Knowledge and practice of women towards contraceptives methods in muslim of meerut city

Arvind Kr Shukla [1], Bhawna Pant [2], Sartaj Ahmad[3], Saurabh Sharma[4]

[1]Assistant professor, Department of Community Medicine, Subharti Medical College, Meerut, India
[2] Professors, Department of Community Medicine, Subharti Medical College, Meerut, India
[3]Assistant professor, Department of Community Medicine, Subharti Medical College, Meerut, India
[4]Assistant professor Department of Community Medicine, Subharti Medical College, Meerut, India

ABSTRACT

To find out the contraceptive prevalence amongst the Muslim population residing in urban area of Meerut District Uttar Pradesh, a community based study was conducted. Socio-demographic factors like literacy status, income, type of family, occupation etc. were collected.The main reasons for low contraceptive usage were fear of side-effects, contraception failure, myths and beliefs such as impotency and weakness after vasectomy and religious restrictions etc. Findings from the present study suggested that intensive campaigns focusing on demystifying the prevailing myths and beliefs with active involvement of community leaders are necessary to improve the contraceptive usage among urban Muslim. Influence of religion in determining the social outcomes have long been a matter of academic interest for social scientists across the globe. Within social demography, religion is frequently cited as an important factor forming the basis of one's identity and hence being an indispensable part of the culture, religion often finds central place in the study of population dynamics. Religious differentials in fertility are, perhaps, the most debated issue in this regard. Various religious doctrines are expected to differ considerably with respect to their pro-natalist slant and acceptability of contraception.

Keywords: Urban Muslim, Contraceptive awareness, and current users.

Introduction

Religion has immense social, economic, and political significance in most societies, and it plays an important role in sanctioning or promoting acceptance of or creating resistance to family planning [1]. In India, lower contraceptive use rates and higher fertility rates among Muslims than among Hindus and people of "other" religions are well documented [2]. International Institute for Population Sciences; and Honolulu: East-West Center. However, the reasons for lower contraceptive use and higher fertility among Muslims are highly debated in both academic and political circles [3]. Muslims form the largest minority group in India. They constitute about 13.4 per cent of the country's population, which gives India the distinction of having the second largest Muslim population in the world. The growth rate of Muslim population in India during last three decades is somewhat higher than that of non-Muslim population. The Family Planning Programme in India has had limited success in helping to reduce fertility. The greatest need before us is to promote family planning methods is among the socio-economically disadvantaged groups, as their fertility takes long to decline in developing countries.

Not many studies have been conducted regarding contraceptive practices in the Muslim urban slum of Meerut. This study will be helpful in assessing the current scenario of prevalence of contraceptive practices and various socio-economic factors that can affect the fertility pattern and contraceptive use of the people residing in Muslim urban slum of Meerut.

**Correspondence*
Sartaj Ahmad
Assistant Professor, Department of Community Medicine, Subharti Medical College, Meerut, India.
E Mail: sartajsaleem@gmail.com

Methodology

A community based cross sectional study was carried out among 268 ever-married women of reproductive age group (18-40 years) of Muslim urban slum area of Meerut district Uttar-Pradesh. After taking the verbal consent from the eligible women they were interviewed

with a predesigned, pretested, semi structured schedule to collect information regarding socio-demographic characteristics, income and contraceptive usage at the time of survey. Repeated visits were made to interview the entire participant and there was no refusal for participation. The study was conducted over a period of four month from Oct 2014 to Dec2014.

Data were analyzed using SPSS version 21. Chi-square test was used for comparison of categorical variables; 'p' value less than 0.05 was considered significant.

Results

Table 1: Socio-Demographic profile of respondents

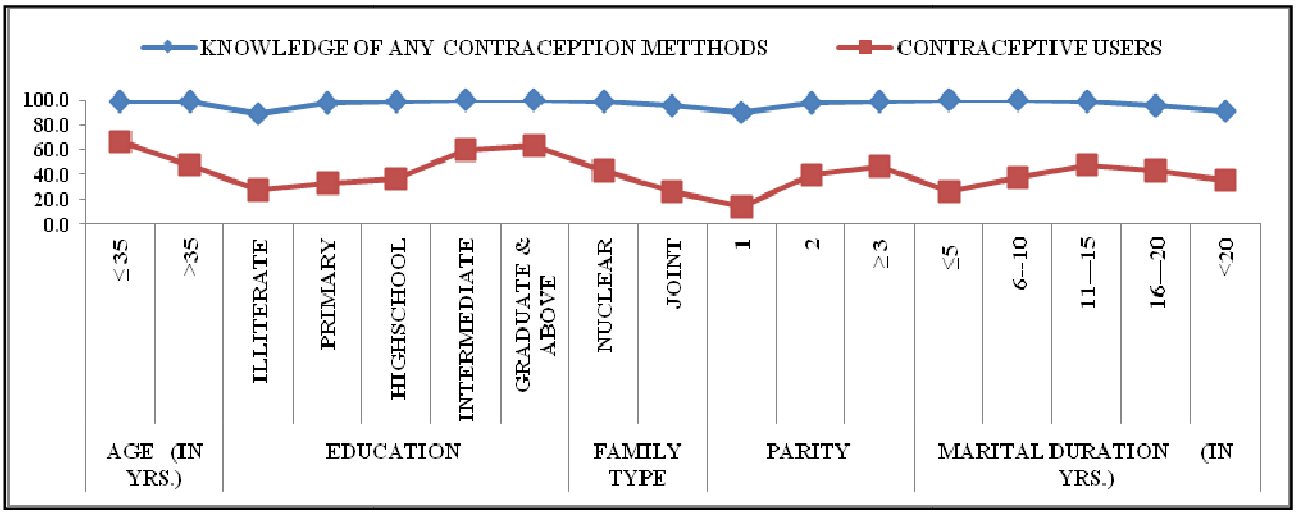
CHARACTERISTICS		FRE	%
AGE	≤ 35	82	30.6
	>35	186	69.4
EDUCATION	ILLITERATE	26	9.7
	PRIMARY	68	25.4
	HIGHSCHOOL	106	39.6
	INTERMEDIATE	57	21.3
	GRADUATE & ABOVE	11	4.1
FAMILY TYPE	NUCLEAR	226	84.3
	JOINT	42	15.7
PARITY	1	21	7.8
	2	120	44.8
	≥ 3	127	47.4
MARITAL DURATION (IN YRS.)	≤5	19	7.1
	6- 10	91	34.0
	11—15	86	32.1
	16—20	49	18.3
	<20	23	8.6
METHODS OF CONTRACEPTIVE	CONDOM	73	27.2
	OCP	17	6.3
	IUCD	6	2.2
	VESECTOMY	1	0.4
	TUBECTOMY	7	2.6
	OTHERS	5	1.9
	NOT USE	159	59.3
DURATION OF CONTRACEPTIVE USE (IN YRS.)	≤ 1	19	7.1
	2-5	71	26.5
	6-10	12	4.5
	≥ 11	7	2.6
	NA	159	59.3
TOTAL		**268**	**100.0**

In this study, among 268 participants were studied, a maximum of 186 (69.4%) were in the age group >35 years. 82 (30.6%) women belonged to age group ≤35 years. Out of them about 106 (39.6%) were respondents were high school passed. Most of the studied respondents 226 (84.3%) were from the nuclear family. Only 40.7% of couple ever used contraceptive methods. Among the ever users maximum respondents 27.2% had used condoms. Other methods were comparatively less used viz. OCP 6.3%, female sterilization (tubectomy) 2.6%, IUD2.2%, male sterilization (Vasectomy) 0.4%, and other (natural methods) 1.9%. About 26.5 per cent had used a contraceptive method for 2 to 5 years, and 32.1 per cent users were married for a period ranging from 11 to 15 years.

Table 2: Distribution of contraception users

CHARACTERISTICS		CONTRACEPTIVE USERS					χ^2 - value	P-value
		Condom		Other than condom*		Total		
		Fre.	%	Fre	%			
AGE (IN YRS.)	≤ 35	50	83.3	10	16.7	60	**15.27**	**<0.001**
	>35	23	47.9	25	52.1	48		
EDUCATION	ILLITERATE	6	85.7	1	14.3	7	**11.79**	**0.019**
	PRIMARY	14	63.6	8	36.4	22		
	HIGHSCHOOL	32	82.1	7	17.9	39		
	INTERMEDIATE	19	55.9	15	44.1	34		
	GRADUATE & ABOVE	2	28.6	5	71.4	7		
FAMILY TYPE	NUCLEAR	69	70.4	29	29.6	98	**5.18**	**0.023**
	JOINT	4	36.4	7	63.6	11		
PARITY	1	2	66.7	1	33.3	3	**15.66**	**<0.001**
	2	41	87.2	6	12.8	47		
	≥3	30	50.8	29	49.2	59		
MARITAL DURATION (IN YRS.)	≤ 5	2	40.0	3	60.0	5	**25.02**	**<0.001**
	6—10	32	94.1	2	5.9	34		
	11—15	24	58.5	17	41.5	41		
	16—20	14	66.7	7	33.3	21		
	<20	1	12.5	7	87.5	8		
TOTAL		**73**	**67.0**	**36**	**33.0**	**109**		

Figure 1: Percent distribution of knowledge of contraceptive methods and contraceptive users



Awareness about modem contraception methods was universal among the subjects, In this study, 99.1 % respondents were aware about the contraceptive methods in the ≤ 35 years of age group although the contraceptive use rate was 66.7%.All highly educated respondents were aware about the contraception .However, contraceptive use was most prevalent among women whose husbands had high education as intermediated 59.6% and graduate 63.6% ever used contraceptive methods.Nuclear 43.4% and joint 26.2% family respondents were ever used contraceptive methods. Maximum (100.0%) respondents had parity >3 who were aware about the contraception but 26.3% respondents were ever used contraceptive methods. All respondents

were aware about the contraception and only 34.4 percent users who were married for a period ranging from 6 to 10 years

Discussion

In this study,30.6 % respondents belonged to age group of 21-30 years . A study conducted by Rizvi A *et al* (2013) revealed that women (46.5%) belonged to early reproductive age group of 21-30 years .[4] A study conducted by Pal A *et al* (2001) revealed that women (30.5%) belonged to age group of 21-30 years .[5] Mishra A et al (2010) revealed in their study that women (32.0%) women belonged to age group 26-30 years.[6]

In this study, 40.7% of couple ever used contraceptive methods. Velanker DH et al (2009) revealed in their study that , (21.6 %) of couple ever used contraceptive methods.[7] On comprising the present study more number of women were found to be ever users contraceptive methods this may be because they were more aware about contraceptive methods.

In this study, 100.0% respondents were aware about the contraceptive methods in the 20 years of age group. Kumar D *et al* (2008) revealed in their study that 97.0% respondents were aware about the contraceptive methods.[8] According to DLHS III (2007-08) suggested that 100.0% respondents were aware about the contraceptive methods in Lukhnow District.[9]

Otherwise, Age, Education of the spouses, the number of surviving children and wealth status have all been shown to positively affect the use of contraceptives. According to Paul Kurtz (2010), Muslims are much more resistant to modern contraceptive measures than Hindus. Therefore, the decline in fertility rate among Hindu women is much higher than among Muslim women. Early marriage and concurrence with this religious decree is rooted with the poor education level of Muslims, especially by Muslim women.[10] The low status of women and a strong preference for male children are the two most patriarchal constraints in India. Women want to have children but it is very difficult to make a decision when they face an unplanned pregnancy. [11] The study found that most couples do not use contraception despite their unwillingness to conceive. Health concerns, side effects, failure of the method and some socio-demographic issues such as education, age, residential region, the number of living children, the status of women and religion play a major role in the use of contraception. Men's attitudes to family planning can often be negative and women are powerless to motivate their husbands into using condoms, let alone female contraceptives. A study (Zachariah, 1990) found that 40 percent of women from Southern India were not using any contraception because their husbands objected.[12] Men know less about contraceptive methods than women, who know little. Men most commonly knew of female sterilization; only some knew of male sterilization. Knowledge of other contraceptives was even more limited.[13]

In the pre-independence era in India, the British Government undertook no elaborate Family Welfare Programme. After Independence in 1947, the Govt. of India was seized of the problem of the country's vast population and its potential for further growth.[14]

The early Muslim religion followers were few and financially, socially weak in the midst of a vast majority of aggressive and oppressive people. The good of the Muslims the required that there should be a call for the multiplication of their members, in order that they might be able at the time to fulfill their responsibilities in defending the mission of Islam and protecting the true religion of Allah against the power and multitudinous adversaries threatening it. But now we find that condition have changed. Islam as the religion of restive nature, has never been opposed to what is good to man.[15]

Recommendations

There is a need to spread contraceptive specific messages emphasizing the positive aspects and dispelling the misconceptions. Programme managers should also plan special strategies for motivating and educating the community. Initiatives could include community based contraceptive distribution programmes, increasing contraceptive outlets through social marketing in Muslim localities, involvement of local health practitioners and non-governmental organizations run by Muslim community members. The programme implemented should also attempt to clarify religious misconceptions about family planning by seeking active collaboration and support of religious leaders as exemplified in Muslim countries such as Indonesia, Egypt and Iran. It would raise the community's consciousness while leaving room for dissenting personal decisions by the average Muslim. Focused IEC campaigns, through the mass media and local efforts should be conducted in order to eradicate the individual and social obstacles of practicing family planning. This will also be directed to lessen the religious misconceptions in this regard. These will make people understand that practicing contraception is not contrary to religion, rather it indicates an ethically sound behaviour and guided by the best interests of women. The principal recommendation, however, is to empower women through education and bring about a strong rise in their independence and autonomy, a much required resource for contraceptive decisions and choices amongst households. It is the need of the hour that the Indian Family Planning Programme makes serious efforts to launch a nationwide communication campaign for BCC in order to bring about much desired changes in this very important segment of the population with respect to sexual and reproductive health needs of the youth. Programs are also needed that

would address the need of the youth in a more youth friendly manner.

Conclusion

Contraception has been a single most important intervention to reduce burden of unwanted pregnancy and promote healthy living among young women. An early onset of sexual activity (largely with marriage) and desperate demand on young. The above finding clearly indicates that the family planning programme in the country has made very limited progress as far as its penetration among young women aged 15-24 years is concerned.The results of this study indicate that religion has a substantial independent effect on fertility in each survey, and differential socioeconomic status of Muslims does not explain their higher fertility. The analysis also shows that significantly lower use of family planning among Muslims is not due to their differential socioeconomic status. The analysis indicates that Muslims' preference for temporary modern methods over sterilization is not due to their socioeconomic characteristics. This clearly indicates the increasing demand of contraception among young married adults and lack of program services to meet their demand leaving the young women to rely on the less efficient contraceptive methods. The study also reveals that contraception use within among youth is very poor and is even poorer to delay first pregnancy.

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