

Knowledge, attitude, and practice of family planning among Muslim women of North India

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ABSTRACT

Background: Muslims are the second largest minority group in India. Research has shown that Muslim population have higher fertility rate which favor larger family size. Various sociodemographic factors play important role in choosing any kind of family planning method. **Objectives:** To study the knowledge and beliefs of Muslim women in North India regarding family planning and to examine their contraceptive practices. **Materials and Methods:** A cross-sectional study was done by multistage and snowball technique among Muslim women aged 15-49 years living in Delhi. **Results:** A majority of women (87%) had knowledge about family planning, but only 47% of the ever-married women are currently using any kind of family planning method. Age of marriage, education level, socioeconomic status, parity, and sex of the first child are significantly associated with the current use of family planning methods. Most of the women are not using family planning methods because of religious constraints (34.5%) followed by lack of knowledge (27.7%) and fear of side effects (19.2%). **Conclusion:** Muslim women despite having adequate knowledge about family planning methods tend to avoid using it. Higher age of marriage, improved education level and better standard of living will help the Muslim women to have sound reproductive health.


KEY WORDS: Muslim women; Family planning; North India; Education; Socioeconomic status

INTRODUCTION

India is the second largest populous country in the world with a rapidly growing population at the rate of 16 million each year^[1] and Muslims are the second largest minority group in India constituting about 14.23 percent of the total population.^[2] In India, during last three decades, growth rate of Muslim population is somewhat higher than other religious communities.^[3] Although use of modern family planning methods has been increased in many Muslim population^[4] but the fertility rate is still higher and contraceptive prevalence is lower as compared to other religious communities.^[5]

Islam do not limit the use of contraceptives. However, there exist misconceptions regarding the use of family planning methods in Islam, with many believing that Islam opposes family planning methods. Apart from religious constraints there exist several other factors leading to high fertility rate among Muslim population. According to Quraishi^[6] and Jeffery and Jeffery^[7] apart from religious restriction cultural backwardness and other socioeconomic factors especially low level of education predominantly among women is one of the major cause behind high fertility among Muslims. Along with these, Muslims women have inadequate knowledge and misconceptions about modern family planning methods.^[8]

Other factors contributing to high fertility among Muslim includes low status of women in society and high son preference. Furthermore, Muslim girls tend to get married at an early age.^[9] Polygyny is also an important factor which may lead to pregnancy rivalries^[10] leading to higher fertility.

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This study was carried out to document the knowledge and beliefs of Muslim women about family planning in North India and also to study their contraceptive practices to find ways to improve such practices toward their welfare.

MATERIALS AND METHODS

Study Design

This study was a cross-sectional study.

Ethical Approval and Consent

Ethical clearance was obtained from Institutional Ethical Committee. Before starting the study, informed written consent was obtained from each subject after explaining the purpose and methodology of the study.

Sampling Technique

Multistage sampling and snowball sampling technique were used for collecting data.

Inclusion Criteria

Women aged 15-49 years of age, only Muslim women, and women who gave written consent were included in the study.

Methodology

The study was carried out in different parts of Delhi among Muslim women aged 15-49 years. Self-administered comprehensive proforma was used to collect data for demographic information and information regarding their knowledge, attitude, and practices of family planning methods. For calculating socioeconomic status, scale by Aggarwal et al.^[11] has been used. This scale is consisted of 22 questions. Replicability and external validity of the scale has been tested before its acceptance. Data for knowledge of family planning were collected for 1000 samples including ever-married and never-married women while data for the use of family planning were collected from ever-married women only. Subjects were engaged in the study through house to house survey.

Statistical Analysis

Data was analyzed in SPSS software 17 version. The data were cross-checked numerous times to ensure its accuracy and validity. Chi-square test was used for comparison of categorical variables; the $P < 0.05$ was considered significant.

RESULTS

The basic demographic profile of the Muslim women under study is present in Table 1. The mean age of the studied

population was found to be 26.6 ± 9.94 years. The mean age of marriage of the ever-married was 19.9 ± 2.81 years and mean age of first conception of them was 21.1 ± 2.6 years. More than half of the respondents were unmarried belonging to the middle class. Most of the studied women are home-makers (68.1%) which included both married and unmarried women followed by students (27.6%) and working (4.3%).

87% of the total respondents had knowledge about family planning as compared to 13% who were not aware about family planning (Figure 1).

Among women in age group 18-28 years 94.2% had knowledge regarding family planning methods followed by <18 years (89.6%), 29-38 years (86.4%) and >38 years (70.3%) (Table 2). Women belonging to high and middle class socioeconomic status had significantly better

Table 1: Basic demographic profile of Muslim women

Sociodemographic variables	Women (n=1000)
	n (%)
Age groups (years)	
<18	250 (25.0)
18-28	398 (39.8)
29-38	177 (17.7)
>38	175 (17.5)
Marital status	
Unmarried	589 (58.9)
Married	374 (37.4)
Divorced	10 (1.0)
Widow	19 (1.9)
Separated	8 (0.8)
Education	
Illiterate	72 (7.2)
Primary	120 (12.0)
Secondary	243 (24.3)
Higher secondary	215 (21.5)
Intermediate	181 (18.1)
Graduation and above	169 (16.9)
Occupation	
Home-maker	681 (68.1)
Working	43 (4.3)
Student	276 (27.6)
SES	
High	59 (5.9)
Upper middle	403 (40.3)
Lower middle	496 (49.6)
Poor	42 (4.2)
Family type	
Nuclear	636 (63.6)
Joint	364 (36.4)

SES: Socioeconomic status

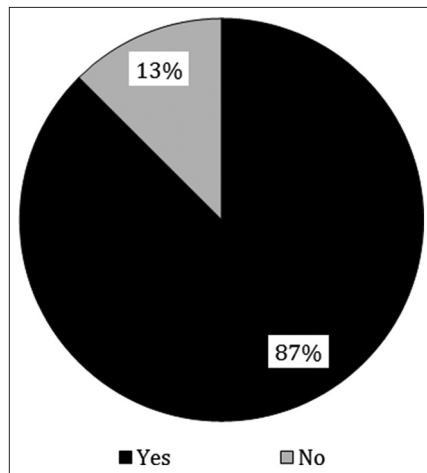


Figure 1: Knowledge among Muslim women about family planning methods

Table 2: Association of knowledge about family planning methods with sociodemographic variables

Sociodemographic variables	Knowledge about family planning methods (<i>n</i> =1000)		Chi-square
	Yes	No	
Age			
<18	89.6	10.4	65.0***
18-28	94.2	5.8	
29-38	86.4	13.6	
>38	70.3	29.7	
SES			
High	98.3	1.7	64.33***
Upper middle	96	4	
Lower middle	80.6	19.4	
Poor	71.4	28.6	
Education level			
Illiterate	30.6	69.4	366.5***
Primary	60	40	
Secondary	92.2	7.8	
Higher secondary	96.3	3.7	
Intermediate	100	0	
Graduation and above	100	0	

Significance level: $P < 0.001$, SES: Socioeconomic status

knowledge of family planning methods. Among high class socioeconomic status (SES) women 98.3% had knowledge regarding family planning methods as compared to 71.4% of the women of poor SES. As the educational level of the respondents increased, a significant increase had been seen in the frequency of the women having knowledge regarding family planning methods.

Among women in age group 29-38 years, 69% of the women as against 20.1% of the women in age group >38 years were using family planning methods (Table 3). Among women

with marriage age above 24 years, 72.2% were using family planning method followed by women with marriage age 22-24 years (71.8%), 18-21 years (47.9%) and <18 years (24.1%) which was found to be significantly associated. Furthermore, among women belonging to high SES, 85.7% were using family planning methods as compared to their counterparts belonging to upper middle (56.4%), lower middle (37.4%), and poor (23.1%) SES, respectively. 85.3% of the women educated up to graduation and above and 92.3% of the women educated up to intermediate used family planning method. Family planning use was lowest among illiterate women (18.5%). Women with 1-2 children were the highest among users of any kind of family planning methods (72.4%). Among women, who had male child as their first child, 67% were using any kind of family planning methods as compared to only 30% women who had female child as their first child. Chi-square statistic calculated for these associations was found to be significant at $P < 0.001$.

48% of the total ever-married respondents were using any kind of family planning method as compared to 52% of the ever-married respondent who were not using any kind of family planning method (Figure 2).

It is Figure 3 that school/college (35.4%) was the main source of knowledge about any family planning methods followed by mass/media (26.8%), health professional (19.1%), other (14.0%), and family/friends (4.7%).

Condoms were found to be the most known family planning method (85.3%) as shown in Figure 4. Furthermore, oral pills (84.3%) was another family planning method known to most of the respondents followed by female sterilization (79.4%), male sterilization (78.2%), intrauterine device (61.2%), and female condom (11.1%).

Out of all, 75.9% of the husbands decided whether to use any kind of family planning method or not. Only 2% of the wives reported self-decision about the usage of family planning measures. Most of the respondents (75.5%) were using any kind of family planning method because they have completed their families and only 19.4% of respondents were using because of birth spacing. Among all the respondents 34.5% of the women did not use any kind of family planning methods due to religious restriction while 27.7% did not have adequate knowledge about these methods and 7.3% of the women face partner opposition while using family planning methods (Table 4).

DISCUSSION

The majority of the women (87%) had some knowledge of family planning but only 48% of the ever-married women have adopted any kind of family planning method which is in accordance with study by Neyaz et al.^[12] on similar

Table 3: Association of current use of family planning methods with various sociodemographic variables

Variables	Current use of any family planning method (n=411)		Chi-square
	Yes	No	
Age group			
18-28	67.2	32.8	93.0***
29-38	69	31	
>38	20.1	79.9	
Age at marriage (years)			
<18	24.1	75.9	59.7***
18-21	47.9	52.1	
22-24	71.8	28.2	
>24	72.2	27.8	
SES			
High	85.7	14.3	32.9***
Upper middle	56.4	43.6	
Lower middle	37.4	62.6	
Poor	23.1	76.9	
Education level			
Illiterate	18.5	81.5	85.8***
Primary	28.7	71.3	
Secondary	50	50	
Higher secondary	51.3	48.7	
Intermediate	92.3	7.7	
Graduation and above	85.3	14.7	
Education level of spouse			
Illiterate	15.6	84.4	73.3***
Primary	24.3	75.7	
Secondary	34.4	65.6	
Higher secondary	57.1	42.9	
Intermediate	59.3	40.7	
Graduation and above	80.8	19.2	
Parity			
1-2	72.4	27.6	161.1***
2-4	67.9	32.1	
>4	15.0	85.0	
Sex of the first child			
Male	67	33	55.1***
Female	30	70	

Significance level: $P < 0.001$.

population. The mean age of marriage of the studied population was found to be 19.9 ± 2.81 and mean age at first conception was 21.1 ± 2.6 years. The difference between age at marriage and age at first conception is around 1 year which showed that Muslim women tend to give birth to their first child within 1 year of their marriage. Increased age at marriage according to some demographers^[13,14] may lead to reduce the reproductive life span of women, and therefore, lead to reduction in their fertility but the mean age of studied

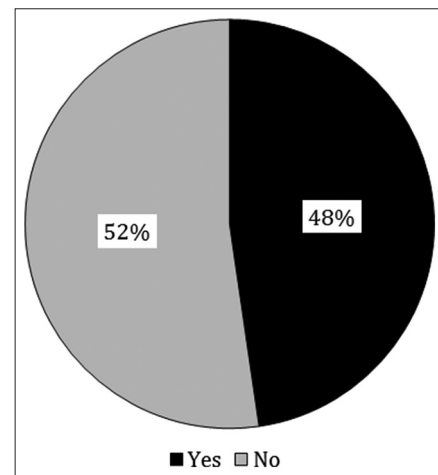


Figure 2: Use of family planning methods by ever-married respondents

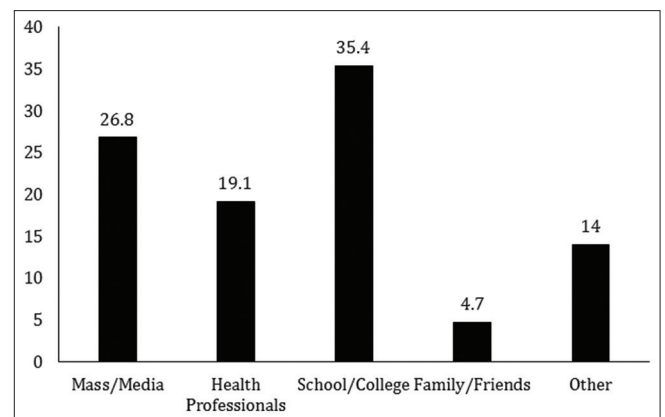


Figure 3: Source of knowledge about family planning methods among Muslim women

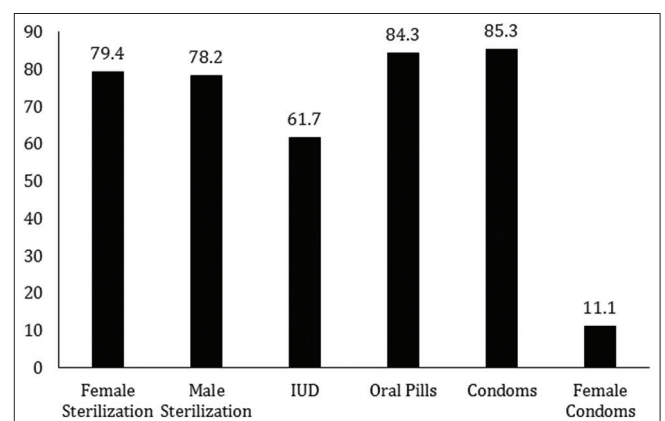


Figure 4: Knowledge about the types of modern family planning methods

population is less than the mean age of marriage in India, which is 21.2 years^[2] and mean age of marriage in Delhi, i.e., 22.4 years, which may be leading to high birth rate.

Women in the age group 18-28 years had the highest knowledge regarding family planning as this group is the most fertile group and required knowledge to keep fertility in

Table 4: Decision-making and reason for using or not using family planning

Variables	Percentage (n=411)
Decision-making to use family planning methods by	
Husband	75.9
Wife	2.0
Both (husband and wife)	22.1
Reason for using family planning	
Family completion	75.5
Birth spacing	19.4
Other	5.1
Reason for not using family planning	
Lack of knowledge	27.7
Partner opposition	7.3
Religious restriction	34.5
Fear of side effects	19.2
Other	11.3

regulation. While elderly women had lesser awareness about family planning methods.

In this study the use of family planning method was greater among middle-aged women with late age of marriage and higher parity than the young women and women with early age of marriage. NFHS III, India^[15] reported similar findings attributing to the fact that couples start using family planning only after attaining the desired family size which usually correspond to middle and higher age. However, in this study, older women were least among users of family planning methods because either they had lack of knowledge or their religious believes do not allow them to use. Mohanan et al.^[16] found similar results.

Increase in the education level of women and their spouses is found to be significantly associated with increase in the use of family planning methods. Such finding has also been previously reported.^[17,18] Better education leads to delayed age of marriage further delaying the age at first conception leading to better understanding of women's own reproductive health issues including better likelihood of contraceptive use. Furthermore, higher SES of women improved the use of family planning methods. NFHS-III, India^[15] and study by Joshi and Patil^[19] revealed similar findings with respect to education level and socioeconomic status. Preference for male child in India has important social and economic implications. It was revealed in this study that family planning was more commonly used in women having "male" as their first child as compared to the women who had female as their first child showing strong son preference in the studied population.^[20]

Most of the women reported husband as the sole decision maker for family planning concerns. According to a study by Talapere only 20% women decide on choice of

contraceptives.^[21] In South Asia, women considerably have a lower socio status and autonomy and this seems to be associated with their lower control over fertility.^[17,18] Furthermore, condoms were found to be the most known method of family planning as reported by Madhukumar and Pavithra.^[22]

Nevertheless, the study also draw attention to factors which prevent women from using family planning services such as lack of knowledge about family planning, partner opposition, fear of side effects, and religious constraints which are similar to the restrictions stated by Gupta et al. in an urban area of Rohtak, Haryana.^[23] According to Demographic and Health Survey^[18,24] in Pakistan, a Muslim dominating country, religious concerns were one of the most important factor affecting the use of family planning methods by Muslims. which is in concordance with the present study.

Such studies are rare on Muslim women population due to cultural barriers and hence this study will give a good database for further research. This study has also tried to break the scenario of studying family planning problems in women from slum areas and with low SES and headed toward finding problems in women belonged to middle SES. All the data collected was self-reported, hence there is always a chance of biased reporting. Women were not always open and comfortable to answer about family planning methods. The study was conducted only among women lacking male opinion is one of the important limitation of this study.

CONCLUSION

This study intended to delve the knowledge, attitude, perception, and practices of family planning among Muslim women. It was revealed that despite adequate knowledge about family planning among Muslim women, use of these methods by present women was truncated. Adequate birth spacing and lower parity along with improved education levels and improved standard of living will help in minimizing mortality and morbidity related to family planning concerns among Muslim women. Training should be given to reproductive health workers and Islamic teachers (specially catering to adult women) within the context of Islam concerning the use of family planning methods. Muslim women need the opportunity to make an informed decision about their choices regarding reproductive health without having a feeling that they are threatening their spiritual well-being.

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REFERENCES

1. Park K. Park's Textbook of Preventive and Social Medicine. 17th ed. Jabalpur: Banarasidas Bhanot; 2002. p. 325-58.
2. Census of India-2011. Available from: http://www.censusindia.gov.in/2011-prov-results/prov_data_products_delhi.html. [Last assessed on 2016 Nov 15].
3. Khan ME, Bella CP. Reproductive behaviour of Muslims in Uttar Pradesh. *J Fam Welf*. 1997;43(1):13-29.
4. Roudi N. The demography of Islam. *Popul Today*. 1988;16(3):6-9.
5. Kats G. Family planning and the religious issue. *Cairo Today*. 1983;4(1):43-4.
6. Quraishi SY. Muslims' low practice of family planning. India. Low levels of education, particularly among women, is one of the major reasons behind high fertility rates. *Integration*. 1996;47:23-7.
7. Jeffery P, Jeffery R. A population out of control? Myths about Muslim fertility in contemporary India. *World Dev*. 2002;30:1805-22.
8. Albsoul-Younes AM, Saleh F, El-Khateeb W. Perception of efficacy and safety as determinants for use and discontinuation of birth control methods in Muslim Jordanian women. *Eur J Contracept Reprod Health Care* 2003;8(3):156-61.
9. Tafforeau J, Damiba A, Maternowska MC. Changes in Chad: The results of a KAP survey. *Biol Soc*. 1990;7(4):194-202.
10. Sargent C, Cordell D. Polygamy, disrupted reproduction, and the state: Malian migrants in Paris, France. *Soc Sci Med*. 2003;56(9):1961-72.
11. Aggarwal OP, Bhasin SK, Sharma AK, Chhabra P, Aggarwal K, Rajoura OP. A new instrument (scale) for measuring the socioeconomic status of a family: Preliminary study. *Indian J Community Med*. 2005;30(4):10-2.
12. Neyaz A, Ahmed MS, Sahu PC. Contraceptive practices in Muslim-predominated slums of Aligarh, Uttar Pradesh. *Int J Med Sci Public Health*. 2015;4(12):1744-9.
13. Agarwala SN. Effect of a Rise in Female Marriage Age on Birth Rate in India. Paper Presented at United Nations World Population Conference Belgrade; 1965. p. 7.
14. Yadav SS, Badari VS. Age at effective marriage and fertility: An analysis of data for North Kanara. *J Fam Welf*. 1997;43(3):61-6.
15. IIPS. National Family Health Survey (NFHS-III), India. Vol. 1. Mumbai: International Institute for Population Sciences (IIPS) and Macro International; 2007. p. 192-222.
16. Mohanan P, Kamath A, Sajjan BS. Fertility pattern and family planning practices in a rural area in Dakshina Kannada. *Indian J Community Med*. 2003;26(1):15-8.
17. Sufian AJ. Determinants of contraceptive knowledge and family planning services in Bangladesh. *Genus*. 1992;48(3-4):119-28.
18. Ahmad S. Effect of education on marital fertility in four Muslim populations. *Genus*. 1985;41(1-2):23-37.
19. Joshi SM, Patil SB. Knowledge and practices of family planning in an urban slum of Mumbai. *Indian J Prev Soc Med*. 2007;38(1-2):1-4.
20. Dyson T, Moore M. On kinship structure, female autonomy, and demographic behavior in India. *Popul Dev Rev*. 1983;9(1):35-60.
21. Kiran TU, Katke RD, Mane P, Mane P, Pimple PG. How empowered are women to choose contraception? *Int J Med Sci Public Health*. 2016;5(10):2019-25.
22. Madhukumar S, Pavithra MB. A study about perceptions, attitude, and knowledge among men toward vasectomy in Bangalore rural population. *Int J Med Sci Public Health*. 2015;4(8):1066-70.
23. Gupta V, Mohapatra D, Kumar V. Family planning knowledge, attitude, and practices among the currently married women (aged 15-45 years) in an urban area of Rohtak district, Haryana. *Int J Med Sci Public Health*. 2016;5(4):627-32.
24. National Institute of Population Studies (NIPS) and Macro International. Pakistan Demographic and Health Survey 2006-07. Islamabad, Pakistan: National Institute of Population Studies (NIPS), Macro International; 2006.

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