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**REPRODUCTIVE BEHAVIOUR  
AMONG MUSLIMS IN  
UTTAR PRADESH**

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## REPRODUCTIVE BEHAVIOUR AMONG MUSLIMS IN UTTAR PRADESH

*M.E. Khan and Bella C. Patel*

Muslims form the largest minority group in India. According to 1991 census, they constitute about 12 per cent of the country's population. In absolute terms, Muslims in India totalled 101.6 million which gives India a distinction of having the second largest Muslim population in the world. The spread of Muslims in different states varies from one per cent in Punjab to 22 per cent in the States of Kerala and West Bengal, except for 64 per cent in Jammu and Kashmir. In Uttar Pradesh (UP), according to the 1981 census, Muslims contributed 15.2 per cent of the total population. Within Uttar Pradesh also their concentration varies from 3.2 per cent in the Hill region to 21 per cent in the Western region. Some districts of the Western region such as Muradabad, Rampur, Saharanpur, Bijnor and Shahjahanpur have a concentration of Muslim population and in these districts they constitute about 40 per cent of the district population.

The growth rate of Muslim population in India during the last 3 decades is somewhat higher than non-Muslim population. Exponential growth rate was around 2.67 as compared with 2.16 for other communities. In Uttar Pradesh also it has followed the same pattern. Different sample surveys carried out by a number of agencies show that Muslims have higher fertility and they prefer larger families (Khan and Prasad, 1981; ORG, 1989; Khan, 1991; IIPS, 1995). These observations sometimes are used by a few fanatics of other religious groups to oppose family planning, as they fear that if the present trend persists, Hindus will be eventually out-numbered by the Muslims. This proposition, however, has been mathematically examined and rejected by demographers (Kapur, 1994). According to the estimate, even taking the worst (and most improbable) scenario that the present growth rate does not undergo any changes in future, it is projected that the proportion of Muslim population will grow from 11.7 in 1981 to 12.8 in 2001 and to about 18 per cent in 2081. Even after 200 years after 1981, that is, the year 2181, the proportion of Muslims will increase only to 26.7 per cent. Muslims will attain majority only after 400 years under this most unlikely scenario.

The present paper, based on a large sample survey carried out in Uttar Pradesh, compares reproductive behaviour of Hindus and Muslims. An attempt has been made to examine the determinants of their differential fertility and family planning behaviour.

## DATA

Data for the present study is taken from the U.P. Baseline Survey carried out in 15 districts of Uttar Pradesh. The study was sponsored by the State Innovations in Family Planning Service Agency (SIFPSA) and was carried out by eight different research and consultancy organizations. The Population Council, on behalf of SIFPSA, coordinated the survey work and provided technical assistance to the consultancy firms on all the aspects of research.

From each district 2,500 households proportionately spread over rural and urban areas were randomly selected. All ever-married women in the households aged 13 to 49 years were interviewed. Details of sample design are given elsewhere (SIFPSA - The Population Council, 1995).

For the present paper data from only Western districts, namely: Ghaziabad, Meerut, Rampur and Shahjahanpur, covered in the U.P. Base Line Survey have been analyzed. In these districts, Muslims are living in significant number and, therefore, are able to maintain their traditional value system. In other locations where they are in small number, often under influence of the dominant caste/religious group, they tend to lose their value system more easily to adopt values those of the general masses.

In the four districts taken together a total of 11,278 ever-married women aged 13-49 years from 10,377 households were interviewed. Out of the 11,278 women, 7,870 were from rural areas and the remaining 3408 from urban centres.

## FINDINGS

Table 1 presents background information of the women who were interviewed in the present study. The data clearly shows a wide gap in the educational level of Hindus and Muslims. Eighty per cent of the Muslim women against 63 per cent Hindus were illiterate. While, only 7 per cent of the Muslim women had schooling up to matric or more, the corresponding figure was as high as 25 percent for Hindus.

A cross tabulation of husband's and wife's education level further revealed that for 51 per cent of the Muslim couples against only 24 per cent among the Hindus, both husband and wife were illiterate. In contrast, among Hindus about 24 per cent of both husband and wife had schooling of more than primary level. The corresponding percentage among the Muslims was only 5 per cent.

Table 1: Background Characteristics of the Respondents

	Hindus					Muslims				
	Illiterate	Primary	Matric	Matric+	Total	Illiterate	Primary	Matric	Matric+	Total
Residence										
Urban	22	35	52	81	34	38	54	80	93	43
Rural	78	62	48	19	66	62	46	20	7	57
Education level of women	63	12	15	10	100	80	13	5	2	100
Mean age	31.0	30.2	29.0	31.0	30.6	30.4	28.1	28.4	30.1	30.0
Age at effective marriage										
Mean	16.9	17.3	18.3	19.8	17.5	17.2	17.4	17.9	19.8	17.3
SD	1.9	1.9	2.0	1.8	2.1	1.9	1.9	2.0	1.8	2.0
% reporting as housewife	97	97	98	94	97	99	98	97	87	98
Number of estimated women ('000s)	912	174	206	140	1432	353	60	20	9	442

An analysis by residence showed that a larger proportion of Muslims (43 per cent) as compared to Hindus (34 per cent) were living in urban areas. Further, a comparison of education level by residence of the women reveals that rural-urban disparity in education of the women is much wider among the Muslims than among the Hindus. For instance, while among the Hindus, the women who were educated up to matric were equally divided in rural and urban areas, in the case of the Muslims, most of them (80 per cent) were concentrated in urban areas. It indicates that spread of higher education (matric and above) among Hindus is substantial both in rural and urban areas, but it is not so among Muslims. Higher education (matric and above) among Muslim women is still mainly an urban phenomenon.

The two communities did not differ much with respect to their age structure (not shown in the table) and age at marriage. The mean age of the Hindu women was 30.6 against 30.0 for the Muslims. Similarly, the mean age at effective marriage for the Hindu and Muslim women worked out to be 17.5 and 17.3 respectively. Again, no difference was observed in their participation in paid labour force \$ 97 to 98 per cent of the women from both the communities reported to be housewives.

## FERTILITY DIFFERENCES

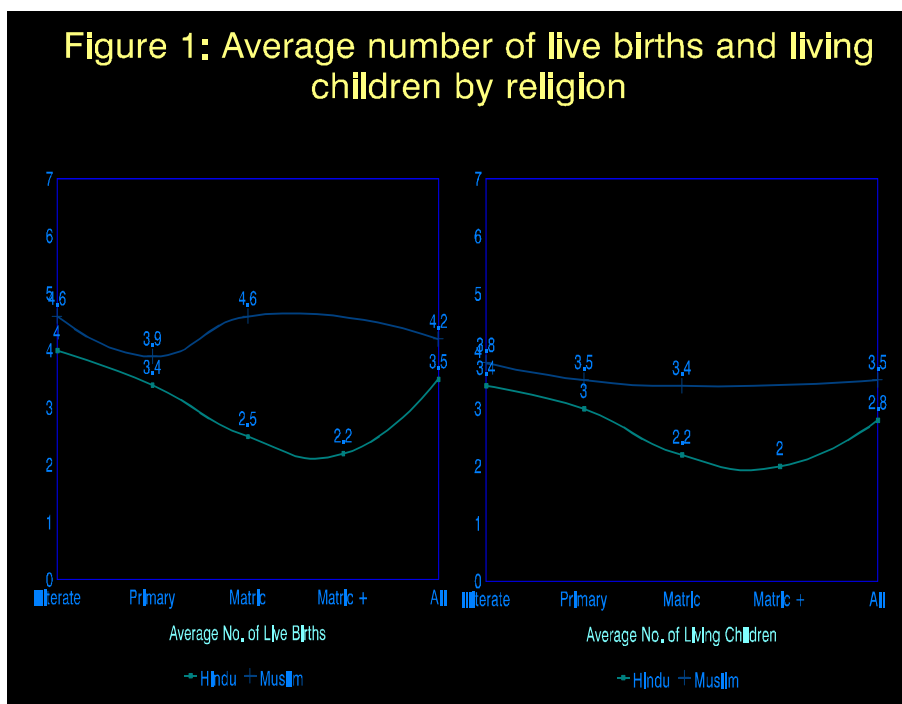
**Total Fertility Rate (TFR):** Table 2 shows that total fertility rate (TFR) of the Muslims in all the four districts was higher than the Hindus. TFR of the Muslims ranged between 5.6 and 5.9 as compared with 4.3 to 5.2 among the Hindus. On an average, the Muslim couples had one more child than a Hindu. Fertility among the Muslims is about 16 per cent higher than that of the Hindus.

Table 2: Total Fertility Rate in Western U.P

Districts	Hindus	Muslims
Ghaziabad	4.8	5.8
Shahjahanpur	4.8	5.9
Meerut	4.3	5.8
Rampur	5.2	5.6
Uttar Pradesh*	4.8	5.8

\* Source: IIPS, 1994

**Average Number of Live-births and Living Children:** Average number of live births and living children among the Muslims were estimated to be 4.2 and 3.5 respectively, which is 16 to 20 per cent higher than the corresponding figures of 3.5 and 2.8 among the Hindus (Figure 1). Education level of women among Muslims seems to have only a marginal impact on the average number of children they have, while among Hindus, education level shows a consistent negative impact on fertility levels (Figure-1).



**Completed and Desired Family Size:** Completed family size was obtained by adding the number of living children and additional desired children by women. The analysis shows that the Muslim women desired a somewhat larger family size than the Hindus. For instance, only 13 per cent of the Muslim women were aspiring for a two-child family. About 18 per cent hoped to have three children, while 58 per cent wanted four or more children. The corresponding figures for the Hindu women were 25, 27 and 45 respectively. The mean of the completed family worked out to be 3.6 (SD ± 1.2) for

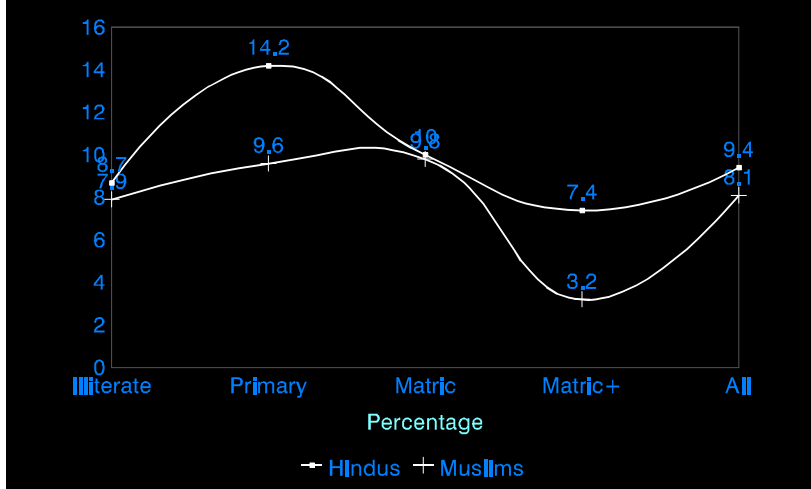
the Muslims and  $3.2 \pm 1.1$  for the Hindus (Table 3). Among the Muslims, the mean of completed family size dropped from 3.7 for illiterate mothers to 3.0 for those studied upto matric and 2.6 for higher educated women. A similar but somewhat sharper decline was observed among the Hindus.

**Table 3: Completed Family Size**

	Hindus					Muslims				
	Illiterate	Primary	Matric	Matric+	Total	Illiterate	Primary	Matric	Matric+	Total
2 or less	15	26	40	62	25	10	17	28	53	13
3	26	30	33	24	27	17	20	26	20	18
4	47	39	26	12	40	50	43	30	11	47
5	8	4	1	1	5	11	11	5	12	11
Non-numeric	4	1	-	1	3	12	9	11	4	11
Mean	3.5	3.1	2.7	2.2	3.2	3.7	3.5	3.0	2.6	3.6
SD	1.1	1.1	1.1	1.0	1.1	1.1	1.2	1.2	1.2	1.2
Number of estimated EMW ('000s)	912	174	206	140	1432	353	60	30	9	442

The relatively higher fertility among the Muslims was also reflected in their family size norm. On an average, a Muslim couple perceived four-child family (mean 3.6) as an ideal one against three-child family (mean 3.0) by the Hindu couples. This desire for larger family is well collaborated by figures on additional desired number of children by number of living children. For instance, among the Muslim women who currently had 2, 3 or 4 living children, 71, 48, and 19 per cent respectively were desirous of additional children. The corresponding percentages for the Hindu women were only 45, 22 and 10 respectively. This pattern persisted even when educational disparity was controlled. Among the Muslims, dependence on fate, God, etc. was much higher (22 per cent) as compared to the Hindus (5 per cent). This religious and fatalistic attitude dropped significantly with education (Table not given in the text).

**Figure 2: Percent women reporting atleast one pregnancy as unwanted**



## Unwanted Pregnancy

Each woman was asked if any of her pregnancy was unplanned or unwanted. 8 per cent of the Muslim and 9 per cent of the Hindu women reported their last pregnancy as unwanted one. At least 4 per cent of the women in both the groups had experienced two or more unplanned pregnancies. The two groups did not differ in their experience of having unwanted pregnancies.

## Ideal Age at Marriage

A probing on the ideal age at marriage for girls reveals that both among the Hindus and Muslims, nearly 30 per cent in each group perceived 17 or less years, 18 years and 19 or more years as ideal age for marrying their daughters (see Table 4).

In both the religious groups, a much higher proportion of illiterate women (35 to 40 per cent) perceived 17 years or less as an ideal age of marriage for girls than who had schooling upto matric (7 to 8 per cent) or had education beyond matric (1 to 3 percent).

36.5 per cent Muslim and 45 per cent Hindu women were correctly aware of the age at which a girl can legally marry.

Table 4: Distribution of Women by Perception of Age at which Girls should Get Married

	Hindus					Muslims				
	Illiterate	Primary	Matric	Matric +	Total	Illiterate	Primary	Matric	Matric +	Total
< 17	41	18	7	1	29	35	25	8	3	32
18 years	29	44	48	40	34	28	35	57	48	30
19 +	24	36	44	59	32	27	36	34	49	29
DK	6	2	1	0	5	10	4	1	-	9
Average age	17.5	18.3	18.2	19.5	18.0	17.7	17.6	16.9	19.0	18.1
Number of estimated EMW ('000)	912	174	206	140	1432	353	60	20	9	442

## FAMILY PLANNING

### Awareness and Knowledge of Family Planning

Knowledge of family planning is nearly universal, both among the Muslim (93 per cent) and Hindu (95 per cent) women. They were all aware of at least one modern contraceptive. Even modern spacing family planning methods were known to a substantially high proportion of women in both the groups, though somewhat more



among the Hindus (91 per cent) as compared to the Muslims (88 per cent).

**Table 5: Knowledge of Family Planning**

(Percentage)

	Hindus					Muslims				
	Illiterate	Primary	Matric	Matric +	Total	Illiterate	Primary	Matric	Matric + Total	Total
% aware of any FP method	93	98	98	99	95	92	97	98	97	93
Any modern FP method	93	97	98	99	95	92	97	98	97	93
Any modern spacing FP method	87	95	98	98	91	86	94	97	97	88
<b>% having correct knowledge of</b>										
Any modern method	83	93	94	95	87	77	88	89	91	79
Any modern spacing method	71	86	90	93	77	70	84	86	91	73
Number of currently married women (' 000)	878	170	201	138	1387	339	57	19		8 423

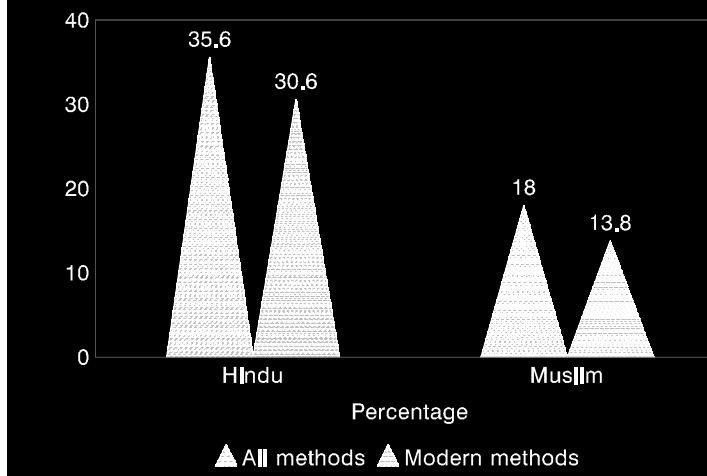
To assess the extent women had correct knowledge about the contraceptives, for each family planning method mentioned by them they were asked to indicate who (male or female) could use that method and how it was administered or used. 79 per cent of the Muslim women had correct knowledge of at least one modern family planning method. Similarly, 73 per cent had correct knowledge about at least one modern spacing family planning method. The corresponding percentages were somewhat higher for the Hindu women - 87 and 77 respectively (Table 5).

The same pattern was observed for each specific family planning method - a highest proportion of Hindu women had correct knowledge about the method than the Muslim women. The difference was less for pills and condom (4 per cent points) than IUD (8 per cent points) or tubectomy (13 per cent points).

### Contraceptive Use

Contraceptive use among the Muslims is quite low as compared to the Hindus. At the time of survey only 18 per cent of the Muslim women were practising family planning; 13.8 per cent were using modern methods and 4.2 per cent traditional methods (Figure 3). Corresponding figures for the

**Figure 3: Usership of family planning by religion**



Hindus were 36; 31 per cent using modern contraceptives and 5 per cent traditional methods. Preference for contraceptive methods also significantly differed in the two religious groups. While among the Hindus, sterilization was the most preferred method, condom was more used among the Muslims (Table 6). Acceptability of oral contraceptive pill was also more among the Muslim women than the Hindus. This suggests that to increase contraception among the Muslims, promotion of non-terminal methods, particularly condom and oral pills may yields better result than the usual program emphasis on sterilization.

Analysis shows a positive relationship between education and the level of current use of contraception. Differentials in contraceptive use by education are more evident between illiterate Muslim women (16 per cent) and those who had schooling upto matric and above (35 per cent). Marked differences are also observed in the use of pills and condom between the illiterate and literate groups (Table 6).

**Table 6: Usership of Family Planning Method**

	<i>Hindus</i>					<i>Muslims</i>				
	<i>Illiterate</i>	<i>Primary</i>	<i>Matric</i>	<i>Matric +</i>	<i>Total</i>	<i>Illiterate</i>	<i>Primary</i>	<i>Matric</i>	<i>Matric +</i>	<i>Total</i>
All methods	27.6	42.3	48.5	59.5	35.6	15.7	23.2	35.0	35.0	18.0
Any modern method	23.1	36.6	42.9	51.8	30.6	11.8	17.1	32.1	28.8	13.8
Sterilization	16.9	25.2	24.5	20.6	19.4	3.8	4.5	10.3	-	4.1
IUD	1.0	3.0	4.7	6.7	2.4	0.9	1.	3.0	1.3	1.1
Pills	2.1	2.7	3.5	4.9	19.6	2.7	2.3	2.4	5.4	13.9
Condom	3.1	5.7	10.2		6.1	4.8	8.5	13.6	13.6	5.9
Number of currently married women ('000)	878	170	201	138	1387	339	57	19	8	423

Religious differential in contraceptive use persists even after controlling education, and age of the women which in a way is also a proxy variable for number of living children. However, two important points need to be noted. One, the differential in contraceptive use between the two religious groups reduces substantially with the increase in education. For instance, in the 25-34 age group, 55 per cent of the Muslim couples having schooling more than matric were practising family planning. The corresponding figure for Hindu couples was 67 per cent (Table 7).

Another point which needs to be underlined is the fact that the differential between the two religious groups is much more in the older age group 25-34 and 35+ than the younger age group (24 years or less). This may indicate that the younger couples among the Muslims are more prone to contraception than the older generation.

Table 7: Current FP Usership by Age of Women

	Hindus					Muslims				
	Illiterate	Primary	Matric	Matric +	Total	Illiterate	Primary	Matric	Matric +	Total
< 24	11	19	25	43	18	9	15	22	21	11
25-34	33	52	65	67	44	22	32	49	55	26
35+	42	63	76	71	51	21	38	49	28	24

Figure 4 shows a positive association between the number of living children and contraceptive use. Contraceptive use steadily increases from 3 per cent among the Muslim women who had no living children to 23 per cent for the women with four or more living children. The same pattern is evident for the Hindu women as well where it increases from 5 per cent for women with no child to 46 per cent for women with four or more living children. Except in the case of a childless couple, at all levels of family formation, the usership among the Hindus is two to three times higher than the Muslims.

### Source of Supply of Contraception

Two-thirds of the sterilizations and slightly more than half of the IUD insertions were done in primary health centres and

Figure 4: Contraceptive usership by number of living children

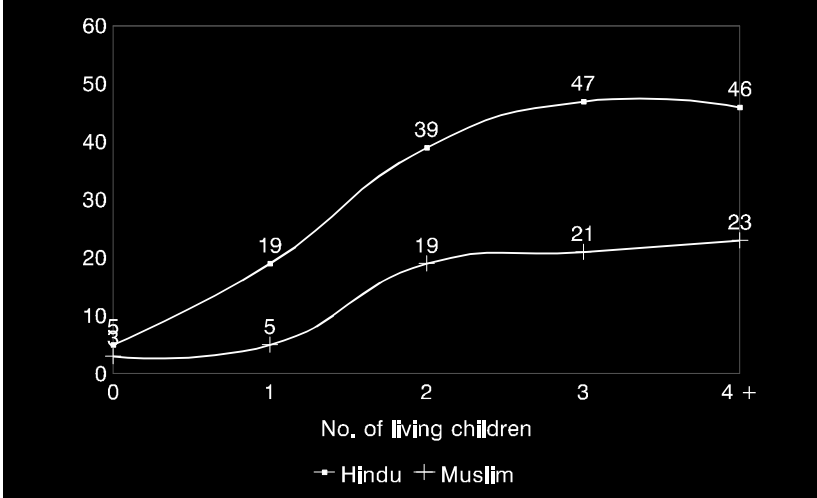
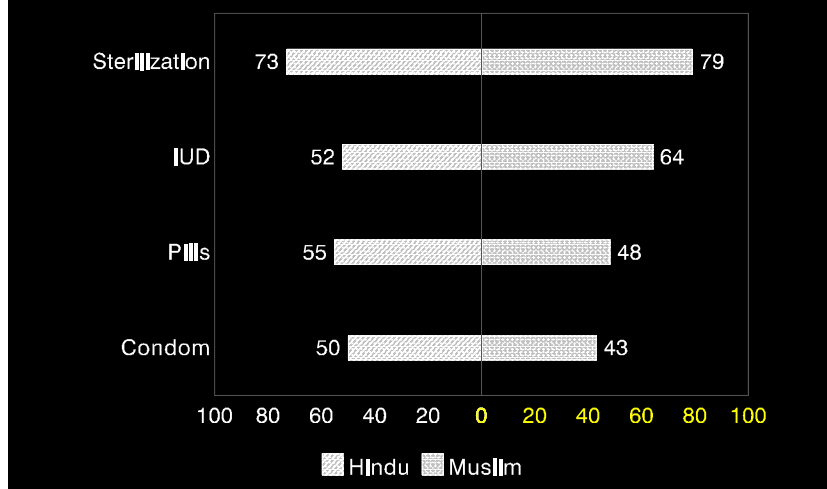


Figure 5: Percent of current users utilizing public clinics as source of service



other government institutions (Figure 5). However, in case of non-terminal methods (pills & condom) less than half were depending on government sources. A comparison of the sources of supplies among the two religious groups shows that for clinical methods a higher proportion of Muslims (64-79 per cent) depended on public clinics than Hindus (52-73 per cent). In case of non-clinical methods, however, Muslim's dependence on government's clinics was much less (43-48 percent) than Hindus (50-55 per cent). This indicates that in provision of contraceptive, particularly the non-clinical methods, private facilities and other outlets are playing a significant role. Perhaps more members of Muslim community could be reached by increasing contraceptive availability from private facilities through social marketing and using CBD approach.

### **Levels of Unmet Need**

Unmet need for family planning is defined as the proportion of couples who wish to delay or avoid next pregnancy but still are not using any contraceptives. All currently non-pregnant eligible women who wished to delay their next birth by two or more years and were yet not practising contraception are grouped as unmet need for spacing. Similarly, those who wanted no more children and were yet not using any FP method are grouped as unmet need for limiting childbearing. The total unmet need among the Muslim women is much higher (56 per cent) than the Hindus (42 per cent). The unmet needs for spacing and stopping child bearing for the two religious groups were estimated to be 24 and 32 for Muslims against 17 and 25 per cent for Hindus. The differential in unmet need between the two communities persists even after controlling their educational level (Table 8).

The unmet need for family planning was negatively associated with the level of education of the women. Illiterate and less educated women had expressed much higher level of unmet need of family planning as compared to the more educated women. Conversely, percentage of contraceptive demand satisfied increased from 17 per cent for the illiterate Muslim women to 49 per cent for women with schooling more than matric. The corresponding figures were much higher among Hindus (32 and 67 per cent respectively).

'Opposition from husband or other family members' (10 per cent) and 'use of contraception is against religion' (38 per cent) were the main reasons for unmet need among the Muslims. Fear of operation/failure/side effects and disliking of the existing methods were mentioned by another 5 to 6 per cent of the women as reasons for not using contraceptive.

Table 8: Levels of Unmet Needs by Religion

	Hindus					Muslims					Estimated Total CMW (000's)	
	Unmet need			Total demand of contra- -ptive	% of contra- ptive demand met	Estimated CMW (000's)	Unmet need		Total demand of contra- ptives	% of contra- ptive demand met		
	Spac- ing	Limi t-ing	Total				Spac- ing	Limi t-ing				
Illiterate	20	29	48	71	32	878	24	35	59	71	17	339
Primary	16	22	39	76	49	170	22	24	46	63	27	57
Matric	15	16	30	73	59	201	22	21	43	75	43	19
Matric +	8	18	26	78	67	138	17	13	30	59	49	8
All (%)	17	25	42	73		1387	24	32	56	70		423

## HINDRANCES TO THE ACCEPTANCE OF FAMILY PLANNING

### Access to Information

In a traditional society like rural Uttar Pradesh, the main sources of information about sexuality and family planning include: mass media, husband, friends and other peer groups. However, data on exposure of women to mass media and husband-wife communication on desired family size show that the Muslim women have less access to information than the Hindu women (Table 9). For instance, overall 64 per cent of the Muslim women were not exposed to any mass media viz., newspaper, radio, TV and cinema as against around half of the Hindu women. In both the religious groups, exposure of the women to various mass media is positively associated with their level of education. For instance, only 29 per cent of the illiterate Muslim women were exposed to at least one media as against 88 per cent of those who had studied upto matric and above.

Table 9: Exposure to Mass Media

	Hindus					Muslims				
	Illiterate	Primary	Matric	Matric +	Total	Illiterate	Primary	Matric	Matric +	Total
% women exposed to at least one media	35	66	83	95	51	29	53	85	88	36
% respondents discussed desired family size with the husband	54	70	82	92	64	46	56	67	82	49
Number of currently married women	878	170	201	138	1387	339	57	19	8	423

Similarly, the extent of husband-wife communication about desired family size is lower among the Muslims as compared to the Hindus. Half of the Muslim couples and one-third of the Hindu women had never discussed with their spouse about the number of children they should have.

As expected, the inter-spouse communication is also positively associated with the educational level of the women (Table 9). A comparison of the two religious groups further shows that the impact of education on husband-wife communication is much sharper and steeper among the Hindus as compared to the Muslims. This could be because the Muslims, who are socially and economically more backward than the Hindus, hold their traditional values more strongly than Hindus.

### Attitude of Couples Toward FP

An analysis of the women's own attitude towards family planning and their perception about their husband's attitude on the subject shows that in only 57 per cent of the cases among the Muslims as compared to 82 per cent among the Hindus, both husband and wife approved family planning (Table 10). Among the total Muslim women 69 per cent approved, 18 per cent disapproved and 13 per cent were uncertain whether contraception should be approved. The corresponding percentages for the Hindu women were 85, 6 and 9 respectively.

The percentage of women reporting disapproval of contraception by their husbands was much higher (23 per cent) among the Muslims than among the Hindus (6 per cent).

**Table 10: Attitude of Couples Towards Family Planning**

	<i>H-W both approve</i>	<i>W approves H disapproves</i>	<i>W disapproves H approves</i>	<i>H-W both disapprove</i>	<i>W unsure H approves</i>	<i>W unsure H disapproves</i>
Hindus	82	3	4	2	8	1
Muslims	57	12	9	9	11	2

H = Husband W = Wife

### Contact with the Family Welfare Program and Quality of the Services Offered

**Level of contact with the FW program:** According to the government norm an ANM who caters to approximately 5,000 population, is expected to visit each household in her work area at least once in two months. The frequency of providers contact with the perspective clients, particularly during post-partum period, quality of such interaction and details of information provided about various contraceptive methods are important elements of quality of services. They play a significant role in the acceptance and continuation of contraception as well as utilization of health services.

Table 11: Client-Provider Contact During 3 Months Prior to Interview

	<i>Hindus</i>	<i>Muslims</i>
% of the women visited by the PHC/SC staff	11	10
% of the women who themselves visited the PHC/SC staff	17	16
Total contact between the women and the PHC/SC staff	24	23
Number of currently married women ( ` 000s)	1387	423

The analysis reveals that only around 10 per cent of the women both among the Muslims and the Hindus were visited by the PHC/SC workers during the three months period prior to survey. Further, about 16-17 per cent of the women had themselves contacted the health workers for various purposes. Even after taking both of these types of contacts together, at the most about one-fourth of the currently married Muslim and Hindu women had any contact with the health workers during the last 3 months. This shows an extremely poor level of contact between the beneficiaries and the program.

**Choice of Contraceptive:** The most common methods mentioned by the workers to the Muslim women were pills and tubectomy (65-66 per cent), while condom and IUDs were mentioned to only 56-57 per cent of the women. Another around 19 per cent of the Muslim women were told about safe period and 4 per cent about withdrawal. Sterilization was more (76 per cent) mentioned to the Hindu women while a lesser proportion of the Hindu women as compared to the Muslims were informed about the non-terminal FP methods (Table 12). It indicates that the family planning workers offered more choices of contraceptives to the Muslims than to Hindus perhaps, because of the general perception that Muslims are less prone to accept sterilization.

Further probing on quality of counselling revealed that only a small proportion of the women, both among Muslims and Hindus were informed both about the advantages and possible side effects of the contraceptives. While this shows a poor quality of counselling on the part of family planning workers, it does not show any differential in their approach by religion. Analysis by education level of the women shows that illiterate and less educated women were informed more about advantages and disadvantages of sterilization and condom while other spacing methods were more emphasized to the better educated women.

Table 12: Quality of Counselling and Follow up Visit after FP Adoption

	Percentage	
	<i>Hindus</i>	<i>Muslims</i>
<b>% reported FP method mentioned by the health worker *</b>		
Sterilization	76	65
IUD	46	56
Pills	50	66
Condom	40	57
Withdrawal	5	4
Safe period	11	19
<b>Per cent women informed about both advantages and disadvantages of the methods*</b>	22	18
Sterilization	14	15
IUD	13	19
Pills	9	11
Condom	1	1
Withdrawal	1	1
Safe period		
Number of women reporting PHC/SC staff visit ('000)	188	49
% of the users visited by the health worker within one month of FP adoption **	11	4
% of the users told about type of precautions to be taken after adopting the method **	68	50
% of the users told about when to make revisit**	41	26
Estimated number of current FP users ('000)	494	76

\* Base is those who were visited. \*\* Base is number of current users.

**Advice to Acceptors on Precaution and Revisit to Clinic:** One-half of the Muslim acceptors as against 68 per cent of the Hindu acceptors informed that they were told about the precautions to be taken after adopting the method. Similarly, only one-fourth of the Muslim women who were currently using contraceptive were told about when to make a revisit as compared to 41 per cent of their Hindu counterparts. More qualitative research studies using in-depth case studies and participant observations during actual delivery of services are required to look into the differential behaviour and counselling pattern of the providers with the women from different communities. It is possible that the providers felt more comfortable with their Hindu clients than the Muslims and hence were able to give them more time and complete information.

**Follow-up visit by the workers:** As in the case of home visit, follow up visits by the workers to family planning acceptors is also very low. Only around 4 per cent of the Muslim acceptors and 11 per cent of the Hindu acceptors were visited by a worker within one month of the acceptance of contraception.



The study thus show that though frequency of contact of the women with the family welfare workers was equally poor in both the communities, the quality of services provided to Hindu women was relatively better than that to Muslim women.

## **MATERNAL AND CHILD HEALTH MCH CARE**

**Antenatal Care:** The study shows that in general a lower proportion of the Muslim women had received antenatal care than the Hindu women. For instance, only 47 per cent of the Muslim women who had conceived during the last two years had received tetanus toxoid (TT) injection and even less (23 per cent) were provided with iron and folic acid tablets. The corresponding figures for the Hindu women were 56 and 35 per cent respectively.

Further analysis by controlling educational level of women shows that it has major impact on availing antenatal services. For instance, only 43 per cent of the illiterate Muslim women as compared to 70 per cent of the educated mothers (matric and above) had received TT injection. Similarly, 21 per cent illiterate women as against 67 per cent educated women had received iron and folic acid tablets. A similar pattern was observed among the Hindu women as well.

**Place of Delivery and Assistance during Delivery:** Majority of the mothers, more than 94 per cent Muslims and 87 per cent Hindus, delivered at home. Only 2-4 per cent among both the religious groups used public sources during delivery in the last two years.

Level of education has direct bearing on institutional delivery. Only 4 per cent of illiterate Muslim women had institutional deliveries as compared to 27 per cent of women who studied upto matric and 57 per cent of women with higher level of education. A similar trend was observed among Hindus where the corresponding figures were 4, 26 and 61 respectively.

Only 23 per cent of the delivery among the Muslim women and 27 per cent of those of Hindu women were assisted by a doctor, a nurse or a trained dai. Again, education level of mothers had a significant effect on assistance sought during delivery. Only 20 per cent of illiterate mothers against 68 per cent of women who had studied upto matric and 50 per cent of women who had studied beyond matric reported their delivery to have been assisted by a trained person. A similar trend was also observed among their Hindu counterparts with the corresponding figures as 18,

44 and 70 per cent respectively.

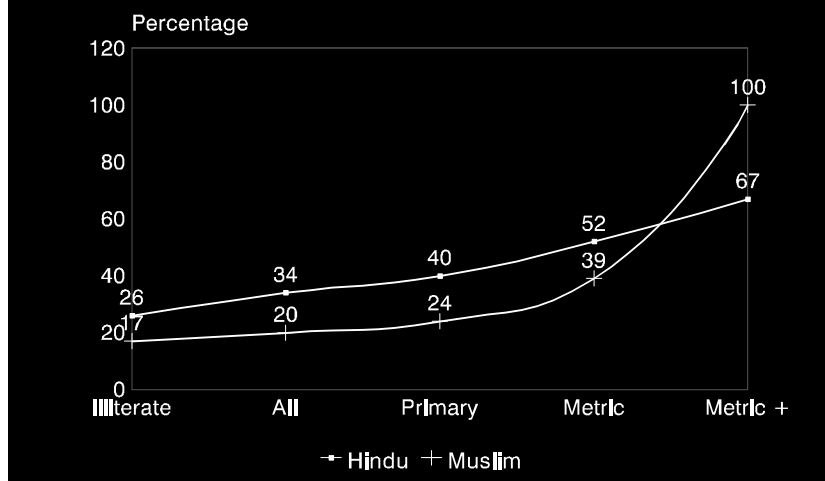
**Table 13: MCH Care Received**

	<i>Hindus</i>					<i>Muslims</i>				
	<i>Illiterate</i>	<i>Primary</i>	<i>Matric</i>	<i>Matric+</i>	<i>Total</i>	<i>Illiterate</i>	<i>Primary</i>	<i>Matric</i>	<i>Matric+</i>	<i>Total</i>
Per cent received TT injection	48	67	73	84	56	43	60	71	77	47
Per cent received Iron and Folic Acid tablets	27	38	55	74	35	21	24	53	67	23
Estimated number of women pregnant in last 2 years ('000s)	433	73	87	50	643	206	36	9	3	254
% of delivery assisted by a trained person	18	31	44	70	27	20	24	68	50	23
Contact with the PHC/SC worker within 2 months of delivery	15	18	15	20	15	10	11	10	10	10
Estimated number of women delivered in last 2 years ('000s)	429	72	86	50	637	204	36	9	3	252

**Post Partum Contact with Health Workers:** The study shows a very low level of contact of women who had delivered during last two years with the grassroot health workers even during post-natal period (2 months of delivery), the period when the women require various health services and advice on contraception. Only 5-7 per cent of the women in both the religious groups who delivered in the last two years were visited by PHC/SC workers within two months of delivery while only 8 to 11 per cent women sought assistance from the health workers during their post-partum period.

As Table 13 shows, only 10 per cent of the Muslim women and 15 per cent of Hindu women had any contact (worker visited the women or women visited the worker) with the health worker during post-partum period. The situation does not change with improvement in educational level of the women. The same pattern persisted among the Hindu women as well.

**Figure 6: Complete immunization coverage of children (12-23 months) by religion**



The study thus shows that though utilization of pre- and post- natal care was poor in both the communities, the Hindu women were slightly better served than the Muslim women.

### Immunization Status of Children 12-23 months

Figure 6 shows immunization status of children aged 12-23 months, the age by which they should be fully vaccinated. Complete immunization coverage for children is only 20 per cent among Muslims against 34 per cent among Hindus. The percentage of children who had not received any vaccine is also higher (48 per cent) among Muslims than the Hindu children (30 per cent). Except BCG and the first dose of polio and DPT vaccines received by 37 to 48 per cent of Muslim children, all the other doses of any vaccine were received by less than one-third of the children. As against this, 57 to 65 per cent of the Hindu children had received BCG and first dose of polio and DPT vaccines while 40 to 50 per cent had received higher order doses of the vaccines.

**Table 14: Immunization Coverage of Children (12-23 months) by Religion and Education of Mother**

	Hindus					Muslims				
	Illiterate	Primary	Matric	Matric+	Total	Illiterate	Primary	Matric	Matric+	Total
Complete immunization	26	40	52	67	34	17	24	39	100	20
No immunization	38	26	7	6	30	50	44	35	-	48

Mother's literacy level has a definite influence on complete coverage of children both among the Hindus and the Muslims. For instance, the complete coverage for children of illiterate Muslim mothers was 17 per cent as compared to 39 per cent for children of mothers studied upto matric. Among Hindus, the corresponding

percentages were 26 and 67 per cent respectively. As Figure 6 shows, despite controlling for education level of mother, immunization of children among Muslims consistently remained lesser than children among the Hindus.

Fifty per cent and 38 per cent of Muslim and Hindu children of illiterate mothers respectively did not receive even a single dose of vaccine whereas there are no children of high level educated mother who had not been immunized by at least one vaccine. The number of children who had not been immunized at all decreased to 6 per cent among Hindus and zero per cent among Muslims with the increase in level of education of the mothers.

## DISCUSSION

The study thus indicates that, as commonly believed, Muslims have relatively higher fertility than Hindus. At the end of their reproductive age, on an average, Muslim couples have one more child than Hindus. This could be because of various socio-cultural factors. Muslim women have poorer access to information than their Hindu counterparts. Their traditional values do not allow them to discuss their reproductive goals with their husbands and seek their cooperation to achieve their desired family size which is invariably smaller than finally achieved family size. A substantial proportion of Muslim males disapproves family planning, hence their wives are not able to use any contraception despite of not wanting any more children. Their limited knowledge about the existing health and family planning facilities coupled with restrictions on free movement outside home do not allow them to avail even MCH care. The present study supports this observation as a much lesser proportion of Muslim women than Hindus had received ANC care and only a small proportion of children were protected against infectious diseases.

What is striking that, despite controlling for education, many of the observed differentials among the two religious groups, both in fertility and contraceptive use levels on the one hand and utilization of MCH service on the other, persist; though the gap reduces with increase in educational level of the women. One of the possible reasons for the continuation of relatively high fertility and low level of contraception among Muslims could be community pressure. Muslims, because of feeling of insecurity, try to reside in clusters where still majority of them are illiterate, poor and tradition bound. In such residential concentrations, for small proportion of relatively young men and women, who have received some education, it is not easy to bring about rapid change in their life style. Because of the community influence, they continue to carry their traditional values and this is well reflected in the disapproval of contraception by 23 per cent of the males (as against 6 per cent among Hindus). In such localities, the segregation of women and restriction on their outside movement is of much higher order than in localities in which people from different communities are living. All this reduces their access to information, new ideas and utilization of available services including prenatal care and immunization of children. To bring about any major social change among Muslims who are forced to live in concentration and often segregated localities, a practice which helps in breeding a culture of poverty, will be not only a slow process but also difficult.

The limited impact of education on their reproductive behaviour perhaps could also be explained in terms of the quality of education they receive and the social and educational environment of the institutions where they go for schooling. Because of the poverty and backwardness, often the Muslims are unable to send their children in better centers of learning as they are costly and difficult to get admission. As a result, often they end up in schools or Madarsas as which are run by the Muslim Trusts or

have been declared as minority institutions. Despite the fact that these institutions get some grant from government, overall infrastructural facilities of these institutions, including building, sitting arrangements, play ground, laboratory facilities, quality of teachers and the student-teacher ratio are far poorer than other public and private educational institutions. The product of these Muslim institutions, in their orientation, learning and overall personality development are quite different from majority of those coming out from institutions/schools run by government and particularly the private agencies. Overall environment of these institutions helps in continuation of their traditional values, and thus, reduce the process of social change among the Muslim youth. However, it is also important to underline that in the absence of other viable alternatives, in the present situation, at least these institutions are giving them some opportunity for schooling. If even these institutions were not available, chances of their getting 'education' would get still further. To make these institutions a source of bringing about social change among the Muslim youth and orient them towards a modern way of life and closer to the main stream of the country, these centers of learning need special attention, both in improving their infrastructure facilities and quality of education.

Discussion with various health and family planning providers also shows that they feel insecure in visiting localities predominated by the Muslims. Further probing reveals that more often than not, these feelings are based on their perception of not being accepted in the community than actual experience. Similar observations have been made in several other studies. The program managers have to plan special strategies to ensure that motivational and educational campaign should not leave these localities unserved. Involving local community members both for motivational work as well as providing services could be one possible intervention initiative which could be seriously considered. Examples of some such initiatives could include community-based distribution program, increasing contraceptive outlets through social marketing in the Muslim localities, involvement of local health practitioners in provision of F.P. services, using NGOs managed by Muslim community members for advocacy and launching educational campaign, etc.

The issues are thus much broader and Muslim fertility or their acceptance of family planning cannot be discussed in isolation. They need special programs both for educational and economical upliftment on the one hand and confidence that they are safe and secured even in localities which are not predominantly Muslim. Similarly, innovative approaches have to be planned, tested and implemented to ensure their access to information, contraceptive methods and reproductive health services. Unless the Muslim population is properly segmented, their needs are assessed and educational packages and family welfare services are planned accordingly, the decline in Muslim fertility will be limited and a slow process. The earlier it is realized by the program managers, the better it would be for the country as well as for the Muslim themselves.

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