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IMPACT OF FAMILY PLANNING PRACTICES IN PAKISTAN: A CASE STUDY OF HIJRAT COLONY, KARACHI

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ABSTRACT

Rapid growth of population has become one of the major concerns around the globe particularly in the developing countries. In recent years outstanding population growth has become the root of more or less all major problems facing by human beings. Therefore, the rapid rate of population growth has now become a great concern of every developing country. Pakistan is a under-developed country where the resources are limited to fulfil the needs of its day to day increasing population. This situation is creating many socio-economic problems is our country. In this paper an attempt has been made to see the impact of Family Planning Program and its adaptation by the common people in Pakistan. This is achieved by selecting a slum area of Karachi, the Hijrat Colony. Therefore, scope of the study is limited and may not be generalised at greater extent. Nevertheless, it would provide a clue of the actual scenario of the population problem in Pakistan in low-income groups. To achieve this general goal we sought to achieve the following four objectives, these are: 1) A brief review of the family planning program in Pakistan; 2) To evaluate the role of Family Planning Program in low income groups in slum area of Karachi; 3) To examine the attitude and perception of the local population in adaptation of the contraceptive techniques: 4) to judge the role of media and NGOs in disseminating the family planning methods and techniques to the common people.

INTRODUCTION

According to 1998 Population Census Pakistan's population is about 130.57 million and growing at a rate of 2.6% per annum, which is still one of the fastest growing rate in the world. This enormous growth rate has been identified by many development planners and policy makers as a major concern. Yet after decade of planning, by the year 1978 there was general feeling that the population-planning program in Pakistan had reached a turning point. In 1978, despite almost 20 years of rigorous efforts and the expenditure of about one billion rupees and some 70 million US dollars, family planning had achieved no tangible decrease in fertility rates (Robinson, 1978). Even in 1998-99 the situation is more or less same and the growth rate is explosive. The census figures shows the population growth rate have declined to 2.7 percent per annum in 1998 as

against 3.06 percent in 1981 census. This decrease in growth rate occur due to population planning programme. Although this is a very little change, nevertheless, it shows some of the impact of the family planning programme in Pakistan.

Beside rural areas the situation is alarming in the urban areas which consequently affecting the development of cities and generating haphazard growth. In the cities natural increase is not only contributing factor but migration towards large cities is a major problem. For example, Karachi, the megalopolis of Pakistan is the centre of economic, social and cultural activities has experienced huge migration within the past few decades. The result of this migration is evident from the appearance of numerous slum settlements which have sprung up and are growing in number and as well as by size (Kazmi *et al* 1998). These slums are the fertile grounds of the growing human population. In this paper an attempt has been made to evaluate the role of contraceptive use in the poor segments of Karachi, which without any doubt are the major shareholders of the population in the biggest city of Pakistan.

FAMILY PLANING IN PAKISTAN: A BRIEF OUTLOOK

At the time of first census in 1951, Pakistan had a total population of 33.74 million people. In the recent Census of 1998 the population reached upto a mark of 130.57 million, the inter censual growth rate is estimated at 26% (Government of Pakistan, 1994).

Pakistan has one of the longest standing population planning programs in Asia. Family planning activities began as early as the 1950s through the auspices of a non-governmental organisation, the Family Planning Association of Pakistan established a mere 6 years after Independence in 1953 (Balchin, 1994). The pioneering work in the field of family planning in Pakistan like other countries was initiated by a group of public spirited people in 1953, who found the family planning association of Pakistan. In the first year this voluntary organisation received only support from the government. In the First Five-Year Plan (1955-60) population focus was purely on the resettlement of 10 million refugees from India. The population problem was however recognised by the government during the first five-year plan. In the first five-year plan 50 million rupees were sanctioned for this programme. The importance of family planning was stressed in the first five-year and 2nd five years plans of development but the programme were limited in scope and have not produced any major impact. However, Pakistan was one of the first country to introduce I.U.C.D. (Intra-Utrinary Contraceptive Devices) for birth control in females.

The Second Five-Year (1960-65) took over from where the colonialists had left off, and emphasised the dangers of increased population growth as a threat to the benefits of economic development. However, it was not until the Third Five-Year Plan (1965-70) that the country's first population was outlined under a separate chapter on family planning. In 1965 the Pakistan Family Planning Council was established along with a Population Division within the Ministry of Health.

For the first decade the entire emphasis of the country's population policy was on the supply of contraceptives, information and motivation under splendid titles such as the 'Continuous Motivation Scheme' and the 'Contraceptive Inundation Scheme'. The saturation of the market that was the end goal of these schemes failed precisely because the factors affecting the decisions couples and women make were never given importance. For example, population policies were almost exclusively addressed to women, ignoring the fact that specifically in the family and generally in society structural inequalities ensure women have little or no decision-making power. Moreover, the identification of *dais* (traditional birth attendants) as motivators did not take into account the operation of social hierarchies and the realities of whom couples consult in their ferţility decisions.

In the late 1970s, during martial law rule, Pakistan's family planning programme experienced an unproclaimed moratorium (Balchin, 1994). The programme was officially reborn in 1980 and was for the first time based upon a multi sectoral approach, emphasising the incorporation of Maternal and Child Health Care into the programme and the enhancement of education and employment opportunities for women. Such interlinkages, however, have remained largely on paper and are rarely incorporated into actual interventions.

Nearly half a century after Independence there has been no widening of population discourse beyond a macro-development perspective, initially cultivated by colonial rulers and subsequently pursued by Pakistan's population planners and the founders of its programme. The population programme's goals have remained unchanged: fertility control is the objective and any circumstantial improvement in women's daily lives is simply a means to this end. The population programme in Pakistan has expanded considerably from a modest beginning as a non-government organisation to a substantial government enterprise covering the entire nation, yet the impact on fertility and improved quality of life has been negligible (Balchin, 1994).

A large number of family planning centres have been opened all over the country and facilities are given free of cost towards adopting measures. Although family planning movement was started in Pakistan in 1953 but it is actually functionality started during third plan (1965-70). Already there has been widespread awakening in the nation and the comets to adopt-improved change in environment conditions and professional methods for achievements in superior living standards.

In Pakistan, the government is trying to make birth control techniques effective. Investigations are made to involve the best method populationizing family planning in the country. Radio, T.V. and press are the main sources of propagation of birth control besides arranging seminars, symposiums etc. Efforts are made to convince the illiterate rural people about the advantage of controlling births. Family planning centres have been opened all over the country and facilities were given free of cost.

Accelerated to 2.o perċent at present and is responsible for a marked dilution in the impact of the past economic progress in the country (Government of Pakistan, 1994).

However, most of the independent resources like scholars and journals have some reservations about the Governmental claims. They perceived, Pakistan's entire population planning efforts has been at best, half-hearted and verbose, betraying quite often the reluctant and unasserted attitude of its sponsors. The country's family planning scene presents a confused picture. Because of a lack of national consensus, the family planning programme in the country has at various times tried to achieve its objectives (Yusufzai, 1989).

One of the important reason for this unprecedented growth of population is the low level of literacy, especially among female segment of population. Total literacy in Pakistan stands at 35% female literacy at 22.3% (Government of Pakistan, 1994). Girls studying at the University level constitute only 0.8 percent of the total female population while the rural female literacy rate in 1990 stood at an abysmal 11.3 percent (having improved from 7.3 percent in 1981).

The existence of family planning in Pakistan primarily aims at bringing rational control of number in which the fertile couples in the country deliberately and consciously are to be motivated to join the philosophy of planned parenthood.

The population problem got recognition by the government during the first five-year plan (1955-60) especially after the 1958. A provision of Rs. 0.50 million was made at the center to help and promote family planning through voluntary efforts. The second five year plan (1960-65) provides a sum of Rs. 0.50 million and 3rd year plan (1965-70) in corporated a comprehensive family planning scheme costing Rs. 284 million. In the 8th five year plan (1993-98) provides a sum of Rs. 9.1 billion to bring down the population growth rate from 2.9% to 2.66 % contraceptive prevalence rate (CPR) from 14% to 24%.

In the 9th five year plan (1998-2003) Rs. 17.5 billion has been allocated for population welfare programme to bring down the population growth rate from 2.6 to at atleast 2.1 percent.

Official concern in Pakistan regarding the country's population growth significantly predates the World Bank's identification of population as a major international issue. Addressing the World Bank Board of Governors in 1996, some four years after Pakistan's population policy had already been initiated on the same conceptual grounds, World Bank President and US Defence Secretary Robert McNamara declared, the single greatest obstacle to the economic and social advancement of the majority of peoples in the underdeveloped world is rampant population growth. Since Pakistan's population policy is today entirely donor-dependent (overwhelmingly on the World Bank, UNFPA and USAID) and to a great extent donor-driven, this perception underlying the population policies of multilateral agencies dominates the national policies. The Family Planning Association of Pakistan, the major non-governmental organisation (NGO) concerned with population issues shares this perspective.

FAMILY PLANNING IN PAKISTAN: AN EXAMPLE FROM KARACHI SLUM

Despite government claims and the critiques criticism we would like to know the actual impact of the program in the low-income groups of Pakistan. In addition, e one of the main purpose of this study is to determine the level of knowledge, perception and attitude and practice of family planning, we have selected a slum in Karachi. The area from where the sample of this study has been drawn in Hijrat Colony, a *katchi Abadi* (shantytown) located near PIDC house Karachi.

Study Area Hijrat Colony is one of the urban *Katchi abadi* in District South. It has its own degree of health, development and socio-economic set-up. The History of Hijrat Colony goes back to 40 years, when the first Urdu and Hindco speaking migrants were settled here in 1956. Now Pathans and Hindco speaking are dominating communities. The total targeted population is about 13,000. The people settled here are mainly belong to low income group and have low standards of living. Some of them are white-collar workers but most of them are petty traders, shopkeepers and paddlers. Most of the residents live in absolute poverty and are deprived of even basic amenities necessary for the sustenance of human life. They have poor housing conditions, poor sanitation, congested streets etc. The locality of Hijrat Colony is full of problems of one or the other type. The houses are mostly *pucca* or *semi-pucca*. In the preliminary survey it was found that the people of this locality have many problems but they have prioritised following four major problems:

1. Lack of health facilities
2. Inadequate educational facilities.
3. Sewerage and inadequate sanitation
4. Lack of recreational facilities for children

This study is limited only to the people of Hijrat Colony. The data has been collected through interviews for generalisation only. Since the size of the sample is small due to scarcity of resources, therefore, the findings may not appropriately be educate to apply on the entire population of Karachi. Nevertheless, it may give an idea of the situation in the low-income groups of Pakistan's urban population.

The present study deals with the problem of knowledge, attitude and practice of family planning. Though family planning as a concept of population control is not new today, yet many people still are not folly aware of Family planning practices. Much has been said about it, through mass media and great deal of literature has been published about family planning. But much has yet to be explored.

METHODOLOGY

This research study has been under taken for the purpose to know about KAP (Knowledge, Attitude and Practices) of family planning among married females in Hijrat Colony. Within a limited time it is not possible for us to cover the entire population of the locality, therefore, a smaller representation of a larger whole is

taken as a sample. It should be kept in mind that the sample should be drain according to the size of the universe, a sample that may represent more or less the entire universe. The size of the sample determines the adequacy of the sample. We have chosen random purposive sampling methodology. The females were selected randomly but with an attempt to represent the variation of responses ethnically and to cover the study area evenly.

Hijrat Colony is divided into five sectors by Aga Khan University Community Health Sciences (AKUCHS). The population of each sector is equal. The total number of houses in this area are 2260. Because of the scarcity of resources and limitation of time about 4% of them were randomly selected, *i.e.*, about 90 females from various houses. The questionnaires were conduct by the female students of the Department of Social Work, University of Karachi.

After having prepared the interviewing schedule, it is essential to perform pre testing (pilot study) in order to test the accuracy and credibility of the questionnaire. The data in the present study has been analysed quantitatively and has been presented through various tables. The quantitative analysis of the data has been done and the findings have been presented statistically in simple tables.

LIMITATION OF THE STUDY

This study has been conducted to the specific area of Hijrat Colony and the conclusion drawn on the basis of a comparatively small sample, however, cannot be applied upon the entree city of Karachi where there are people of the similar characteristic spread all over, yet these findings would indicate the same trend if such a study in carried out on larger sample. Due to shortage of time and resources this study has been done on limited scope. The researcher found some difficulties in carrying out this study which compelled them to limit its scope. The main constraints were as follows: shortage of time and resources, shortage of funds at the disposal, difficulties in finding the respondents for interview and sensitive nature of the questionnaire. In addition to that lack of transportation facilities took unnecessary longer time in moving around in the area. Getting people confidence was also a challengeable work. It took a lot of time to get the confidence of the local population.

RESULTS AND DISCUSSIONS

This research is concerned with knowledge, attitude and practice of family planning methods of carefully drawn sample from the Hijrat Colony. We have divided our findings mainly in two sections; namely;

1) Demographic
2) Family Planning

Characteristics based on personal information and characteristics focusing the population planning issues.

DEMOGRAPHIC CHARACTERISTICS

It is found after the tabulation of questionnaire that 30% of the respondents were in the age group of 31-35 years, while 27.78 % are in the age group of 36-40 years 24.45% are in the age of group of 26-30 and 8.88% are in the age group of 21-25 and 41-45 respectively. More than 50 % of the respondents comes from very fertile age group and therefore may be treated as good model to obtain such data.

As per religion is considered most of the respondents were Muslims 96.66% followed by Christians (3.33%). It is obvious that religion has a strong bearing on the use of contraceptives in Pakistan. Similarly, the other important ethnic consideration was the languages spoken by the respondents, which is very important in the family planning association. However, beside their mother tongues or languages spoken at their families, a handsome majority of the respondents can communicate in Urdu language. Statistical analysis reveals that the majority of the respondents were Pathan (about 42.22 %) followed by another dominant group of Hindco speaking (35.55%) persons. This was followed by third group which was Punjabi (about 20%) and Urdu speaking were only 2.23%.

Table-1 shows the literacy level of the respondents. This table shows that majority of respondent 27.77% are totally illiterate. While the next high number 18.88% can read only and also 14.44% can read and write 25.55% has reached till primary education. While only 7.77% were reached upto secondary level whereas only 3.33% have done their intermediate and graduation only 2.22%. It is appropriate to mention here that the female literacy in Pakistan is much lower as compare to their male counterparts because of many traditional reasons. About 83.33 % respondents are leaving in nucleated families (i.e., various families leaving under one wall). Whereas, 16.66% are leaving with the joint family system.

Table-1 Frequency and Distribution of the literacy level of the respondent

EDUCATION LEVEL	FREQUENCY	PERCENTAGE
Illiterate	25	27.77
Can read only	17	18.83
Can read & Write	13	14.44
Primary	23	25.55
Secondary	07	07.77
Inter	03	03.33
Graduate	02	01.11
Total	90	100

As replied by the respondents most of their families are low-income ranging on a short bracket of income. Results reveals that the majority of the respondents 50%

income between Rs. 2000 - 3000 While 22.22% have between 1000 - 2000, while about 27.77% have more than three Rs. 3000 per month. As it evident from the income figures that most of the respondents belongs to very low-income group and that is why having low standard of life.

FAMILY PLANNING CHARACTERISTICS

Family planning characteristics are one of the main focuses of this study and we found some of the very interesting results in this connection. We have started our investigation by asking the female respondents about the age of their marriages; this is one of the most important clue which has positive bearing with the population growth rate in Pakistan.

Table-2 Frequency and percentage distribution by the respondent at the time of Marriage

AGE	FREQUENCY	PERCENTAGE
15- 16	05	05.55
17-18	15	16.66
19-20	28	31.11
21-22	32	35.55
23-24	10	11.11
Total	90	100

Table-2 shows the age of the respondents at the time of marriage. It indicates that majority of the respondents were married by 35.55 % at the age of 12-22 years. While the next number was 31.11% at the age group of 19-20 years. While 16.66 at the age group of 17-18, 11.11% at the age group of 23-24 and 05.55% at the age group of 15-16.

Table-4 Frequency and percentage by the age of the children.

NO. OF LIVING CHILDREN	FREQUENCY	PERCENTAGE
01 –03	16	21.11
04-06	31	34.44
07-08	20	22.22
09- 10	15	16.66
More than 10	05	05.55
Total	90	100

The above table shows the ages of the respondent's children ages. The number shows that majority of respondents have 4-6 children of 34.44%. While next number was 22.22% and more than 10 was 5.55%. It shows that majority of age group of children were 4-6. This result clearly indicates the fertility of the respondents that most of the respondents are in active reproductive age.

While recording their views about the ideal family size most of the respondents 55.56% replied as 3-4 children as the ideal size, this even after the rigorous campaign on electronic and print media that the ideal size would be 2 for a good family care. While the second larger number is 22.22% who desire 1-2 children. 16.66% desire 5-6 children and 5.55 desire more than 66 children.

Awareness of contraceptive methods plays an important role in adaptation of family planning and making a choice of contraceptive method (Hakim et al, 1998). Interesting enough and despite their higher level of illiteracy a very handsome proportion of the respondents about 83.33% had knowledge about family planning methods while 16.66% have no knowledge about family planning methods. Even the knowledge of the contraceptive techniques can not stop them to take precautionary measures as about 57.70% of the respondents are actually practising family planning methods. While 35.55 % is not adopting family planning methods. Whereas 06.66% given no response in this regard.

Table-5

Frequency and percentage distribution by the Source of information about family planning.

SOURCE OF INFORMATION	FREQUENCY	PERCENTAGE
Education literature	03	03.33
Pamphlets or posters	02	02.22
AKU - PHC Centre	17	18.88
Government Dispensary	01	01.11
Relatives	04	04.44
Cinema	02	02.22
News Papers	08	08.88
Friends	10	11.11
Family Welfare Centre	03	03.33
TV	15	16.66
Radio	04	04.44
General practitioners	05	05.55
Have no knowledge	15	16.66
Total	90	100

The above table shows the source of information about family planning. It shows that majority of the respondents gain knowledge from mass media, especially the electronic media. While the second larger number was from AKU-CHS centre. Whereas, the third number was friends. This clearly shows the acceptance and confidence of the local population on NGOs. Furthermore, it also reflects that if any NGO devote its time in positive activities people would also react promptly. Nevertheless, media, especially electronic media has a key role in disseminating the information to the people.

Table-6

Frequency and percentage distribution by the motivation for adopting family planning methods

KNOWLEDGE OF FAMILY PLANNING METHODS	FREQUENCY	PERCENTAGE
Better care of Children	08	08.83
Insufficient Income	52	57.77
Health reason	18	20.00
Spacing is good	05	05.55
Population problem	02	02.23
Fewer Children	04	04.44
No response	01	01.12
Total	90	100

The above table shows the motivational factors for adopting family planning methods. It reveals that their poverty or low income is the major driving force keeping them away from the family planning practices as 57.77% indicated insufficient income as the major cause of this response, while health consideration was the second larger reason of 20%, followed by better care of children.

Table-7

Frequency and percentage distribution by the reasons of not practising (discontinuation) planning methods

REASONS FOR NOT ADOPTING FAMILY PLANNING METHODS	FREQUENCY	PERCENTAGE
Experience with side effects	04	04.44
Financial constraints	10	11.11
Religious Objections	25	27.77
Desire for male child	15	16.66
Children are Allah's will	10	11.11
Failure of previous family planning methods	04	04.44
Husband disapproval	02	02.25
No response	04	04.44
Desire for more children	16	17.77
Total	90	100

Behind the motivational factor the actual reason behind the scene is also important. The above table summarises the reasons of not practising family planning. It shows that religion was the main reason for this about 27.77%, while 17.77% desire for more children and desire for male child was the third highest number by 16.66%.

Table-8

Frequency and percentage distribution by the respondent attitude towards family planning.

ATTITUDE TOWARDS FAMILY PLANNING	FREQUENCY	PERCENTAGE
Strongly favourable	10	11.11
Just Favourable	32	35.55
Neither Favourable	20	22.22
Highly Favourable	17	18.88
No response	11	12.22
Total	90	100

The above table indicates the attitude towards family planning methods, which is one of the basic findings of the study. It shows that the majority of the respondents 35.55% have favourable attitude towards family planning methods despite motivational forces and hindering reasons, while 22.22% neither favourable nor unfavourable 18.88% have highly favourable attitude towards family planning method. While 12.22% give no response.

Table-9

Frequency and percentage distribution by the knowledge about various methods of Family Planning.

SOURCE OF INFORMATION	FREQUENCY	PERCENTAGE
Condoms	23	25.55
Pills	17	18.88
Breast Feeding	10	11.11
Diaphragm	05	05.55
IUCD	15	16.66
Vasectomy	04	04.44
Jelly / Foam	04	04.44
Withdrawal	01	01.11
Tubule ligation	02	02.22
Rhythm	02	02.22
Nor plant	01	01.11

No response	05	05.55
Total	90	100

It is also important to findout which technique is common and popular among people and why it is so. The above Table-9 indicates the knowledge about various methods of family planning. It shows that condoms are known to the majority of the respondents 25.55% where as pills 18.88%, IUCD 16.66%, breast feeding are known by 11.11% while the rest of the methods are not commonly known by the respondents. Similarly, the statistical analysis reveals that a majority of the respondents 51.11% are using various family planning techniques. While 44.44% is not adopting family Planning methods. Whereas 4.44% given no response. In contrast, the scenario of the use of contraceptives in Pakistan is somewhat different, although reflecting the same pattern. The highest used method or technique is condom (about 92.76%), followed by oral pills (3.68%) and injectables (Government of Pakistan, 1994). Similar results reported by Hakim et al (1998) that about 52.9% percent couples used condom followed by 24.5 % . The most probable reason for the popularity of the condoms as quoted by the female respondents that it is being purchased by their husbands and they always had reservation and embarrassment even to buy it from the clinics run by the lady health experts.

Table-10

Frequency and percentage distribution by the methods of currently using family planning methods.

FAMILY PLANNING	FREQUENCY	PERCENTAGE
IUCD	17	18.88
Diaphragm	03	03.33
Pills	25	27.77
Condoms	21	23.33
Vasectomy	02	02.22
Jelly / Foam	03	03.33
Rhythm	01	01.11
Withdrawal	03	03.33
Tubule legation	03	03.33
Nor-plant	01	01.11
Breast Feeding	07	07.77
No response	04	04.44
Total	90	100

More or less, same results as discussed previously are reported by the respondents for the current use. The above table indicates that majority of the respondents

currently use pills methods; followed by 27.77% while second larger number is 23.33% using condoms, where as IUCD is 18.88%.

Table-11

Frequency and percentage distribution by the duration of using family planning methods.

DURATION	FREQUENCY	PERCENTAGE
1-2 years	27	30.00
2-3 years	18	20.00
3-4 years	13	14.44
4-5 years	07	07.77
More than 5 years	05	05.55
Not using	20	22.22
Total	90	100

The above table shows the duration of using family planning methods. It indicates that majority of the respondent have duration of 1-2 years followed by 30.00 % , while the second larger number is 20% which is 2-3 years. Therefore, it indicates that majority of the respondents have 1-2 years duration in family planning methods. In our opinion, this is because of the most rigorous campaign on electronic media that people are now accepting these techniques. In addition, the role of NGOs is also a contributing factor.

Table-12

Frequency and percentage distribution by the opinion that family planning helps in housing standard of living.

OPINION	FREQUENCY	PERCENTAGE
Yes	65	72.22
No	17	18.88
No response	08	08.88
Total	90	100

The above table shows the opinion about family planning methods helps in raising standard of living. Majority of the respondents 72.22% was in the opinion that family planning helps in raising standard of living. While 18.88% here in the opinion that family planning not help in raising standard of life. Whereas, 8.88% have no responses.

Table-13

Frequency and percentage distribution by the place of getting family planning methods.

PLACE	FREQUENCY	PERCENTAGE
Government dispensary	09	10.00
Private dispensary	06	06.66
OPP	05	05.55
AKU - PHC Centre	32	35.55
Family Welfare Centre	08	08.33
Clinic / Hospital	15	16.66
Medical Store	15	16.66
Total	90	100

It shows the facility where people get family planning methods. It indicates that majority (35.55%) of the respondents get the knowledge of family planning methods from AKUCHS Centre followed by while 16.66% get it from clinic and hospital and medical store.

Table-14

Frequency and percentage distribution by the desire to adopt family planning in future.

SOURCE OF INFORMATION	FREQUENCY	PERCENTAGE
Yes	45	50.00
No	38	42.22
No response	07	07.77
Total	90	100

The above table shows the desire to adopt family planning in future it indicates that majority of the people intend to practice family planning methods in future by 50% while to 42.22% were not willing to practice family planning in future, whereas 7.77% did not give any response.

Table -15

Frequency and percentage distribution by the relatives behaviour after adoption of family planning methods.

BEHAVIOUR OF RELATIVES	FREQUENCY	PERCENTAGE
Normal	35	38.88
Against	25	27.77
In favour	30	33.33
Total	90	100

The above table shows the relatives behaviour after adoption of family planning methods. It indicates that 38.88% (35) shows normal behaviour 27.77% (25) against and 33.33% (30) in favour. It reveals that majority of the respondents are in favour of the family planning techniques.

SUMMARY, CONCLUSION AND RECOMMENDATION

Population explosion is one the serious problems today and has resulted from falling mortality rates and continuation of high fertility rates. This is the main reason due to which there is an alarming rate of increase in the population of the world and especially in Asian, African and Far Eastern developing Countries. In Pakistan too the population problem is very critical. In our country a rapid increase in population is a great burden on the limited resources of Pakistan. The Government of Pakistan has realised this fact and is trying to control the rapid growth rate of population through an organised family planning programme.

Statistics indicate that population of the country is increasing tremendously, in large industrial cities like Lahore, Karachi, Faisalabad etc. are worst effected areas where the rate of increase is very high, due to its high population density and incoming migration whose unending flow into the city is turning into huge slum. The Government of Pakistan in its five-year plan gave up to priorities to the schemes of population control and in 1965 this scheme was launched. The Government of Pakistan started the population planning programme with full vigour and sincere efforts, yet the rate of population growth has gone higher than coming down. The population has gone on increasing instead of coming down. Besides many other reasons for population increase, it is considered to be so due to ignorance, poverty, superstitious and religious values.

Generally it is understood that population planning is cutting down the birth of children. Though population planning is just a device and effort to identify and apply various method of keeping the number of children with the limitation of family's need and economic resources to bring them up adequately. Population planning thus helps the family to space the childbirth, according to need and health of the mother. It helps the families to keep balance between the size of family and the resources to maintain the family so that maximum amount of well

being could be made available to every member of the family. In 1947 the new state of Pakistan come in to existence. After partition a continues stream of migrants from India started pouring in and it affected Pakistan adversely. A part from the many social problems it raised the population problem which was the most important one. But the most challenging feature is growth in the period between two censuses. In these 10 years Pakistan's population growth in such that about is felt that something could and should be done, with the present accelerated trend towards the population growth. The time for leisurely appricist, and emotional reluctance to face issues is rapidly turning out if it has not already expired.

Hijrat Colony a low-income class residential area was chosen as the universe of the study. The population of Hijrat Colony as 13,000 and all of the residents of this area have migrate from different parts of Pakistan, mostly from rural areas. Their ways and pattern of living is semi-urban and they are mostly engaged in low income professions like petty shopkeepers, howlers, daily wage earners and as labours in adjoining industries. According to the data collection through the questionnaires it has been found that practice of population planning among these people in order to know how for they understand and practice method of population planning. In the reviews of the background literature has been made in order to determine a theoretical framework this study. Since quite a of studies have been conducted on this topic, the researcher has reviewed them to calibrate the background of topic and has referred most of previous studies for the benefits of the future researchers.

The research study was conducted to find out knowledge, attitude and practice of family planning among the residence of Hijrat Colony. The majority of the respondents being of the working class of low income, un-educated class who supposed to have reservations about the family planning practices. Nevertheless, we have found a different point of view off the respondents, which is somewhat different as perceived by us. For example, regarding the knowledge about population it was seen that 16.66% had no knowledge were as 83.33% had knowledge and among these 83.33% who had knowledge their source of knowledge was varied but the majority had through the Radio/TV news papers and AKU-PHC Centre. Among these who had knowledge about family planning the majority (27.77%) had knowledge about oral pills and (23.33%) about condoms. Among these (57.77%) who practised one or other methods of family planning. It was found that they were motivated to adopt family planning due to their limited income and large number of children. It reveals that economic reasons were the most common reasons to adopt family planning by the respondents.

Majority of the respondents are uneducated, through most of them understand the gravity of the problem of raising population. They also understand the need for population control. The respondents have knowledge about the population and are aware of various methods of population planning and their source of knowledge is mostly their friend or mass media.

This study indicates that those who practice family planning they do so mostly due to religiously biases because they believe in Islam it is allow under very specific reasons. Majority of respondents were aware and motivated towards population planning but very do not adopt family planning due to non availability of proper guidance.

RECOMMENDATIONS

On the basis of findings the following recommendations are made:

1) The finding indicates that the people in this community have awareness and some amount of motivation towards the population problems. It need that a more comprehensive survey on a large scale with wider sample should be carried out to identity more eligible females who could be motivated to adopt family planning.

2) The population planning department and the government should establish at least one Mother Child Health centre/Family-planning clinic in this area in order to deal with the problem of population planning in area.

3) Arrangements should be made to have at least two (1 male and 1 female), population planning workers besides on LHV who should lode after the problems of families and helped them to adopt family planning.

4) In this community the mass media will be effective to motivate for family planning. Therefore mass media should be used for the publicity of population planning programmes. It is also recommended that action oriented research programmes should be taken upto motivate the people towards family planning. The more NGOs network should be established to motivate more people.

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