

Reproductive Health Status and Contraceptive Utilization Pattern among Muslim Women

Arshi*

The purpose of this paper is to examine the contraceptive utilization pattern and reproductive health status among Muslim women in the term of age at marriage, age at first pregnancy, number of children, number of abortion and traditional method of contraception, modern method of contraception, surgical method of contraception in Abdullapur town, Meerut city, U.P. The data for the present paper collected from 100 Muslim women for the fulfilment of the information. Data collected by using the interview/schedule and observation method and sample selected by purposive sampling. The main finding of this paper shows that the majority (58%) of the Muslim women used rhythm method in contraception in traditional method, majority (67%) Muslim women used male condom in modern method and the majority (73%) of the Muslim women used female sterilization and the majority (67%) of the Muslim women gets married at the age of 15-20 years age group, the majority (56%) of the Muslim women conceived their first pregnancy at the early age group of 15-20, the majority (56%) of the Muslim women have 1-3 children and the majority (75%) of the Muslim women have no experience about abortion.

[Keywords : Family planning, Reproductive health, Contraceptive utilization pattern, Health Status.

* Research Scholar, Department of Sociology, Meerut College, Meerut, Uttar Pradesh (India) E-mail: <arshimaliksociology@gmail.com>

JOURNAL OF NATIONAL DEVELOPMENT, Vol. 33, No. 2 (Winter), 2020
Peer Reviewed, Indexed & Refereed International Research Journal

1. Concepts and Terms

1.1 Medical Sociology

Ruderman explain that medical sociology medical sociology is the concerned with the relationship between social factors and health, and with application of sociological theory and research techniques to questions related to health and health care system. Medical sociology is the study of the social causes and consequences of health and illness. Medical sociology can have an applied orientation to understanding and improving health and can be seen as one of many disciplines that might appropriately be studies of health care. The field of medical sociology is an extraordinarily broad and exciting arena where one can pursue an unusually wide range of interests from social psychology and social epidemiology to health policy, social movement and political sociology. In which sub-field, there is more theoretical and methodological diversity?

1.2 Health

In 1948 the World Health Organization (WHO) defined health with a phrase that still used today. "Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. Health is state of optimum capacity of an individual for the effective performance of the roles and tasks for which he has been socialized. Defining Health may appear to be quite simple, but there is no consensus about what constitutes a 'healthy' person. Three mains approaches exist for defining health: the biomedical approach, the psychological approach, and the sociological (socio-cultural) approach.

1.3 Reproductive Health

Reproductive health means a satisfying, safe sex life, free from the fear of disease and free from coercion and violence. Reproductive health is a state which people have the ability to reproduce and regulate their fertility. Reproductive health implies that people are able to have a responsible, satisfying and safer sex life and that they have the capability to reproduce and the freedom to decide if, when and how often to do so. One interpretation of this implies that men and women ought to be informed of and to have access to safe, effective, affordable and acceptable methods of birth control; also access to appropriate health care services of sexual, reproductive medicine and implementation of health education programmes to

stress the importance of women to go safely through pregnancy and childbirth could provide couples with the best chance of having a health infant.

1.4 Contraceptive Utilization in India

Women in India are not being fully educated on contraception usage and what they are putting in their bodies. From 2005-2006 data was collected to indicate only 15.6% of women using contraception in India were informed of all their options and what those options actually do. Contraceptive usage has been rising gradually in India. In 1970, 13% of married women used modern contraception methods, which rose to 35% by 1997 and 48% by 2009. Awareness of contraception is near-universal among married women in India. However, the vast majority of married Indians (76% in a 2009 study) reported significant problems in accessing a choice of contraceptive methods. The above table clearly indicates more evidence that the availability of contraceptives problem for people in India. In 2009, 48.4% of married women were estimated to use a contraceptive method. About three-fourths of these were using female sterilization which is by far the most prevalent birth-control method in India. Condoms, at a mere 3%, were the next most prevalent method. Meghalaya, at 20%, has the lowest usage of contraception among all Indian states. Bihar and Uttar Pradesh were the other two states that reported usage below 30%. It is important to note that sterilization is a common practice in India. They also use camps to enforce sterilization. This process can be done with or without consent. Comparative studies have indicated that increased female literacy is correlated strongly with a decline in fertility. Studies have indicated that female literacy levels are an independent strong predictor of the use of contraception, even when women do not otherwise have economic independence. Female literacy levels in India may be the primary factors that help in population stabilization, but they are improving relatively slowly : 1990 study estimated that it would take until 2060 for India to achieve universal literacy at the current rate of progress. The Ministry of Health and Family Welfare is the government unit responsible for formulating and executing family planning related government plans in India.

2. Review of Relevant Literature

Abdel Aziem et al. (2011) studied on use of family planning methods in Kassala Easteru. Suddu to investigate use of family

planning methods among married women in Kassala, a community based cross sectional household survey was conducted to investigate use and factor associated with family planning serious structured questionnaires were use to gather socio-demographic data and use of family planning the main findings of current study were : poor use family planning services combined oral pill's progesterone injection and pills were the most common used methods and conptes education were significantly associated with use of family planning in this setting.

Barbara Barnett Mamadora Konate et al. (1999) explored the impact of family planning on women's lives : findings from the women's studies project in Mali and Zimbalwe. To study the impact of family planning on women's lives. Family planning is one of many strategies women can use to exercise autonomy in their lives. The data were collected through to continue or discontinue methods including spousal approval 16 focus group discussion. Thirteen focus group discussions were held for women and three for men.

Heena Budhuani Jami Anderson et al. (2018) to reported on Muslim women's use of contraception in the united states. To examined American Muslim women's contraception utilization patterns. Ten dings suggest American Muslim women's contraception utilization pattern share certain similarities with both American women in general and disadvantaged racial and ethnic minority groups in the united states, implying that factors that influence American Muslim women's use of contraceptives are possibly countervailing and likely multi-facted. Self-reported data collected in late 2015 were analyzed. Women who identified as Muslim, were at least 18 years old. Sexually active and current residents of the united states met the inclusion criteria, convenience sampling was employed.

Neeti Purwar, Hari Shankar et al. (2019) focused on family planning adoption and unmet needs : spousal agreement in rural Varanasi. The aim of the study was to assess the spousal agreement level regarding family planning adoption and unmet needs. Data were collected through focussed group discussion interview schedule and cross-sectional study. The findings of intermediate to poor agreement among married couples regarding contrastive practices unment needs. Ideal family size and their approval for contraception suggest that there is need to encourage spousal

communication to that they can make informed decisions on contraceptive choice.

Odimegwu Obby Clifford et al. (1999) Family planning activities and use in Nigeria : A factor analysis to investigate the association between Nigerians attitudes toward family planning and their contraceptive behavior. Do positive attitudes toward family planning affect contraceptive use? Factor's found to be associated with contraceptive use should be utilized by the Nigerian government in its family planning awareness campaign. Individuals who have an influence on the respondents had a positive effect on their contraceptive behavior. A total of 1540 men and women were selected for interview, using a multistage sampling technique.

Marge Berer et al. (1993) studied on population and family planning policies the aim are to examine reproductive health matters from a women-centred perspective to promote law, policies, health services and research which meet women's reproductive health needs. The were collected and sample studied to reproductive health matters examine development, environment, population and family planning policies. Meeting the family planning needs to all the women and men in the world through good quality services, that after a full choice of methods along with broader reproductive and other health services.

Yishak Lailulo et al. (2017) focused on improving maternal and reproductive health in Ethiopia. The study aim to examine the relationship between maternal health and good quality of life in an attempt to understand the year 2005 and 2011. Survey method and sample studied Ethiopia (South Africa) there was a significant relationship between the stands of women and a good quality of life and this relationship appeared to differ by education and work status.

Rebecca J. Cook et al. (1993) explored international human right and women's reproductive health to examine international human right. The human rights of particular concern to women that which frequently exists as the pre condition to the enjoyment of other is the right to reproductive. Self determination to study international women's reproductive health. He concluding that great potential exists to enforce state responsibility for the observance of women's reproductive rights by employing the resources of international law.

Anne Sebert Kuhlmann et al. (2010) the integration of family planning with other health service : A literature review. The integration family planning services with other health services may be or effective way to reduce unmet need. He concluded that integration an family planning with other health services may be bifacial however before integration is embraced as a board scale strategy to address the high level of unmet need for family planning around the world well designed and properly collected evaluation research is needed to establish an evidence base from integration diet were be collected through cross-sectional study by using survey method. To examining integration of family planning services with any type of health service. The integration intentions ranged from simple referrals between providers of existing services to fully integrated, community based delivery of education and services.

P. H. Readdy et al. (2003) studied on religion, population growth, fertility and family planning practice in India to examine dispassionately as possible, the differential growth rates of the Hindus and Muslim in India. Their fertility levels and family planning practice by them researcher data were collected through method of sample survey use. He concluded that far greater percentage of Muslim them Hindus are against family planning on religious genders. The going data and analysis convincingly demonstrate that the Muslim population is growing at a faster rate than Hindu population. The fertility of Muslim is higher that of Hindus and the family planning acceptance rate is lower among the Muslims than among the Hindus.

Kmoulasha, G. Rama Rao et al. (1999) religion population growth, fertility and family planning to examine dispassionately as possible. The differential growth rates of the Hindus and Muslims in India, their fertility levels and family planning. To study the relationship between religion and fertility behaviour. He concluded that the total unmet demand for family planning was higher among Muslim women than among Hindu women in this study. The author used survey method and interview. To examine religion specific differentials in fertility and family planning. The Muslim women had 1.1 children more than Hindu women the possible reason could be the longer reproductive spare of three year than Hindus. Muslim also have reported a shorter period of post-partum amenorrhea and post-partum abstinence than Hindus.

Lisa Ann Richey et al. (2019) studied on the structural adjustment policies and related reforms have not been in conflict with the old neo-malthusian policies concerned primarily with increasing family planning use and decreasing fertility. This task has become ever more evasive in the context of the increasing challenges of integrating HIV/AIDS with all other reproductive health needs.

3. Objectives of the Study

- To know the reproductive health status of the Muslim women.
- To examine the contraceptive utilization pattern among Muslim women.

The objective takes note of the reproductive health status of the Muslim woman in terms age at marriage at first pregnancy number of children number of abortion, and the contraceptive utilization pattern among Muslim women in terms traditional methods modern methods surgical methods etc.

4. Methods

Abdullapur town has been selected for the purpose of study. It is a town of Meerut district. It is located on Kila Parikshitgarh Road 7.5 km from Meerut head quarter, Uttar Pradesh, north east part of India, about 98 km from the National Capital of Delhi. Meerut district is situated in the western region of Uttar Pradesh, 85 km from Delhi. It lies on National Highway No. 58, Delhi to Dehradun, Meerut district is well connected by the rail and road. During the summer temperature is around 40-45 degree Celsius while in winter it is around 5-10 degree Celsius. As of 2011 India census, total population of Abdullapur is 19540 male population is 10289 and female population is 9093 Abdullapur has an average literacy rate of 71.58 male literacy is 79.57 and female literacy is 62.76. In Abdullapur 31% of the population is under 6 years of age. There are two major religions: Hindu and Islam. There are many others caste among Hindu Jaat, Brahmins, Kumhar, Valmiki, Chamar, Gurjar etc. And muslim have many other cast as Sayyed, Khan, Teli, Luhar, Rajput, Nai etc. The data for the present study have been collected from 100 women for the required fulfilment of the information. Data have been collected by using the interview/schedule and observation

method. Data have been selected by using the purposive sampling. I decided to conduct the interview from the age group 20-40 years old women of this town. The collected data have been analyzed by using simple statistical i.e., simple variable table.

5. Results

5.1 The Reproductive Health Status of the Muslim Women

Marriage is considered an essential social institution to enter in family life and for procreation of new generations. Almost in all societies, traditional of modern in India unique some other countries, reproduction and fertility of adolescents young and adults occur mainly within the context of marriage.

The reproductive health status of the Muslim women have been observed on various aspects like, Age at marriage, Age at first pregnancy, Number of children and Number of Abortion.

Table-1 : Age at Marriage

S.No.	Age	No. of Muslim Women	Percentage
1.	15 - 20 Years	67	67
2.	21 - 25 Years	30	30
3.	25 to above	03	03
Total		100	100

Source : Field Survey during August-September, 2019.

The above table shows that out of 100 Muslim women, 67% Muslim women get married at the age of 15 - 20, 30% Muslim women get married at the age of 21-25 and 03% Muslim women get married at the age of 25 and above.

Thus, the fact reveals that the majority (67%) of the Muslim women gets married at the age of 15-20 years age group and a few number (03%) of the Muslim women get married at the age of 25 to above age group. Whereas in the majority (67%) of the Muslim women get married at the early age group (15-20), it is really a very surprising issue.

Table-2 : Age at First Pregnancy

S.No.	Age	No. of Muslim Women	Percentage
1.	15-20 Years	56	56
2.	21-25 Years	37	37
3.	25 and above	05	05
4.	Issueless	02	02
Total		100	100

Source : Field Survey during August-September, 2019.

The above table shows that out of 100 Muslim women, 56% Muslim women who conceived their first pregnancy at the age of 15-20, 37% Muslim women who conceived their first pregnancy at the age of 21-25, 05% of the Muslim women who conceived their first pregnancy at the age of 25 and above and only 02% of the Muslim women who conceived their first pregnancy at the age of issueless.

Thus, the above facts reveal that the majority (56%) of the Muslim women conceived their first pregnancy at the early age group of (15-20) and followed by larger number (37%) of the Muslim women conceived their first pregnancy at the right age group of (21-25). Thus in the Muslim women majority of the women conceived their pregnancy in early age group, it is really a very interesting facts.

Table-3 : Number of Children of the Muslim Women

S.No.	No. of Children	No. of Muslim Women	Percentage
1.	Issueless	05	05
2.	1 - 3	56	56
3.	4 - 6	35	35
4.	6 and above	04	04
Total		100	100

Source : Field Survey during August-September, 2019.

Table-3 shows that out of 100 Muslim women, 05% of the Muslim women are issueless, 56% of the Muslim women have 1-3 children, 35% of the Muslim women have 4-6 children and 04% of the Muslim women have 6 or more children.

Thus, above fact reveals that the majority (56%) of the Muslim women have 1-3 and small number (04%) of the Muslim women have 6 or more children.

Table-4 : Number of Abortion of the Muslim Women

S.No.	Number of Abortion	No. of Muslim Women	Percentage
1.	Voluntary	18	18%
2.	Spontaneously	07	07%
3.	Abortion not experienced	75	75%
Total		100	100

Source : Data collected by the researcher herself during Aug.-Sept. 2019

The above table shows that out of 100 Muslim women, 18% of the Muslim women are voluntary, 07% of the Muslim women are spontaneously & 75% of the Muslim women are abortion not experienced about abortion.

Thus, the fact reveals that the majority (75%) of the Muslim women have no experience about abortion where small number (07%) of the Muslim women induced abortion natural.

5.2 Contraceptive Utilization Pattern among Muslim Women

The various aspects of planning and knowledge about the contraceptive methods have been observed during the field observation and it is divided into traditional, modern and surgical methods.

Table-5 : Traditional Method of Contraception

S.No.	Traditional Method	No. of Muslim Women	Percentage
1.	Rhythm Method	58	58%
2.	Withdrawal Method	35	35%
3.	Lactational Amenorrhoea Method	07	07%
Total		100	100

Source : Data collected by the researcher herself during Aug.-Sept. 2019

The above table shows that out of 100 Muslim women, 58% Muslim women use the rhythm method, 35% Muslim women use withdrawal method and 7% Muslim women use lactational amenorrhoea method of contraception.

Thus, the above facts reveals that majority 58% of the Muslim women used rhythm method in contraception and few number 7% of the Muslim women used lactational amenorrhoea method of in contraception.

Table-6 : Modern Method of Contraception

S.No.	Modern Method	No. of Muslim Women	Percentage
1.	Male Condom	67	67%
2.	Female Condom	2	2%
3.	Oral Contraceptive Pills	17	17%
4.	Injection	14	14%
Total		100	100

Source : Data collected by the researcher herself during Aug.-Sept. 2019

The above shows that out of 100 Muslim women, 67% Muslim women used male condom, 2% Muslim women used female condom, 17% Muslim women used oral contraceptive pills and 14% Muslim women used injection in contraception.

Thus, the above facts reveals that large majority 67% Muslim women used male condom and very few Muslim women 2% of Muslim women used female condom in contraception.

Table-7 : Surgical Method of Contraception

S.No.	Surgical Method	No. of Muslim Women	Percentage
1.	Intrauterine Devices (IUDs)	15	15%
2.	Female Sterilization	73	73%
3.	Male Sterilization	12	12%
Total		100	100

Source : Data collected by the researcher herself during Aug.-Sept. 2019

The above table shows that out of 100 Muslim women, 15% Muslim women used intrauterine device method, 73% Muslim

women used female sterilization method and 12% Muslim women used male sterilization method in contraception.

Thus, the above facts reveals that large majority 73% of the Muslim women used female sterilization and few 12% of the Muslim women used male sterilization in contraception.

6. Conclusion and Discussion

The reproductive health status of the Muslim women have been observed on various aspects like, Age at marriage, Age at first pregnancy, Number of children and Number of Abortion.

Age at Marriage: The majority (67%) of the Muslim women gets married at the age of 15-20 years age group and a few number (03%) of the Muslim women get married at the age of 25 and above age group. Whereas in the majority (67%) of the Muslim women get married at the early age group (15-20), it is really a very surprising issue.

Age at First Pregnancy: The majority (56%) of the Muslim women conceived their first pregnancy at the early age group of (15-20) and followed by larger number (37%) of the Muslim women conceived their first pregnancy at the right age group of (21-25). Thus in the Muslim women majority of the women conceived their pregnancy in early age group, it is really a very interesting facts.

Number of Children: The majority (56%) of the Muslim women have 1-3 and small number (04%) of the Muslim women have 6 or more children.

Number of Abortion: The majority (75%) of the Muslim women have no experience about abortion where small number (07%) of the Muslim women induced abortion natural.

The various aspects of planning and knowledge about the contraceptive methods have been observed during the field observation and it is divided into traditional, modern and surgical methods. Traditional method of contraception include the rhythm method, withdrawal method and lactational amenorrhoea method.

Traditional Method : The majority 58% of the Muslim women used rhythm method in contraception and few number 7% of the Muslim women used lactational amenorrhoea method of in contraception.

Modern Method : The majority 67% Muslim women used male condom and very few Muslim women 2% of Muslim women used female condom in contraception.

Surgical Method : The majority 73% of the Muslim women used female sterilization and few 12% of the Muslim women used male sterilization in contraception.

References

- Ali, Abdel Aziem, A. et al., "Use of Family Planning Methods in Kassala, Eastern Sudan", *BMC Research Notes*, 43(4), 2011, 1-4.
- Barnett, Barbara, "The Impact of Family Planning on Women's Lives : Findings from the Women's Studies Project in Moli and Zimbabwe", *African Journal of Reproductive Health*, 3(1), 1999, 27-38.
- Budhwani, Henna, "Muslim Women's use of Contraception in the United States", *Reproductive Health*, 15(1), 2018, 2-8.
- Guure, Chris, , "Factors Influencing Unmet need for Family Planning among Ghandian Married/Union Women : Logistic Regression Approach", *Archives of Public Health*, 77(11), 2019, 1-12.
- Kublmann, Sebert Anne, "The Integration of Family Planning with other Health Services : A Literature Review", *International Perspectives on Social and Reproductive Health*, 36(4), 2010, 189-196.
- Kumar, Mukesh, "Ethnic Disparities in Contraceptive use and its Impact or Family Planning Program in Nepal", *Journal of Family and Reproductive Health*, 4(3), 2010, 121-128.
- Mickel, Cockerham and C. William, *Readings in Medical Sociology*, New Jersey, Upper Saddle River,: Prentice-Hall, Inc. Sinor and Suhustor/ Aviacom Company, 1998.
- Moulasha, K., "Religion-Specific Differentials in Fertility and Family Planning", *Economic and Political Weekly*, 34(42/43), 1999, 3047-3051.
- Odimegwu Obby Clifford, "Family Planning Attitudes and Use in Migeria : A Factor Analysis", *International Family Planning Perspectives*, 25(2), 1999, 86-91.
- Purwar, Neeti et al., "Family Planning Adoption and Unmet Needs : Sponsal Agreement in Rural Varanasi", *Indian Journal of Community Medicine*, 43(4), 2018, 284-287.
- Ready, P. H., "Religion, Population Growth, Fertility and Family Planning Practice in India", *Economic and Political Weekly*, 38(33), 2003, 3500-3509.
- Richey Ann Lisa, "Women's Reproductive Health & Population Policy : Tanzania", *Review of African Political Economy*, 30(96), 2003, 273-292.
- Weiss, Gregory L. and Lynne E. Lonnquist, *The Sociology of Health, Healing and Illness*, 3rd Ed., United States of America, Pearson, 1999. ★