

Attitude of Muslim Females Towards Family Planning

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ABSTRACT The present study deals with the attitude of Muslim women of East Nimar (Khandwa) district towards family planning. For this purpose randomly chosen sample of five hundred Muslim women were taken. It is found in this study that with each factor, encouraging response is given from the middle age group, upper income group, nuclear families, increasing order of educational level and good health.

INTRODUCTION

The idea of birth-control is of special importance to the Indian situation. Now-a-days in India more attention is being given to the problem of family planning. The objective of restricting the family size and preserving a stationary population is one of the most widely discussed subject today. Several attempts have been made towards the study of family planning. Ernest Havemann (1969) has rightly said "Though birth control is one of the most widely discussed subjects in the world today, it is perhaps one of the least understood."

The idea of family planning is an age-old concept. This was prevalent 4000 years ago in India, Egypt, Greece and China, and to the present day its horizon is lengthened in the entire world. The important studies in this field include those by Freymann (1960) who categorised family planning research into four main groups, Kishore and Arora (1952), Morrison (1957), Vasantini (1957), Chandrasekhar (1959), Som and Sen Gupta (1960) have worked on the attitudes of males and females both, with different aspects, towards family limitation. Chandrasekaran's (1959) work on population is very extensive, in that he has reviewed the status of demographic research in India. Dandekar (1959), through the Gokhale Institute, Pune, has worked on the attitude towards family planning. Agarwala (1960) worked on fertility control

through contraception, and Krishnamurthy (1968) has dealt with fertility and family planning studies in India.

OBJECTIVE AND METHODOLOGY

The present study deals with the attitude of Muslim women towards family planning. For this purpose randomly chosen sample of 500 Muslim women of East Nimar (Khandwa) district is taken. The sample contains 26.6% Shias, and 24.2% Sheikh, 14.4 % Syed, 12.0% Pathan, 6% Teli, 3.4% Lohar and 2.6% each of Kachhi and Kasai among the Sunni sect. Since the Muslims of this district do not accept the idea of birth control and seem to be resistant to change. Thus the biology of fertility performance seems to be less influenced by other aspects of human behaviour.

The technique employed for collecting the data is being by interview schedule method. The attitudes are grouped into different age-groups, income-groups, family type, educational level and health characteristics. The sample has been grouped into these five classes, because all these factors directly or indirectly seem to influence the attitude of Muslim females towards family-planning.

RESULTS AND DISCUSSION

It is evident from table 1 that encouraging response is given to contraception by the middle age-group (30-44 years). The young and the old people seem to be hesitant towards family planning to some extent. Religion and superstitions may be the cause for negative approach from the older group.

The impact of income on the use of contraceptives is expressed in table 2. The sample is divided into three income groups - lower, i.e. below Rs. 1000 having 20.8%, middle Rs. 1000 to Rs. 5000 having 68.8, and above Rs. 5000, i.e.,

upper, having 10.4% of the sample. The income categories are made on the basis of annual income. It can be seen from the table that the non-users are found to be in decreasing order with increasing income. Operations in relation to women are found to be highest in upper income group, followed by the lower income group and the middle income group, condoms are most frequently used in the upper income group, followed by the middle and lower income groups. It can be inferred from the situation found here that the persons belonging to the low income group find it difficult to afford condoms. That is why the percentage is increasing with the increasing income groups. The opposite is the situation in the category "others". It appears that due to lack of money poor persons rely more on these methods. This can further be confirmed by the decreasing percentage with the increasing income groups.

Table 1: Age-wise attitude of the women towards contraception

Age-group (in years)	Users (%)					Total
	Non- User %	Operation		Condom	Others	
		Husband	Wife			
15-29	40.29	18.18	18.75	45.45	8.33	27.27
30-44	35.42	72.72	71.87	48.48	74.99	63.63
45+	24.26	9.09	9.37	6.06	16.66	9.08
Total	82.40	12.5	36.36	37.50	13.63	17.6

Majumdar (1960) found that the number of women wishing to restrict the family size does not increase with the income but in the present study the greatest response (28.83%) to the use of contraceptives emanates from the most prosperous sector of the community, followed by (16.55%) from the middle and (15.39%) from the lowest income group.

Table 2: Income wise attitude of the women towards contraception

Income-group (in Rs.)	Users (%)				
	Non-User %	Operation		Condom	Others
		Husband	Wife		
Lower (below 1000)	84.61	0.96	8.65	1.92	3.86
Middle (1000-5000)	83.43	2.90	4.94	6.39	2.32
Upper (Above 5000)	71.15	-	11.53	17.30	

Table 3 shows the family-type wise attitude of the women towards contraception. (46.60%) of the sample belongs to the nuclear family while (53.40%) belongs to the joint family. The table shows that the percentage of non-user is greater in joint families. The reasons for comparative lack of response from the women belonging to joint family towards contraception, may be the older women and other members of the family. In nuclear families, operations are found in greater number in comparison to the joint families in both husband and wife. This difference between the two categories may again be due to older persons in joint families, because younger generation may be shy of taking permission for operation or they may not get it. As for the condoms which can be used secretly, the percentage in joint families increase.

Table 3: Family-wise attitude of the women towards contraception

Family-type	Non-User %	Users (%)			
		Operation		Condom	Others
		Husband	Wife		
Nuclear Family	80.68	3.43	7.72	5.57	2.57
Joint Family	83.89	1.12	5.24	7.49	2.24

The impact of education seem to have effect on both the sexes in regard to birth control. Table 4 shows that educated women are more responsive, and most of them prefer contraceptives to sterilization. Out of 500 women, (47.80%) are illiterate, (35.40%) are primary-level educated, (14.00%) are secondary-level educated and (2.80%) are college educated. It is found that percentage of non-users decreases with increasing order of education level. Not a single case of operation is found in the college educated category. In this section of the community, people seems to prefer condoms. On the basis of the different percentages of users in different educational levels, it can be inferred that the husbands who are educated up to secondary and college-level are more responsive towards family limitation. College educated show disbelief in the category "others".

According to Dandekar's study (1959) educated husbands do not have any effect on their wife's attitude towards contraception. She says that the effect may be apparent when the

husbands are educated up to a considerably higher level.

Table 4: Education-wise attitude of the women towards contraception

Educational-level	Non-User %	Users (%)			
		Operation			
		Husband	Wife	Condom	Others
Illiterate	88.70	1.67	6.69	1.67	1.25
Primary-level	81.35	3.39	3.95	6.78	4.52
Secondary-level	67.14	1.42	12.85	17.14	1.42
College-level	64.28	—	—	35.71	—

Health-wise attitude of the women towards contraception is exhibited in table 5. The sample has been divided into two health categories. (72.2%) of them had good health while (27.8%) of them had some complaints. The second category includes the complaints of blood pressure, menses trouble, weakness, pain in the ribs, back pain, chest pain, stomach pain, fever, cough, headache, gastric trouble and palpitation etc.

Table 5: Health-wise attitude of the women towards contraception

Health-type	Non-User (%)		Users (%)	
	Husband	Wife	Condom	Others
Good-Health	79.90	81.44	20.08	18.55
Complications	88.46	84.88	11.53	15.09

It appears from the table 5 that persons with good health seem to be receptive towards family planning devices than those with low health. Persons with poor health may be tired of their sickness and they may not be wishing to take any further risk by adopting those methods which are supposed to come in the way of natural desire.

CONCLUSION

It is evident from the present study that encouraging response to contraception seems to have been given by the middle age-group (30-44 years). The young and the old people appear to be reluctant towards family planning to some extent. The greatest response (28.83%) to the use of contraceptives is shown from the most prosperous sector of the community, followed by (16.55%) from middle and (15.39%) from

the lowest income group. In nuclear families, operations and use of contraceptives is found in greater number in comparison to the joint families. Use of contraceptives got maximum recognition from higher to lower educational level that is (15.21%) from college educated, (14.46%) from secondary level educated, (1.79%) from primary-level educated and totally negative response from illiterate group. It appears from the study that persons with good health seem to be more receptive towards family planning devices than those with low health.

It appears from this study that with each factor, encouraging response is seen from the middle age-group (30-44 years) towards the family planning devices, from the "Users category". Actually by this time women may have got their desired number of children and they may not wish to take any further risk. Therefore, the same situation is found with every factor. In the upper age-group (45+), the reason for comparatively lesser response may be the culture and environment in which those women may have been brought up.

From the foregoing study, it appears that, by and large the Muslims of East Nimar (Khandwa) are not very interested in the idea of birth control, as they seem to be influenced by orthodox opinion. It is striking to note that even with the impact of education, income and other factors, the community seems to be resistant to change. But the presence of some response prevent us from believing that the idea of family planning has yet to reach their minds.

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