

OBSTACLES IN THE USE OF CONTRACEPTION AMONG MUSLIMS

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ABSTRACT

Adult and teenage women need to make difficult decisions when faced with unplanned pregnancy. Numbers of reasons are for anticipating that contact by women in developing country with modern maternal–child health services, lead to increased use of family planning services. The aim of study is to assess strength and obstacles to practicing contraception in India. The study identifies major obstacles to contraceptive use among Muslims: motivation, awareness and knowledge, social and cultural acceptability, perceptions of husband's preferences and attitudes, health concerns, and perceived access to services. The most influenced factor includes women's age, age at marriage, number of living sons, quality of local government health care facilities and most religious affiliation. Analysis is based on primary data collected from the study area with the dominant Muslim population in Malegaon. Study employs some statistical methods. Increased prevalence that results from the reduction of other obstacles such as health concerns and poor services will heighten the general perception that contraception is an acceptable choice for couples.

Keywords: Contraception, Family Planning, Muslim Married women, obstacles, India.

Introduction

The low status of women and a strong preference for male children are two most patriarchal constraints in India. Women want to have children but it is much difficult to take decision when they face the unplanned pregnancy. Despite unwillingness to conceive, most of the couples do not use any method of contraception. Health concerns, side effects, failure of the method and some socio-demographic issues such as education, age, residential region, number of living children, status of women and religion play a major role in the use of contraception.

Nayyar A., 2000, has describes in his paper in detail about the relevance of various emergency contraceptives, the hurdles in their introduction and availability and the efforts by government and non-government organizations for increasing access to emergency contraception in India.

Also Sriya and Iyer, 2002, investigate two hypotheses in their paper put forward to explain the effect of religion on the decision to use contraception in India. The first hypothesis is the “pure religion effect,” that the intellectual content of religion influences contraceptive behavior. The second hypothesis examined is the “characteristics” that religious differences in contraceptive adoption are explained by socioeconomic characteristics of religious groups. It has found that there is no statistically significant difference between Hindus and Muslims in the effect of religion on contraceptive adoption.

Rationale of the Study

Though in India health care services have been improved but there is a wide gap in the use of health care services among the Muslims. In India certain population could not get the exiting medical care facilities. The present study is aimed to analyze the inequalities in one of the component of the health care services i.e. use of contraception, existing among the Muslims. There is felt need to identify some of the factors responsible for such inequalities. Many studies have been conducted in the area of utilization of health care services, so it is important in any health service utilization study to find out the knowledge and awareness of health needs for analyzing the utilization pattern. To get a clear idea about the perception regarding the need for contraceptive use, one should know the respondent's knowledge, kind of health services available and type of health centers visited and also for those who have not explored the health needs, reasons and factors affecting on the use of contraception among Muslims.

Objectives

- To understand the knowledge and awareness of contraception among Muslims.
- To explore the occurrence in the use of contraception.
- To identify the factors affecting in the use of contraception.

The data used for analysis is collected as part of the research study of the Muslim women in Malegaon. As the study is concerned with the Muslim population, an area has been selected on the basis of the large concentration of Muslim population. Sample size for the study is 144 eligible married women in the age of 14-35 years who has given birth and at least with one living child, has been taken through simple random sampling. From the study area 144 women has been interviewed by using structured schedule. Questions on socio-demographic and health characteristics have been asked to the women. Result of the data presented in this paper is based on women's perception and

attitude towards the use of contraception. It has been further analysed using socio-demographic and health components to see the obstacles on the use of contraception .

Obstacle S For Contraception Use Among Muslims

Awareness and Knowledge

It is clear that if a couple wants to use family planning method, knowledge about family planning is essential so that it can be possible to prevent contraception failure, knowledge about different methods of contraception, so that the most suitable method can be chosen and knowledge about where such methods are available. Awareness regarding contraceptive methods is relatively limited among Muslims. Information given to users by providers regarding contraceptive methods is usually inadequate; most providers have a bias towards sterilization.

TABLE I: PERCENTAGE USE OF CONTRACEPTION AND KNOWLEDGE AND AWARENESS AMONG MUSLIM MARRIED WOMEN

<i>Listen</i> <i>Radio</i>	<i>Using</i>		<i>Not Using</i>		<i>Total</i>	
	<i>No.</i>	<i>%</i>	<i>No.</i>	<i>%</i>	<i>No.</i>	<i>%</i>
Yes	20	50	20	50	40	100
No	19	18	85	82	104	100
Total	39	27	105	73	144	100
<i>Watch TV</i>						
Yes	29	42	40	58	69	100
No	10	13	65	87	75	100
Total	39	27	105	73	144	100

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Table I shows the cross relation between use of contraception and their exposure to mass media. Women who listen radio, about 50 percent uses contraception and those who watch TV 42 percent women uses contraception. From the qualitative study it has seen that Muslim women are less aware about the different methods and use of contraception. Only the source they aware and access is the local health workers in their area and those who access the public facility services.

Perception and Attitude

One important factor that can weaken the motivation to use a method is a perception of low risk of conceiving. It is evident from the study that those women who wanted pregnancy later (33.3 percent) and those who wanted (23.3 percent) using contraception. It means that women who wanted gap between two pregnancies used contraception more than those wanted children. It also shows that those women who can take decision about number of children, 24 percent women use contraception than those who can not take decision about number of children (33.3 percent) Around 39 percent women who are using contraception are dependent on husband's choice and perception and 20 percent women using contraception with their own decision. Women who are not using any

contraception method, responses from women in qualitative survey indicate that, they can no longer conceive after the use of any method, fear of side effect and fear about getting infectious diseases are some of the factors of contraception use among Muslim women (*Table II*).

TABLE II: PERCENTAGE USE OF CONTRACEPTION AND PERCEPTION, ATTITUDE AND DCISION MAKING OF MUSLIM MARRIED WOMEN

<i>Perception about</i>	<i>Using</i>		<i>Not Using</i>		<i>Total</i>	
<i>Pregnancy</i>	<i>No.</i>	<i>%</i>	<i>No.</i>	<i>%</i>	<i>No.</i>	<i>%</i>
Wanted then	21	23.3	69	76.7	90	100
Waned later	18	33.3	36	66.7	54	100
<i>Attitude about Pregnancy</i>						
V Happy	13	14.6	76	85.4	89	100
Happy	26	47.3	29	52.7	55	100
<i>Decision About Number of Children</i>						
Yes	24	24.2	75	75.8	99	100
No	15	33.3	30	66.7	45	100
<i>Decision about Use of Family Planning</i>						
Self	18	20.0	72	80.0	90	100
Depend on Husband	20	39.2	31	60.8	51	100
Depend on In-laws	1	33.3	2	66.7	3	100
<i>Total</i>	<i>39</i>	<i>27.1</i>	<i>105</i>	<i>72.9</i>	<i>144</i>	<i>100</i>

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Cultural Acceptability and Demographic Factors

It is observed that families consider contraception as a government need, rather than as it is for their personal advantage. It is seen that perception, persuading women and men to understand contraception and the timing of pregnancies as an important means of personal independence and improvement in their own lives. There is a societal preference in India for early marriage, followed by child-bearing. High educational level, poor access to information, poverty and gender-based disparities serves as major barriers to family planning. These also include lack of male involvement in family planning, and continuing open discrimination against the girl child, adolescent girls and women in the poor society.

It has been found that marriage at early ages (less than 18 years) 24.1 percent women use family planning, but marriage after 18 years shows more prevalence of contraception (31.1 percent). The similar situation has been observed in case of years of marriage. At 1-3 years of marriage, use of contraception among women is very less (8.7 percent), whereas after 4 years of marriage prevalence of contraception is high around 31 percent. Also it is seen that prevalence rate declines as the years of

marriage increases, which leads to menopause. Women having single parity (14 percent using contraception) mainly avoid use of family planning. While, 31 percent women who have 2-3 children and 34 percent women with 4-5 children are using contraception. The prevalence of contraception also increases with the increase in parity (4-5 children). But after a certain level of parity (women with more than 5 children), prevalence of contraception is less 24 percent Most of the Muslim married women not using family planning because of their strong religious beliefs and affiliations (Table III).

TABLE III: DEMOGRAPHIC FACTORS AND USE OF CONTRACEPTION AMONG MUSLIM MARRIED WOMEN

<i>Women's Age at Marriage</i>	<i>Using</i>		<i>Not Using</i>		<i>Total</i>	
	<i>No.</i>	<i>%</i>	<i>No.</i>	<i>%</i>	<i>No.</i>	<i>%</i>
< 18	20	24.1	63	75.9	83	100
=>18	19	31.1	24	68.9	61	100
<i>Years of Marriage</i>						
1-3 Years	2	8.7	21	91.3	23	100
4-9 years	18	30.5	41	69.5	59	100
=>10 Years	19	30.6	43	69.4	62	100
<i>Number of Children</i>						
One Child	4	13.8	25	86.2	29	100
2-3 Children	19	30.6	43	69.4	62	100
=>4 Children	16	30.2	37	69.8	53	100
<i>Total</i>	<i>39</i>	<i>27.1</i>	<i>105</i>	<i>72.9</i>	<i>144</i>	<i>100</i>

Part of the Ph.D Research Data 2008

Health Concern and Perceived Access to and Quality of Services

Most of the women and men do not have access to a wide choice of contraceptives, particularly those who are dependent on the public sector. Inadequate knowledge of contraceptive methods and incomplete or incorrect information about where to obtain methods and how to use them are the main reasons referred for not accepting any family planning method. Major limitations include inadequate resources, lack of an integrated multi-sectoral approach, insufficient IEC (information, Education and Communication) support, and a weak health management information system.

On the basis of qualitative study it is evident that quality of family planning care strongly influences contraceptive behavior. Other factors like service availability, accessibility, cost and the user's desire to control fertility also affect the use of contraception.

Factors AFFECTING IN THE USE OF CONTRACEPTION

The statistical method used for the analysis is logistic regression. The method is suitable for studying relationships between a number of factors and a dependent variable that has more than two possible outcomes. The 'contraceptive method currently used/using' is the dependent variable. Factors like

perception and attitude, age at marriage, duration of marriage, women's and husband's education, number of children and number of son etc are the independent variables.

The attitude towards pregnancy is very strong indicator in the use or non use of contraception among Muslims. Women who are just happy with the number of pregnancy or children show significantly higher contraceptive acceptance than those who were very happy with number pregnancy and children. Also it has found women who can take decision for family planning are highly significant than those women who are depend on husband for the use of contraception. It means women who take decision about family planning are more likely to use contraception than those whose husband take decision for family planning. Years of marriage at different stages are also a significant indicator in the use of contraception. It says that there is high probability of use of contraception for women in the middle years of marriage (4-9) than those in early and late years of marriage i.e. 1-3 and 4-9 respectively. As the years of marriage increase chances of using contraception gradually decreases.

Women with single parity and women having more than four children are less likely to use contraception than the women who have 2-3 children. Husband's secondary and more than secondary level education also show the significant relation with the use of contraception among Muslims. Women's education, age at marriage, pregnancy perception (wanted children or not) and number of son women has, have no significant relation with the use of contraception among Muslims. It is because low status of women though they are literate and they have very less says in the family and can not take decision independently. One of the fact that though the educational level is higher among Muslim women but after primary education most of them have studied in religious schools and mdarsas. They follow religious beliefs and affiliation strongly. That's why majority of women stated that contraception is forbidden by Islam and that its use will not be considered at any time or under any conditions (Table IV).

TABLE IV: FACTORS AFFECTING IN THE USE OF CONTRACEPTION BY REGRESSION ANALYSIS

				EXP
Characteristics	Number	Percent	(B)	
Attitude about pregnancy				
V happy	89	61.8		
Happy	55	38.2	0.022**	
Decision About Number of Children				
Yes	99	68.8	0.855	
No	45	31.3		
Decision About Family Planning				
Self	90	62.5		
Depend on Husband	54	37.5	0.393**	
Perception about Pregnancy				
wanted then	90	62.5		
waned later	54	37.5	1.347	
Age at Marriage				
< 18 years	83	57.6		

=>18-24 years	61	42.4	0.971
<i>Years of Marriage</i>			
1-3 Years	23	16	
4-9 Years	59	41	0.097*
=>10 Years	62	43.1	0.1
<i>Women's Education</i>			
Primary	66	56.9	
Secondary and More	50	43.1	1.46
<i>Husband's Education</i>			
Primary	62	49.2	
Secondary and More	64	50.8	0.258*
<i>Number of Children</i>			
One Child	29	20.1	
2-3 Children	62	43.1	6.047*
=>4 Children	53	36.8	7.31
<i>Number of Son</i>			
1-2 sons	91	77.1	
=>3 sons	27	22.9	3.091
<i>Total</i>	<i>144</i>	<i>100</i>	
Dependent Variable= Using Contraception			
** $p \leq 0.05$ @ 95% Significant Level			
* $p \leq 0.1$ @ 90% Significant Level			

Conclusion

Paper examines the determinants of contraceptive use among Muslim married women in India. It uses primary data obtained from a quantitative and qualitative survey of 144 eligible Muslim women. Bi-variate and multivariate analyses demonstrate that the factors that most influence a woman's use of contraception include her attitude towards pregnancy, decision about family planning, years of marriage, , husband's education and number of living children she has, and her religious affiliation. The study also shows that the availability and quality of government health care services affects the use of contraception. The findings indicate a substantial and apparently causal relationship between the intensity of health service use and subsequent contraceptive use. From the Policy point of view it indicates that sizeable increases in contraceptive prevalence might be realized by increasing the knowledge about the methods of contraception to increase the coverage and intensity of use health services.

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