

FACTORS RESPONSIBLE FOR FERTILITY BEHAVIOUR OF MUSLIM WOMEN

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ABSTRACT

The present study is an attempt to understand socio-economic profile and factors responsible for fertility behaviour of Muslim women in Sardhana town of Meerut district in Uttar Pradesh. This study is based on the primary data. Researcher has selected 100 married Muslim women as a sample. Findings of the study reveal that there are some religious factors, social factors and economic factors, which are directly or indirectly responsible for increasing fertility behaviour in Muslim women.

Key Words: Fertility Behaviour, Muslim Women, Religious Factors, Social Factors

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Introduction

Behavior related to the production of offspring; it includes such patterns as the establishment of mating systems, courtship, sexual behavior, parturition, and the care of young. Successful reproductive efforts require the establishment of a situation favorable for reproduction, often require behavior leading to the union of male and female gametes, and often require behavior that facilitates or ensures the survival and development of the young; the mere union of gametes is not generally sufficient for successful reproduction. For each species, there is a complex set of behavioral adaptations that coordinate the timing and patterning of reproductive activity. Typically, this entails integration of both overt behavioral and internal physiological events in both male and female, all of which are intricately enmeshed in manners adapted to the environment in which the animals live. The behavioral patterns related to reproduction tend to be relatively stereotyped within a species, but diverse among different species—especially distantly related species. The end products of cycles of reproductive activity are viable, fertile offspring which, in turn, will reproduce and thus perpetuate the species. (<https://encyclopedia2.thefreedictionary.com/reproductive+behavior>)

Review of Literature

In this research study researcher presents a review of literature related to different aspects of factors responsible for fertility behaviour in women which includes modern contraceptive practice, population growth, fertility and religion, relationship between female education and fertility, factors affecting the fertility and more.

Jain and Nag (1986) have studied on “**Importance of Female Primary Education for Fertility Reduction in India**” and found that there is a deep relationship between female education and fertility. The use of contraception and age at marriage both are the factors which decrease the fertility. **Sandhu and Bhalla (2000)** in their study "**Economic development, social change and fertility decline in rural Punjab-An empirical study**" found that Punjab is one of the economically developed States of India. It continues to be an agrarian economy with patriarchal kinship system. Status of women is low, gender inequalities are sharp, female literacy and female work force participation are low and son preference is strong. The study reveals that the decline in fertility has taken place because rural women desire and have lesser number of

children, practice contraception and try to limit their families. The factors which have contributed to this attitudinal change are rising literacy, rising standards of living, greater exposure to mass media and greater use of modern contraceptive technology. **Ghosh (2003)** in his study "**Female literacy and social development**" found that social development indicators like life expectancy and infant mortality are closely linked to the level of female literacy-the higher the female literacy rate, the lower is the infant mortality rate and the higher the life expectancy; conversely, the lower the female literacy rate, the higher is the infant mortality rate and the lower the life expectancy. The data show also that States which had achieved a high level of social development had a lesser gender disparity in the spheres of education and health; while conversely, States which had a low social development profile had greater gender disparity. **Ghosh (2004)** in his study "**Socio-economic factors influencing utilisation of maternal health care in Uttar Pradesh: An analysis of NFHS-2 data**" analysed that educational attainment of women is the most important factor in determining utilisation of maternal health care in rural, and more pronouncedly, in urban areas, after controlling for all other socio-economic factors. Standard of living (proxy for household economic status) too was found to be a significant determinant of accessing health services, in both rural and urban areas. Media exposure was important in use of antenatal care, which in turn was significantly associated with accessing delivery care. The rural population does not have the benefit of access and a woman must go to the nearest city or town for institutional delivery care, household economic condition does matter in this case. Many rural women, especially the poor and the illiterate, may not be able to afford appropriate health care at delivery. **Krishnaji and James (2005)** have observed in their study "**Religion and Fertility: A Comment**" that the Muslim population is growing at a faster rate than the Hindu population and the rate of modern contraceptive practice is lower among the Muslim women than the Hindu women. **Singh and et al (2006)** in their study "**Couples' reproductive goals in India and their policy relevance**" indicates that more wives than husbands do not desire an additional child. Further, more wives than husbands' desire their next child to be a male child. Results show that the husbands have significant influence on the couples' reproductive goals. It can be concluded that understanding husbands' views are essential from the policies and programmes' point of view. **Kulkarni and Alagarajan (2005)** discussed in their study "**Religious Differentials in Fertility in India: Is There a Convergence?**" and explore that the population growth is higher in Muslims and the primary

cause of higher growth rate among Muslims is higher fertility rate. Mortality also makes a modest contribution. **Perenene and Eghafona (2011)** observed in their study “**Religious Beliefs and Family Planning Practice of Married Women**” and found that there was a deep relationship between religious beliefs and family planning practice of married women. In Muslim religion having many children is an advantage and a blessing from god whereas birth control is a sin. **Haque and Patel (2016)** in their study "Assessing Hindu–Muslim Fertility Differentials in West Bengal: Insights from the National Family Health Survey-3 Data" and explores that the religion, class–caste factors, and socio-cultural norms influence fertility rates, largely determining reproductive behaviour. Results reveal most Hindu women have at least two births while Muslim women are likely to have at least four births, before avoiding subsequent births. Fertility differences are also noticed between lesser- and better-educated women groups, implying a strong religion–women education level interaction effect. The same holds true for the religion–son preference interaction effect as well.

Objectives of the Study

1. To assess the socio-economic profile of the respondents.
2. To explore the factors responsible for reproductive behaviour of Muslim women.

Material and Methods

In this study, descriptive research design is used for the fulfilment of the objectives. Area of the study is Sardhana town of Meerut district in Uttar Pradesh. Sample of the study is 100 married Muslim women of 20-50 year age group.

Results and Outcome

The socio-economic profile of the selected Muslim women are shown in the table-

Table: 1- The socio-economic profile of the selected Muslim women

Variable/Attribute		No. of Respondents	Percentage
Age Group (in years)	20-30	30	30
	30-40	43	43
	40-50	27	27
	Total	100	100
	Illiterate	18	18

Educational Level	Up to 8 th	47	47
	Up to 12 th	23	23
	Graduate & above	12	12
	Total	100	100
Occupation	House-wife	89	89
	Self Business	04	04
	Service (Govt. or Pvt.)	07	07
	Total	100	100
Family Income (in Rs. per month)	up to10000	23	23
	10001-20000	47	47
	20001-30000 & above	30	30
	Total	100	100
Size of Family (in No. of member)	Small (3-4)	13	13
	Middle (5-6)	52	52
	Large (7 and above)	35	35
	Total	100	100
Type of Family	Joint Family	38	38
	Nuclear Family	62	62
	Total	100	100
Residence Condition	Old pattern House	57	57
	New pattern House	43	43
	Total	100	100

1. Thus, the facts reveal that large no. (43%) of the respondents belongs to the age group of 30-40 year whereas least no. (27%) of the respondents belongs to the age group of 40-50 year.
2. Thus, the facts reveal that large no. (47%) of the respondents are literate up to 8th level and small no. (12%) of the respondents are graduate and above.
3. Thus, the facts reveal that most (89%) of the respondents are House-wife and minority (04%) of the respondents are self business.

4. Thus, the facts reveal that largest number (47%) of the respondents belong to family income group of 10,001- 20,000 and least (23%) of the respondents belong to the family income group of up to 10,000.

5. Thus, the facts reveal that largest no. (52%) of the respondents belongs to middle size (5-6) family and least (13%) of the respondents belongs to small size (3-4) family.

6. Thus, the above facts reveal that the majority (62%) of the respondents belongs to nuclear family and one third (38%) of the respondents belongs to joint family.

7. Thus, the above facts reveal that majority (57%) of the respondents lives in old pattern house whereas least (43%) of the respondents lives in new pattern house.

The factors responsible for reproductive behaviour in selected Muslim women are shown in the following tables:-

1. Religious Factors

Table-2: Religious factors responsible for reproductive behaviour in Muslim women

S.No.	Religious factors	Ans.	No. of Respondents	Percentage
1.	Children are Equal to Angel	Yes	86	86
		No	14	14
		Total	100	100
2.	Children are God Gift	Yes	95	95
		No.	05	05
		Total	100	100
3.	Children comes with Luck	Yes	79	79
		No	21	21
		Total	100	100

1. Thus, the above facts reveal that majority (86%) of the respondents believe that children are equal to Angel and least (14%) of the respondents do not believe.

2. Thus, the above facts reveal that most (95%) of the respondents believe that children are god gift and least (05%) of the respondents do not believe.

3. Thus, the above facts reveal that majority (79%) of the respondents believe that children comes with luck and least (21%) of the respondents do not believe.

2. Social Factors

Table-3: Social factors responsible for reproductive behaviour in Muslim women

S.No.	Social factors	Ans.	No. of Respondents	Percentage
1.	Dominate Due to Children	Yes	88	88
		No	12	12
		Total	100	100
2.	Desire of More Sons	Yes	93	95
		No.	07	05
		Total	100	100
3.	Social Security in Old Age	Yes	76	76
		No	24	24
		Total	100	100
4.	Illiteracy	Yes	78	78
		No	22	22
		Total	100	100

1. Thus, the facts reveal that majority (88%) of the respondents believe that they will be dominate due to more children and least (12%) of the respondents do not believe.

2. Thus, the facts reveal that most (93%) of the respondents desire more sons and least (07%) of the respondents do not desire.

3. Thus, the facts reveal that majority (76%) of the respondents desire more child due to social security in old age and least (24%) of the respondents do not desire.

4. Thus, the above facts reveal that majority (78%) of the respondents believe that illiteracy is a factor responsible for more child in Muslims and least (24%) of the respondents do not believe.

Conclusion

The study shows that most of the respondents are less educated house-wife, belongs to middle sized (5-6 members) lower income group (Rs. 10,001- 20,000) nuclear family, lives in old pattern house. There are some religious factors like- believe that children are equal to Angel,

children are god gift and children come with luck, as well as some social factors like- social security in old age, patriarchal society, desire for more son, domination in society due to more children, and illiteracy are responsible factors for increase fertility behaviour in Muslim women.

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