they are *kammis*), and maintain the tradition of the *ghar*, the parental household on which their sisters depend” (Eglar. 1964:101).

LARGE FAMILY

A kinship group sharing common kitchen and treasury working, living and sharing everything together. It is usually three to four generation family, the number of family members is large around a dozen of children are kept by a couple.

The joint and extended families are similar to such other, but there is a slight difference between them. The extended family consists of two or more monogamous, polygons, or polyandrous families, on the other hand the joint family consist of one man, his spouse and their married children and their married off springs (Kirkpatrick, 1963).

CAUSES OF LARGE FAMILY

a. Male children an Economic Asset

In familistic societies reproduction is considered a way to attain almost all goals in the life. (Davis: 1981: 561).

In traditional agricultural setup in Africa or Pakistan having children means various advantages. As expansion of genders roles, continuation of descent, groups, the maintenance of property, economic welfare in old age, securing future family labor etc. but change in life/society conditions may change the desire for more children that is why in a society with diverse socio-economic classes and where agriculture is not the major occupation fertility behavior varies as the value of children may change in different classes.

b. Poverty/Desire of Maximum Male children as a Reason of L.F. Size

Judith Blake (1972) contends that her data show that the poor desire large families them the non poor. She says that large family is desired by those in the lowest economic status group.

This is so because children are regarded as economic assets and security in old age, even though it will mean more mouths to be fed. The rural areas of Peshawar are mostly based on laboring, service, small business and agriculture. Economic security is one of the most important factors contributing towards large family size.

c. Financial Constraint a reason of large family size

The United Nation fund for population activities (UNFPA) has estimated that in order to meet the cost of contraceptives supplies and others programs need that are required to hold the population levels to United Nation medium variant projection uses of family planning face financial constraints as well. This is particularly a constraint to the wider distribution of condoms which men may prefer to purchase when needed than obtzin from a clinical source.

d. Religion a source of population growth / cause of large family

In addition to economic security another important factor which proves to be a reason of large family is religious belief. With regard to population restrictions in the developing countries religious attitude and their effect on population policies are important.

Almost all the religions make the bearing of child a significant and positive even the Hindu religion regards birth control in these words the Hindu teachings on the whole in spite of their world renown character lay great stress on the family and caste, and the begetting of sons is regarded as religious duty.

e. Fatalism as a reason of Large family size

One of the reasons of large family is the belief of the people that the childbearing activity is beyond their control such people believe that fate determines everything and God determines how many children's have.

The belief of fatalism is very much popular in almost all the Muslim world so it is a reason of large family size.

f. Socio-cultural Constraint as a reason of L.F. Size

Delightful for parents in certain ways, more important is that having male children is considered a matter of pride Gerald Leslie defines that society value all children because they are considered necessary for its survival, yet distinctions may be made among them. Male children's be find are preferred own female children.

g. Co-Relation of Socio-Economic Status and education / as a Reason of L.F. Size

One of the reasons of having large family size by the lower social status group is due to the fact that mainly the number of male children's determines the social status of an individual in the rural community. the prestige of mother is also raised by braining daughter in-laws for her sons from different families.

There is another valid reason for having a desire for a large family in Pakistani society is the prevailing democrating system in the country. A peison who comes from a large Beradur, he may be easily elected in the local, provincial and national elections.

h. Polygamy as a Reason of L.F Size

Polygamy is a reason of large family size. The form in which the person (Man or woman) is allowed to marry more than once male as well as female is allowed in this case to marry more than once, but our religion allowed only male to marry more than once (utimes) and the woman is not allowed, but when her first husband either died or divorced she can remarry with other male. Polygamy also leads to a large family size.

REPRODUCTIVE HEALTH

Reproductive health in a state of complete physical, mental and social well-being and not merely absence of disease or infirmity, in all matters relating to the reproductive system and to its functions and processes. Reproductive health therefore implies that people are able to have a satisfying and safe sex life and they have capacity to reproduce, and freedom to decide if, when and how often to do so.

Implicit in this last condition are the rights of men and women tube informed of and to have access to safe, effective, affordable and acceptable methods of family planning of their choice, as well as other methods of choice for regulating fertility which are not against the law, and the right to access appropriate health care services that will enable women to have pregnancy and child birth and provide couples with the best chance of having a healthy infant.

The healthy future as society depends on the health of children of today and on their mothers, who are guardians of that future pregnancy and child birth and their consequences are still the leading causes of death diseases and disability among woman of reproductive age in developing countries more than any other single health problems over 300 million women in developing world countries currently suffer from short term or long term illness brought about by pregnancy and child birth many women die leaving behind children who are likely to die because they are motherless. The three most important components of care during pregnancy are first prauding good antenatal care, second avoiding or coping with unwanted pregnancies and third building societies that support woman who is pregnant. (www.google.com/ R.H./ 14-12-2010)

MATERNAL AGE AND REPRODUCTIVE HEALTH

Pregnancy in the teen age, and in the women who represents older age group, is risky both for the mother and the baby mortalities are higher in the mother and the product of conception; numerous studies have demonstrated this relationship. Comparatively sage age for motherhood experiences in a period of 10-12 years, that is about 20-30 years of age. .(www.google.com/ R.H./ 14-12-2010)

INTERVAL BETWEEN PREGNANCIES AND REPRODUCTIVE HEALTH

If a mother experience pregnancies at short interval. It means that she expose herself to the new danger when she had not recovered from previous pregnancies and already has a small baby whom she is nursing. .(www.google.com/ R.H./ 14-12-2010)

MATERNAL HEALTH STATUS AND REPRODUCTIVE HEALTH

A mother who enjoys good health and is free from disease has much better chances of survival herself and she gives and good start to there baby. There is a direct relationship between maternal health and out-come of pregnancy.

It is not enough that a mother enjoys a good health during pregnancy. The best result are obtained if a women is healthy when she marries and enjoys good health during non-pregnant period. Good health is a sum of total early experiences, particularly health experiences of pre-adolescent and adolescent age period. .(www.google.com/ R. H./ 14-12-2010)

SOCIO-ECONOMIC STATUS OF MOTHER AND REPRODUCTIVE HEALTH

Pakistani mothers when stratified into upper and lower socio-economic status as determined by family income, education and occupation etc. exhibit inverse relationship with survival of the baby in the pre-birth and early post-birth period. The lower the socio-economic status of mother the higher the mortalities in her and in the child. .(www.google.com/ R.H./ 14-12-2010)

REPRODUCTIVE HEALTH and NUTRITIONAL STATUS OF MOTHER

Nutritional of mother is very basic and important determinant of maternal health and child health, shortage of proteins, energy foods, minerals, particularly iron and vitamins leads to poor health of the mother, chronic sub-standard nutrition of mother, under stress, result of the mother. .(www.google.com/ R.H./ 14-12-2010)

IMPACT OF LARGE FAMILY SIZE ON THE REPRODUCTIVE HEALTH OF WOMEN

Growing concern about increases in female literacy and improvement in their socio-economic condition in an offshoot of the graving awareness and concern about the population. Problem among planners and policy makers. The explosive rate of population growth is a major obstacle to achieving a better quality of life for the majority of the population an Pakistan. An uplift in the status of females through increased educational and employment opportunities lead to fertility decline. Several studies have been conducted in past decades to study the indicators of female status and its impact on fertility in Pakistan female education has been conventionally considered as an indicator of female status. There is a consensus in terms of the inverse relationship between female education and fertility that education, even up to primary level, does lead to fertility decline. Most population programmes in developing countries advocate in favour of female literacy.

The impact of female employment on fertility is however, not very clear in case of Pakistan.

The findings of her study indicate that employment influenced fertility negatively in the case of women in higher status and positively in the case of lower status occupation. In the case of poorer women the lack of a negative association between employment and fertility may be due to the fact that these women already had a large number of children before stating work.

The present study is an attempt to measure female status with the Pakistan demographic and health survey data (1991) and study the impact of female status on fertility, desired family size, contraceptive use and attitudes of females and their spouses. The specific questions investigated in this paper are does an uplift in the status of female lead to:

- i. A decline in fertility levels.
- ii. Wider adoption of contraception by females to control their reproductive system.
- iii. Greater participation of women in decision-making about family size and communication with spouses on family planning for exercise of rational choice in family size.
- iv. Lesser preference for sons as a source of socio-economic security. (www.google.com/ R.H./ 14-12-2010)

OBJECTIVES

- To know the factors behind large family size.
- To identify the trends of family structure and function.
- To study the impact of maximum number of children on reproductive health of women.
- To asses the reproductive health facilities for women.
- To analyze the access of women to reproductive health care.

METHOD AND PROCEDURE

According to DCR 1998 Peshawar the total population of married women in Polasi was 332, the researcher selected 30 women among them through simple random sampling technique. Interview schedule was used as a tool of data collection for illiterate respondents while questionnaire was used for educated respondents.

FINDING, CONCLUSION AND SUGGESTION

FINDINGS OF THE STUDY

- 28/30 were married and 17 /30 were in the age group 10-20 years.

- 17/30 were uneducated and 12/30 were educated .
- 25/30 were house wife, in which 13 have monthly income between Rs. 10,000 to Rs.20, 000 & 12 respondents have monthly income between Rs.21, 000 to Rs.30, 000.
- 29/30 respondents viewed that early marriages exist in the area and 24/30 were of the view that large family is the reason for early marriages.
- 22/30 viewed that large family is the reason of polygamy.
- 27/30 have preference toward male child, in which 21 respondents consider it as source for their income, 2 respondents consider it protection and 4 respondents consider it as a source for their inheritance.
- 26/30 prefers male children in large families.
- Due to the death of the life partner 12/30 of the respondents have done second marriage.
- 26/30 respondents have ownership of property, in which 24 respondents have responsibility for large family size and 2 respondents have no responsibility for large family size.
- 27/30 respondents consider male children as a sign of security, in which 24 respondents have their reason while 3 have no reason for their consideration.
- 28/30 respondents have religiously miss understanding family planning, in which 26 respondents oppose family planning and 2 didn't oppose family planning.
- 24/30 were of the view that ignorance and illiteracy is responsible for large family and majority of the respondents i.e. viewed that male dominancy is responsible for large family.
- 24/30 respondents were viewed less care of mother due to large family size.
- 25/30 viewed that large and join family system exist in the area and majority of the respondents 27/30 were of the view that joint/large family is responsible for more services for family members.
- 24/30 respondents were of the viewed that large family size is responsible for providing services in which 23 told that more dignified people living in joint family and only one said no.
- 24/30 were of the view that the culture and tradition is responsible for large family.
- 20/30 mentioned that there was trend of nuclear and small family norms in the area.
- 21/30 respondents showed physical effects due to maximum number of children.
- 28/30 were of the view that higher number of children leads to higher MMR.
- 27/30 mentioned that maximum number of children leads to higher IMR.
- All of the 30 respondents mentioned that maximum number of children deteriorating child health.
- 28/30 were of the view that maximum no of children leads to psychological problems for mother.
- 28/30 were of the view that maximum number of children leads to conductive environment for children.
- 18/30 respondents were of the view that there were no facilities of reproductive health care for women.
- 26/30 respondents replied that there was no facility of FWC, RHC, and MCHC.

- 13/30 viewed positively regarding the availability of basic health facilities.
- 24/30 mentioned the availability of family planning.
- 11/30 respondents viewed availability of information services in the area.
- 9/30 mentioned motivation toward family planning as the availability of family planning services.
- 14/30 were of the view that LHV visit their home in which majority i.e. 7 mentioned family planning services provided by LHV's
- 15/30 were of the view that LHV gave information about various reproductive diseases.
- 16/30 were of the view that they do not visit FWC/FCH, RHSA.
- 8/30 respondents were of the view that mobile services team visited their homes in which to majority i.e. to 4 respondents' awareness information were provided.
- 10/30 were of the view that they had full access to reproductive care in which to majority i.e 4 respondents had health centre.
- 9/30 mentioned poverty and non-access to available reproductive health facilities as the reason of not having full access to reproductive health care.

CONCLUSION

Pakistan being the poor country confronts a lot of other problems also one being poor women reproductive health. From this study we have concluded that our female, respondents were married. Some of our respondents were illiterate and belonged to lower class. Due to illiteracy and ignorance, the women of rural areas are unaware about the complications, facilities, problems and precautions. Mostly, the in-laws of the respondents were cooperative, but still they faced work pressure during pregnancy due to joint family system. Mostly the respondents were facing health problems during pregnancy and due to the non-availability of female doctors, their health deteriorated badly mostly respondent informed that LHV/LHW were not visiting their home. The respondents also informed about no facilities of maternity clinics, female gynecologists and lack of medicines. It was found that the desire for more children affected the mother child health and led to a physical, psychological problems and also affect the reproductive health of woman and also caused excessive deliveries, which were harmful to mother child health. All of the respondents agreed that proper nourishment, availability of maternity clinics / homes / reproductive health centers / family health center family welfare centers, quality contraceptives and medical equipments are responsible for better mother / child health and reductive health of mother.

SUGGESTIONS

- Most of the women especially in rural areas are unaware about their health. Women should be given education free of cost, so they can be aware about their health as well as their children health.
- Women should be aware about the importance of FP and RH and should try to aware their husbands and in-laws also about their importance. There should be seminars, group-discussions and home-visits in this regard.
- Mostly, women of rural area cannot go to hospitals or clinics, which are situated in far-flung areas. For this purpose LHVs/ LHWs should visit home in-order to give them proper guidance concerning their health and awareness about FP.

- Modern medical equipments should be provided to the health clinics in rural areas so that these people could also benefit from them.
- Most of the people living in rural areas are not financially strong to buy expensive medicines. So government should provide free medicines to the people.
- The religious leaders / scholars should play their role in informing the masses for persuading them to keep a small family in the light of Islamic teachings.

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