

POPULATION AND DEVELOPMENT
AN ANALYSIS OF POPULATION GROWTH IN BRITAIN AND PAKISTAN

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ABSTRACT

This paper was designed to see the impact of development on fertility decisions of women. For this, Pakistani women and British women were compared. Pakistani women in rural and urban areas of Pakistan and in Britain were compared with a group of indigenous British women. The sample consisted of 100 indigenous British women, 102 British Pakistani women, 97 Pakistani women from urban and 91 from rural areas of Pakistan, making a sample of 390. The results of the study show that the use of contraception and fertility are not directly related to the development of society and Pakistani women in Britain exhibited significantly higher levels of fertility and low contraceptive use than indigenous British women.

The study also shows that quite different values underpin fertility behaviour amongst Pakistani women. They see four children as the ideal whereas British women generally prefer two children. The research has focussed on the self-sustaining role of large families in importance of having children especially sons amongst Pakistanis.

INTRODUCTION

Overpopulation has often been identified as the key problem in the modern world and frequently it is the increasing population of Third World countries that has come under the most scrutiny. The problem has accelerated since 1945 as a result of gains in life expectancy achieved in much of the Third World. This decline in the level of mortality has been seen as due to a combination of better standards of living, improvements in public health services and the discovery of a range of new preventive medicines (Gille, 1985). However, this decline in mortality has not been followed by a decline in fertility in developing countries and this has led to burgeoning populations.

High population growth has been considered as a hindrance to the economic development of poor Third World countries (McNamara, 1974). In a population with zero growth (as in most developed countries) between 3 to 5 per cent national income has to be invested to produce a 1 percent increase in income per head. Where population grows by 3 percent per year (as in most Third World countries), up to 20 percent of national income has to be invested

in order to create a similar increase in living standards (Giddens, 1994). For poorer nations it is difficult to obtain investment capital internally by savings, confiscation or taxation. High population growth exaggerates the problem by eating up potential investment funds merely to keep people alive (Hartley, 1972). Most of the poorer countries in the world are growing rapidly and sufficient levels of investment cannot possibly be achieved. Inevitably these countries fall further and further behind the industrialised sector of the globe which exacerbates existing inequalities between countries (Giddens, 1994) and leads to underdevelopment.

Classic demographic transition theory stressed, on the basis of the experience of the developed world, that industrialisation and economic development with the resultant increase in urbanisation, affluence and social mobility were the primary structural factors responsible for a decline in fertility (Davis, 1963). An increase in average educational level was seen as an inevitable part of the economic development of society. Rapid urbanisation and expansion of the communication network also contributed, in conjunction with education, to an increase exposure to 'Western' life style. The most important theme in transition theory was that the modernisation of societies changes the economic value of childbearing in such a way that having a large number of children becomes disadvantageous to parents, and fertility-decline is thus seen as rational. In traditional societies children are beneficial to parents from an early age as a source of labour, they are an investment for support in old age, an insurance against risk in a hazardous environment and can enhance the physical security and political influence of the family unit. In such circumstances, 'natural' fertility prevails, which results in large numbers of children (Singh and Casterline, 1985).

Modernisation erodes these benefits either directly or indirectly by providing more attractive alternatives. The shift from familial to larger-scale modes of production reduces the reliance on the labour of children, and the advent of mass education further decreases their availability for work (Cleland, 1985). New forms of investment and insurance arise and, increasingly, political and legal functions are taken over by specialised non-familial institutions. At the same time, the monetization of the economy may aggravate the cost of having children both in terms of food and clothing. These costs are increased directly by educational expenses and, indirectly, by the lost opportunity for mothers to exploit the rising employment opportunities outside the home. These factors are structural in nature and thus change at a relatively slow pace. Economic

development and the growth of communication media, however, bring new opportunities, goods and services, which may affect tastes and aspirations more rapidly. The availability of consumer goods may compete with children and raise their relative costs. Similarly the increased opportunities, represented in particular by the educational system, for investing resources in children, may act to raise parental aspirations on their behalf, introducing a conflict between 'quantity' and 'quality' of offspring (Cleland, 1985) and people chose to have small number of children. All this explains that 'development is the best contraceptive'.

POPULATION HISTORY OF PAKISTAN

The population of Pakistan is one of the most rapidly growing populations in Asia. The population of Pakistan increased from 33.7 million in 1951 to 130.6 million in 1998. The growth rate has declined from 3.1 per cent per annum in 1981 to 2.6 per cent per annum. It will double the population in 26 years. Demographic trends in this area initially attracted attention in 1920 and 1930 (Lieberman, 1982). This was due to a rapid increase in population that was an outcome of control on famines and epidemics in the sub-continent (Chandrasekhar, 1967, 1972). No comprehensive strategy was persuaded by the colonial regime. Concern for the consequences of demographic change was voiced in the 1960s, a period of rapid economic development in Pakistan. Population growth is seen as a factor that can dampen the impact of a development strategy and can have serious implication for the economy. Current research in Pakistan has revealed a series of explanatory variables in this situation. Many have argued that poor medical facilities and inadequate family planning provision encourage the perpetuation of large families. Others have identified the educational and employment statuses of women as key factors (Syed, 1978, Sathar, 1982, Hakim, 1994). In particular, it has been argued that higher education and professional employment amongst women gives them greater leverage in making decisions about family size and overall this tends to result in smaller families.

THE RESEARCH

A comparative study of Pakistani and British women was designed. The British women were taken as a control group. A group of Pakistani women living in Britain was also taken. In order to see the change in Pakistani women's behaviour while living in Britain, two groups of women from Pakistan were taken. One group comprised women from rural areas and another women from urban areas. This enabled comparisons between Pakistani women in Britain, who were mainly from rural backgrounds, with women in rural and urban Pakistan. The study thus involved a comparison of four groups.

- 1) British women
- 2) Pakistani women in Britain
- 3) Women in urban Pakistan
- 4) Women in rural Pakistan

The Pakistan research was conducted in Lahore and in a village near Lahore. This village was similar to the villages from which the Pakistani women in Britain had originally migrated to Britain (see Anwar, 1985). The British samples were conducted in Rochdale to ensure that both the Pakistani women and the control group of British women had the same broad experience of education, employment opportunities and health care. Rochdale was selected because there was a large Pakistani population in the town and it had been subject to a series of previous research projects around issues of ethnicity (Anwar, 1985, Penn et al. 1990, Penn and Scattergood, 1992; Penn, Scattergood and Dancsuk, 1993). The survey method was the main technique used for the study as whole. The surveys for this research were undertaken at two different periods. In Britain they were carried out during the period between May and July 1994. In Pakistan, the fieldwork was undertaken in between November 1994 and January 1995. The surveys covered all the women of age 15 and over in each location. For the Pakistani sample, it was decided only to interview ever-married women, as questions about contraceptive knowledge and practice to unmarried women would have been taken as an insult. It was decided that from each house only one woman would be interviewed. In the case of presence of more than one eligible woman in a household, the one who was willing to be interviewed was taken.

For the surveys, a structured interview schedule was constructed. Taking into account my resources in terms of time and money, it was decided to take a sample of 100 each from British women, Pakistani women in Britain, Pakistani women in urban and rural areas of Pakistan. In the end 390 interviews were achieved overall, 202 in Britain and 188 in Pakistan.

FINDINGS OF THE STUDY

a) EDUCATIONAL LEVEL OCCUPATION AND INCOME.

Education is universal in Britain but not in Pakistan. The educational level of Pakistani women particularly in the rural area was very low. For example, 76.9 per cent of women from the rural area of Pakistan had never been to school (see table 1). Since Pakistani women in Britain were mainly from rural backgrounds, their school attendance was correspondingly low: 17.6 per cent women had never been to school. All the British respondents had completed at least 10 years of compulsory education. A little less than one fifth had completed 12 years of schooling and a small proportion (13) had more than 12 years of schooling and obtained degrees or professional qualifications. One fifth of Pakistani women in Britain had 12 years or more of schooling. However, Pakistani women in Lahore had a higher level of education with 57.8 per cent obtaining 12 years or more of schooling. Overall women in Lahore had the highest level of education, with over half having received 12 years or more schooling.

TABLE 1: EDUCATIONAL LEVEL OF THE RESPONDENTS

Educational level of respondents	Origin of respondents							
	Indigenous British		British Pakistanis		Urban Pakistanis		Rural Pakistanis	
	Count	%	Count	%	Count	%	Count	%
Never been to school	—	—	18	17.6	4	4.1	70	76.9
8 years of schooling	—	—	29	28.4	11	11.3	13	14.3
10 years of schooling	70	70.0	35	34.3	26	26.8	6	6.6
12 years of schooling	17	17.0	19	18.6	41	42.3	1	1.1
More than 12 years of schooling	13	13.0	1	1.0	15	15.5	1	1.1
Total	100	100.0	102	100.0	97	100.0	91	100.0

In modern British society, the expectations of women have changed in the twentieth century, from seeing their role mainly as wives and mothers, to encompassing also the role of wage earner (Gowler and Legge, 1982; Gittens, 1993). Despite living in Britain, many Pakistani women in Rochdale continued to reflect the traditional patterns in Pakistan where early marriage and childbearing are the norm. The labour force participation rate amongst Pakistani women was very low in Pakistan as well as in Britain. A vast majority of British women (97) had worked for wages sometimes in their lifetime. Pakistani women living in Britain have higher labour force participation compared to their counterparts in urban and rural Pakistan. In rural Pakistan only 8.8 per cent women had ever worked for wages. More respondents had worked in the past than were currently in employment (see table 2). Only a small fraction of Pakistani women, both in Britain and in urban and rural Pakistan, were currently involved in paid employment (see table 3).

TABLE 2: EMPLOYMENT STATUS OF THE RESPONDENTS

Ever worked for wages?	Origin of respondents			
	British	Pakistanis in Britain	Women in Urban Pakistan	Women in Rural Pakistan
Yes	97	36	19	8
No	3	66	78	83
Total	100	102	97	91

TABLE 3: OCCUPATIONS OF CURRENTLY EMPLOYED RESPONDENTS

Occupation of currently employed respondents	Origin of respondents							
	Indigenous British		British Pakistanis		Urban Pakistanis		Rural Pakistanis	
	Count	%	Count	%	Count	%	Count	%
Self employed	1	2.2%	4	28.6%	—	—	—	—
Professional	10	22.2%	4	28.6%	6	75.0%	1	20.0%
Managerial	2	4.4%	1	7.1%	—	—	—	—
Intermediate	12	26.7%	1	7.1%	1	12.5%	—	—
Clerical	9	20.1%	—	—	1	12.5%	—	—
Non skilled manual	11	24.4%	4	28.6%	—	—	4	80.0%
Total	45	100.0%	14	100.0%	8	100.0%	5	100.0%

The occupations of the respondents are presented in table 3. The majority of economically active women in Britain and in Pakistan, except in Lahore, were involved in non-skilled work. However, in urban Pakistan, where employment in education and health care are considered respectable, the majority was involved in professional jobs. Almost half of the British respondents were involved in intermediate or clerical jobs.

TABLE 4: TOTAL HOUSEHOLD INCOME PER MONTH

Household income per month	Origin of respondents							
	Indigenous British		British Pakistanis		Urban Pakistanis		Rural Pakistanis	
	Count	Col %	Count	Col %	Count	Col %	Count	Col %
<50	—	—	—	—	7	11.3%	47	64.4%
51-100	1	2.2%	—	—	23	37.1%	23	31.5%
101-250	2	4.4%	—	—	19	30.6%	3	4.1%
251-500	5	11.1%	5	11.9%	10	16.1%	—	—
501-1000	6	13.3%	25	59.5%	2	3.2%	—	—
1001-2000	17	37.8%	8	19.0%	1	1.6%	—	—
2000+	14	31.1%	4	9.5%	—	—	—	—
Total	45	100.0%	42	100.0%	62	100.0%	73	100.0%

Total household income is presented in table 4 (all respondents did not disclose their income). It was calculated from all sources including wife's income, husband's income, income from any other source (rent from property), state benefits (these were available to respondents from UK only). According to these household income calculations, indigenous British respondents were more likely to be in higher income categories than British Pakistanis. British Pakistanis had higher incomes than their counterparts in Pakistan, although their educational qualifications and occupational status were lower than the urban Pakistanis in Lahore. This was due to differences in the level of economic development and relative wealth of two countries. Urban Pakistani households had higher incomes than rural households. This difference was due to better education and occupations of urban Pakistanis.

b) FAMILY SIZE AND SOCIO-ECONOMIC VARIABLES

The mean number of living children for British women was 2.28 (table 5). Pakistani women living in Britain and in Lahore had very similar patterns of fertility -3.37 and 3.63 children respectively. The women in rural Pakistan had a mean of 4.56 living children.

TABLE 5: NUMBER OF LIVING CHILDREN

Number of living children	Origin of respondents							
	Indigenous British		British Pakistanis		Urban Pakistanis		Rural Pakistanis	
	Count	%	Count	%	Count	%	Count	%
1.00	19	22.6%	16	17.0%	15	16.1%	12	13.5%
2.00	41	48.8%	15	16.0%	13	14.0%	7	7.9%
3.00	17	20.2%	17	18.1%	24	25.8%	9	10.1%
4.00	3	3.6%	18	19.1%	14	15.1%	16	18.0%
5.00	1	1.2%	18	19.1%	11	11.8%	13	14.6%
6.00	1	1.2%	8	8.5%	9	9.7%	13	14.6%
7.00	1	1.2%	2	2.1%	2	2.2%	12	13.5%
8.00	1	1.2%	—	—	5	5.4%	7	7.9%
Total	84	100.0%	94	100.0%	93	100.0%	89	100.0%
Mean	2.28		3.37		3.63		4.56	

The relationship between education of respondent and number of children (table 6) showed a strong relationship between the variables. Of those who had never been to school, 12 women had one or two children but 57 had five or more children. As educational level increased the number of children decreased. Analysis of variance on these data revealed that educational level was significantly related to the mean number of children. In all cases the number of children fell as educational level rose. However, there were also significant variations between the various sub-groups. Women in Pakistan generally had higher number of children what ever their educational level.

TABLE 6: MEAN NUMBER OF CHILDREN BY EDUCATION AND ORIGIN OF RESPONDENTS

Educational level of respondents	Origin of respondents				Total Mean
	British	Pakistanis in Britain	Women in urban Pakistan	Women in rural Pakistan	
Never been to school	-	4.66	5.25	5.02	4.96
8 years of schooling	-	3.50	6.00	3.69	4.07
10 years of schooling	2.46	2.81	3.73	2.33	2.81
12 years of schooling	1.83	2.87	3.00	1.01	2.73
More than 12 years of schooling	1.83	-	2.85	1.0	2.33

TABLE 7: MEAN NUMBER OF CHILDREN BY HOUSEHOLD INCOME AND ORIGIN OF RESPONDENTS

Monthly Household income (in pounds)	Origin of respondents				Total Mean
	British	Pakistanis in Britain	Women in urban Pakistan	Women in rural Pakistan	
<50	—	—	4.00	4.84	4.73
51-100	1.00	—	3.95	4.04	3.93
101-250	1.50	—	3.23	3.66	3.13
251-500	2.33	2.75	3.55	—	3.12
501-1000	2.00	3.00	2.00	—	2.80
1001-2000	2.00	3.50	2.00	—	2.40
2000+	2.07	3.00	—	—	2.25

It is also evident that household income is related to size of family, although not always in a uniform fashion (see table 7). Amongst the British women, family size was largest amongst households with monthly income of between 251 and 500 pounds. Amongst Pakistani households in Rochdale, family size rose amongst those with monthly incomes of between 1001 and 2000 pounds. However, amongst women in Lahore and in rural Pakistan, family size fell consistently with level of income.

TABLE 8: KNOWLEDGE AND USE OF CONTRACEPTION

Contraceptions	Origin of respondents							
	Indigenous British		British Pakistanis		Urban Pakistanis		Rural Pakistanis	
	Count	Col %	Count	Col %	Count	Col %	Count	Col %
Aware of	98	98.0%	102	100.0%	81	83.5%	71	78.9%
Ever used	86	86.0%	71	69.6%	45	46.4%	36	40.0%
Currently using	47	47.0%	48	47.1%	28	29.0%	29	32.0%

Table 8 provides the distribution of the respondents' knowledge and use of contraception. Knowledge of family planning has several dimensions, ranging from a fairly general knowledge about the concept to highly specific knowledge of how a method work, who provides appropriate services, and where to obtain them. In this research, respondents were asked whether they knew about any method of delaying or limiting birth. There was overall awareness of some form of contraception in the majority of the respondents. Indigenous British respondents were 98 per cent aware of contraception, 86 per cent had used it sometimes in their lifetime and 47 per cent were currently using some form of contraception. The percentage distribution of Pakistani women in Britain showed that they were 100 per cent aware of family planning methods. However, only 69.6 per cent had ever used some form of contraception and current usage was limited to 47.1 per cent. Though the general use of contraception amongst the indigenous British was higher than amongst British Pakistanis, their current usage was almost same. This may be partly due to the higher age profile of the indigenous British sub-sample. Overall, there was only a small difference in awareness and use of contraception between indigenous and Pakistani Britons. Similarly, there was not much difference in awareness and use of contraception in urban and rural

areas of Pakistan. The awareness and use of contraception was higher amongst urban women, however, the current usage was marginally higher among rural women.

TABLE 9: ORIGIN OF THE RESPONDENTS AND FERTILITY

Origin of respondents	Number of children			
	None	1-2	3-4	5+
Indigenous British	16	60	20	4
British Pakistanis	8	31	35	28
Urban Pakistanis	4	28	38	27
Rural Pakistanis	2	19	25	45
Total	30	138	118	104

Chi-Square	Value	DF	Significance
Pearson	82.44018	9	.00000
Likelihood Ratio	87.63702	9	.00000
Mantel-Haenszel test for linear association	66.08204	1	.00000

The relationship between number of children and origin was highly significant (chi-square highly significant) (table 9). Rural Pakistanis exhibited the highest level of fertility and indigenous British the lowest. Pakistanis in Britain and in Lahore had similar pattern of fertility. This is significant since British Pakistanis were predominantly from rural backgrounds in Pakistan and their educational level was also relatively low. They exhibited a higher level of fertility than the indigenous British respondents, but lower than their rural counterparts in Pakistan.

c) SIGNIFICANCE OF CHILDREN

The ideal family size for indigenous British women on the one hand and Pakistanis in Britain and in Pakistan on the other hand presented a clear contrast (table 10). The classic 'two child' norm was far more central amongst British women and most Pakistani women had a preference for at least four children. It seems that living in Britain has not changed the perspective of Pakistani women. Interestingly, these ideal family sizes are strongly reflected in actual number of children in the household. In the presence of such large ideal family sizes, the actual use of contraception amongst Pakistani women is

not effective in reducing fertility. It is important to note that the ideal family sizes of Pakistani women in Britain and in Pakistan were significantly higher

TABLE 10: IDEAL NUMBER OF CHILDREN

Ideal number of children	Origin of respondents			
	British	Pakistanis in Britain	Women in urban Pakistan	Women in Rural Pakistan
Depends	4			
1	6			
2	61	26	13	14
3	14	17	32	12
4	10	40	48	43
5	1		1	7
No response	1	5	1	7
Depends how many you can manage	1	1		1
Either	1	13	2	7
Up to God				
Total	100	102	97	91

than replacement levels. If women in Pakistan (as British Pakistanis in Britain already have) achieve their ideal family size, fertility will still remain high.

TABLE 11: IMPORTANCE OF HAVING CHILDREN

Importance of having children	Origin of respondents			
	British	Pakistanis In Britain	Women in urban Pakistan	Women in rural Pakistan
None	9	—	—	—
Strengthen the relationship of husband and wife	1	4	12	5
Meaning to life	15	17	43	25
Increases women's status	—	8	8	20
Security for old age	—	18	12	23
Continue family name	32	23	13	6
Blessing from God	7	6	4	3
To complete a family	23	14	—	—
Inheritance	1	3	1	1
Total	88	93	93	83

Different societies place different values on children in general and on boys and girls in particular. Individual's wishes about having children depend partly on the extent of patriarchal values in a society, notions of inheritance of both property and self, economic and political motives, a desire for status, a desire for love, fear of loneliness, and a desire to be seen as 'normal' (Gittins, 1993). Having children also brings status to women traditionally. A man retains his full status even if he is childless; a woman never achieves full status unless she has children. For women, raised from the earliest age to perceive womanhood as equivalent to motherhood, bearing a child brings a dramatic change in status. It is, more than marriage even, the principal way in which a woman becomes socially recognised as being a 'real woman', a woman who has fulfilled her 'true' destiny and role in life. This perception of motherhood as a woman's only way of achieving social status is as powerful a force today in Pakistani society as it was in the past in Europe (see table 11). In post-traditional societies, like Britain, where women can achieve roles other than those of wife and mother, one or two children may suffice for them to become 'real' women. In contrast, within Pakistani society, where having children is the only way of increasing status, women's 'true' destiny is only achieved by having a large number of children.

For many women having a child may be seen as the only way in which they can obtain a permanent and loving relationship with another person. The notion that 'blood is thicker than water' is still a very strong part of family ideology. In a society like Pakistan, where stable marriages are highly valued, children are considered as strengthening the relationship between husband and wife, and more children make this relationship even stronger. The majority of Pakistani women agreed that children brought a husband and a wife closer together whilst for British women children were not seen as so important for cementing strong relationships between husbands and wives.

Among Pakistanis, sons have been desired as heirs to both, property and 'name' as well as old age security, while daughters, needing a dowry to be married off, have been regarded as less desirable. Women may well have been more anxious for a daughter or daughters as a source of domestic help and emotional support. This was more likely to have been the case among the poorer sectors of society who were unable to pay for servants. In Britain, it has been argued (Banks, 1954; Gittins, 1982) that with the introduction of welfare benefits and pensions people no longer needed children, or as many children, as 'insurance' and it has been a direct factor in the decline of family size. Parents still want a child - usually a daughter to care for them in old age - rather than simply providing them with economic support. Now that modern industrial societies all have some form of pension scheme, the elderly live in fear of being put into old people's home. Indigenous British people may still want children, and particularly daughters, as a general form of security for old age, as a defence against industrialisation, a source of love and emotional support, and as a bastion against loneliness.

TABLE 12: WHOSE RESPONSIBILITY TO LOOK AFTER PARENTS IN THEIR OLD AGE

Whose responsibility to look after parents?	Origin of respondents							
	Indigenous British		British Pakistanis		Urban Pakistanis		Rural Pakistanis	
	Count	Col %	Count	Col %	Count	Col %	Count	Col %
Family Children	20	20.6%	—	—	—	—	—	—
Sons	62	63.9%	42	41.2%	37	38.1%	22	24.4%
Daughters	1	1.0%	59	57.8%	49	50.5%	67	74.4%
State	1	1.0%	—	—	4	4.1%	—	—
Themselves	8	8.2%	—	—	—	—	—	—
	5	5.2%	1	1.0%	7	7.2%	1	1.1%
Total	97	100.0%	102	100.0%	97	100.0%	90	100.0%

Indigenous British women expressed no preference for having boys or girls. This was also confirmed from their answers about whose responsibility it was to look after parents in old age. Almost all the indigenous British respondents claimed that it was the children's and family's responsibility (not simply daughters per se). A similar majority of Pakistani women in all groups expressed no preference for boys over girls. Only a minority expressed a preference for boys over girls and some showed a preference for girls over boys. However, the preference for sons amongst Pakistanis was reflected in their response to whose responsibility it was to look after parents when they get old (see table 12). More than half of respondents in all groups of Pakistanis claimed that it was son's responsibility to look after parents in old age. It shows that Pakistanis in Britain have maintained their cultural values and in spite of knowledge and favourable attitudes towards family planning, their fertility remains relatively high. The issue of limiting family size comes in to play only when the family has achieved its ideal number of children.

DISCUSSION AND CONCLUSIONS

The population of Pakistan is growing fast, despite modernisation. Women in urban Lahore had the highest average levels of education within the survey, yet their mean number of children was 3.63. Whilst this was significantly lower than the average in rural Pakistan (4.56), it revealed that urbanisation and education are insufficient to generate the full demographic transition in Pakistan. This is confirmed by the analysis of Pakistani women in Rochdale,

where average family size was closer to patterns in Lahore than to those amongst British women in the town. Nor does the availability of contraception and a relatively good health service have a major impact and Pakistani women have relatively large families in Rochdale despite the presence and use of contraception.

The findings of the research contradict the theory of demographic transition, which stated that urbanisation, industrialisation and modernisation all produce relatively low fertility levels. The main motive for birth regulation was considered to be the relative cost of raising children in urban and rural societies and accordingly the use of contraception would be low in rural settings and high in urban areas. However, the results of the present study do not strongly support this hypothesis. Pakistani women from urban and rural areas, in spite of different levels of development, do not exhibit significant differences in contraceptive use and fertility levels. In Britain, where indigenous British and British Pakistani women broadly experienced the same urbanised, industrial environment, but exhibited significantly different levels of contraceptive use and fertility. This reveals that the relationship between development and fertility is complex and not easily cast into a simple mould. It supports the proposition that urbanisation and modernisations do not necessarily lead to a decline in the demand of children. This is because quite different values underpin fertility behaviour amongst Pakistani women. They see four children as the ideal whereas British women generally prefer two children. The research has indicated the kinds of reasons that underpin these values and in particular has focused on the self-sustaining role of large families, in maintaining biraderi links, primarily through the mechanism of first cousin marriages.

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