

Perception of Muslim Women Towards Family Planning In Kashmir

Dr. Nahid Ruhee (Professor, Directorate of Distance Education, University of Kashmir)

Dr Muzamil Jan (Sr Assistant Professor, Institute of Home Science, University of Kashmir)

Dr Showkat Rashid Wani (Assistant Professor, Directorate of Distance Education University of Kashmir)

Dr. Asma Hyder (Post Doc. Fellow, Institute of Home Science, Jammu University).

Abstract

The present study was an attempt to observe the attitude of married Muslim Women towards family planning in Kashmir irrespective of their dwelling, work status and age. The sample was selected through multi stage sampling technique. For the sample 1800 married Muslim women were selected from urban and rural areas of Kashmir. The sample was collected with the help of self-constructed questionnaire. The study shows that the majority of married Muslim women in the age group of 41 -50 years strongly agree that first issue must be born immediately after marriage. It is also found that women who don't earn cash for their work strongly disagree that too many children becomes burden to parents.

Keywords: Family Planning, Birth Control, Contraceptive Methods.

INTRODUCTION:

According to WHO, family planning is defined as` a way of thinking and living that is adopted voluntarily, upon the basis of knowledge, attitude and responsible decisions by individuals and couples, in order to promote the health and welfare of family group and thus contribute effectively to the social development of a country (Pegu et al. 2014). The term birth control is sometimes used as a synonym, but its connotation is more on preventing pregnancies and limiting the family size than on planning families. Contraception generally refers to the devices or medications used for reducing the likelihood of the fertilization of an ovum by a spermatozoon. The contraceptive effect can be obtained through temporary or permanent means. The various contraceptive methods are categorized as chemical, natural or surgical method includes sterilization (Vasectomy and Tubectomy) which is permanent and irreversible method of birth control. Induced abortion is the post –conception methods of family planning and is performed if there is a need to terminate an unwanted pregnancy because of failed contraception. Despite of many temporary method, the emphasis was put on sterilization of male or female. Although sterilization is a safe and most effective technique it cannot serve the needs of all couples in the different stages of the reproductive life-cycle (Melkeri and Chalawadi 2012). Basically, there are two major methods of family planning-the traditional and modern methods. Attempts to control increase in population started from the early men. Therefore, birth control is as old as man himself. Evidence from medical history indicates that our forefathers did space their children through traditional means (I.R.Aninyei).

REVIEW OF LITERATURE:

Shah et al. conducted a study on awareness and pattern of utilizing family planning services among women attending urban health care center Azizabad sukkur. The results show that about 60% of women reported use of at least one contraceptive method and 40% had never used any contraceptive method. The women who received counseling from the health care provider were 48.5% and only 6% received information through media. Religious prohibition, shortage of

female staff and cost of family planning contraceptive methods were the main reasons identified for not utilizing contraceptive methods. The unsatisfactory variables were long waiting hours at the center, non-availability of contraceptive, shortage of the female staff and cost.

Khawaja et al. conducted a survey on Awareness and practices of contraception among Pakistani women attending a tertiary care hospital. The results revealed that the majority knew about the pill (68%) and IUCD (55%). Only 47% were using some sort of contraception. The most common method chosen was the barrier method (15%), followed by IUCD (10%) and the pill (10%). The least common methods were sterilization (2%) and the rhythm method (2%); 85% of the women and 74% of the men in the study group had a positive attitude toward contraception.

Saleem and Bobak conducted a study on Women's autonomy, education and contraception use in Pakistan: a national study. The results found that decision autonomy was significantly associated with both lifetime and current contraception use; after controlling for covariates, the odds ratios for the highest vs. the lowest quintile were 1.8 (1.4–2.4) and 2.0 (1.4–2.8), respectively. Movement autonomy was not consistently associated with contraceptive use. Contraceptive use was strongly associated with women's education but this relation was not mediated by women's autonomy.

Mahin Kamalifard et al conducted a study on Continuation and Discontinuation Reasons of LD Contraceptives among Iranian Women. In this study results show that duration of OCPs usage rate of 1, 6, 12, 18, 24, 36, 48, and 54 months were as 88.96, 58.01, 44.59, 37.59, 30.52, 19.06, 9.99, and 2.78% respectively. The most common reasons for discontinuation were anger (35.5%), nausea (16.2%), and trend to pregnancy (22%).

A.I. Mahadeen et al. conducted a study on Knowledge, attitudes and practices towards family Planning among women in the rural southern region of Jordan. The results revealed that the most common contraceptive methods ever used were oral contraceptive pills (31.1%), intrauterine device (24.8%) and withdrawal (19.5%). Of the women interviewed, 37% were currently using contraception. Being pregnant (11%) and breastfeeding (10%) were the most reported reasons for not using contraceptives. None of the women reported obtaining supplies or the cost of them as barriers, while opposition from husband or family members or religious reasons were reported by less than 1% of the women. About 95% of the women agreed that using family planning had positive advantages for health. The results highlight some educational needs among these women.

Objectives

The present study is based on the following objective:

1. To assess the attitude of Married Muslim Women regarding family planning.
2. To study perception of Married Muslim Women concerning family planning irrespective of their age, Work status and dwelling.

Material and Methods

The present study was conducted in Kashmir region of the J&K state. The primary as well as secondary source of data was utilized to obtain the information. The sample for the study consisted of married women only, comprising age group of 18-50 years from rural and urban areas, working as well as non-working married Muslim women. the sample for the present study comprised 1800 married Muslim women in the age group of 18-50 years, out of which 900 were

from rural areas (450 working and 450 non-working married Muslim women) and 900 were from urban areas (450 working and 450 non-working married Muslim women). The tools used for the present study comprised Self constructed questionnaire regarding, perception, awareness and impact of religious taboos regarding family planning and birth control concepts among married Muslim Women in Kashmir.

Table 1: First issue must be born immediately after marriage

Variable	Strongly agree		Agree		Uncertain		Disagree		Strongly disagree		Total	
	N	%	N	%	N	%	N	%	N	%	N	%
Age group (yrs.)												
18 – 29	135	22.4	186	32.2	11	21.2	75	24.2	43	16.7	450	25
30 – 34	121	20	118	20.4	7	13.5	100	32.2	104	40.2	450	25
35 – 40	96	15.9	193	33.6	13	25	83	26.8	65	25	450	25
41-50	251	41.7	79	13.8	21	40.3	52	16.8	47	18.1	450	25
Total	603	100	576	100	52	100	310	100	259	100	1800	100
Occupation												
Earn for cash	243	45.4	197	38.2	14	11.4	281	76.6	165	63.4	900	50
Don't earn for cash	292	54.6	319	61.8	108	88.6	86	23.4	95	36.6	900	50
Total	535	100	516	100	122	100	367	100	260	100	1800	100
Dwelling												
Rural	213	67.4	382	66.4	72	70.6	127	23.6	106	39.6	900	50
Urban	103	32.6	193	33.6	30	29.4	412	76.4	162	60.4	900	50
Total	316	100	575	100	102	100	539	100	268	100	1800	100

Based on field work

n = 1800

Variable	Strongly agree		Agree		Uncertain		Disagree		Strongly Disagree		Total	
	N	%	N	%	N	%	N	%	N	%	N	%
Age group (yrs.)												
18 – 29	208	44.6	93	18.8	3	8.6	99	19.8	47	15.6	450	25
30 – 34	107	22.9	196	39.6	9	25.8	82	16.4	56	18.4	450	25
35 – 40	54	11.6	103	20.8	18	51.4	167	33.4	108	35.6	450	25
41-50	98	20.9	103	20.8	5	14.2	152	30.4	92	30.4	450	25
Total	467	100	495	100	35	100	500	100	303	100	1800	100
Occupation												
Earn for cash	216	42.3	138	29.8	27	65.8	413	68.9	106	56.7	900	50
Don't earn for cash	294	57.7	325	70.2	14	34.2	186	31.1	81	43.3	900	50
Total	510	100	463	100	41	100	599	100	187	100	1800	100
Dwelling												
Rural	339	62.1	307	40.3	34	61.8	93	38.8	127	63.8	900	50
Urban	207	37.9	453	59.7	21	38.2	147	61.2	72	36.2	900	50
Total	546	100	760	100	55	100	240	100	199	100	1800	100

Table 2: Three years gap should be maintained between two deliveries
Based on field work .N = 1800

Table 3: Two children are enough for one couple

Variable	Strongly agree		Agree		Uncertain		Disagree		Strongly disagree		Total	
	N	%	N	%	N	%	N	%	N	%	N	%
Age group (yrs.)												
18 – 29	323	49.5	54	14	6	14.7	43	9.9	24	8.2	450	25
30 – 34	169	25.8	108	28.2	13	31.7	91	21	69	23.8	450	25
35 – 40	73	11.2	85	22.2	4	9.7	175	40.6	113	38.8	450	25
41-50	88	13.5	136	35.6	18	43.9	123	28.5	85	29.2	450	25
Total	653	100	383	100	41	100	432	100	291	100	1800	100
Occupation												
Earn for cash	178	32.6	526	68.4	26	30.9	64	33.6	106	50.2	900	50
Don't earn for cash	367	67.4	243	31.6	58	69.1	127	66.4	105	49.8	900	50
Total	545	100	769	100	84	100	191	100	211	100	1800	100
Dwelling												
Rural	146	36.1	133	26.2	24	61.6	319	72.8	278	67.6	900	50
Urban	259	63.9	374	73.8	15	38.4	119	27.2	133	32.4	900	50
Total	405	100	507	100	39	100	438	100	411	100	1800	100

Based on field work
N = 1800

Table 4: Too many children becomes burden to parents

Variable	Strongly agree		Agree		Uncertain		Disagree		Strongly Disagree		Total	
	N	%	N	%	N	%	N	%	N	%	N	%
Age group (yrs.)												
18 – 29	110	27.7	132	30.2	5	5.5	147	26.8	56	17.1	450	25
30 – 34	96	24.3	187	42.7	15	16.5	68	12.4	84	25.7	450	25
35 – 40	148	37.3	91	20.8	7	7.7	123	22.4	81	24.7	450	25
41-50	42	10.7	28	6.3	64	70.3	210	38.4	106	32.5	450	25
Total	396	100	438	100	91	100	548	100	327	100	1800	100
Occupation												
Earn for cash	218	56.7	326	55.3	36	43.3	167	46.3	153	39.9	900	50
Don't earn for cash	167	43.3	263	44.7	47	56.7	193	53.7	230	60.1	900	50
Total	385	100	589	100	83	100	360	100	383	100	1800	100
Dwelling												
Rural	153	35.7	108	22.8	24	42.2	269	68.2	346	77.8	900	50
Urban	276	64.3	366	77.2	33	57.8	126	31.8	99	22.2	900	50
Total	429	100	474	100	57	100	395	100	445	100	1800	100

Based on field work
n = 1800

Table 5: Family planning helps one to plan family in a mannered way

Variable	Strongly agree		Agree		Uncertain		Disagree		Strongly Disagree		Total	
	N	%	N	%	N	%	N	%	N	%	N	%
Age group (yrs.)												
18 – 29	174	37.7	83	20.5	22	40.7	99	18.3	72	21.3	450	25
30 – 34	89	19.2	167	41.1	5	9.2	128	23.8	61	17.9	450	25
35 – 40	114	24.7	77	18.9	9	16.7	161	29.9	89	26.3	450	25
41-50	85	18.4	79	19.5	18	33.4	151	28	117	34.5	450	25
Total	462	100	406	100	54	100	539	100	339	100	1800	100
Occupation												
Earn for cash	223	59.9	218	53.7	46	62.2	247	49.8	166	36.8	900	50
Don't earn for cash	149	40.1	188	46.3	28	37.8	249	50.2	286	63.2	900	50
Total	372	100	406	100	74	100	496	100	452	100	1800	100
Dwelling												
Rural	201	38.8	276	55.2	23	32.3	163	50.2	237	61.6	900	50
Urban	318	61.2	224	44.8	48	67.7	162	49.8	148	38.4	900	50
Total	519	100	500	100	71	100	325	100	385	100	1800	100

Based on field work
n = 1800

RESULT AND DISCUSSION:

Attitude towards family planning as per age group, occupation and dwelling:

Table 1 shows first issue must be born immediately after marriage. Majority of married Muslim women in the age group of 41 -50 years 41.7 per cent (f = 251) strongly agree that first issue must be born immediately after marriage. Furthermore, it is found that married women who don't earn cash for their work 88.6 per cent (f = 108) feel uncertain about this notion. Moreover, it is found that married women belonging to urban areas 76.4 per cent (f = 412) disagree with this idea.

Table 2 depicts three years gap should be maintained between two deliveries. Majority of married Muslim women in the age group of 35 -40 years 51.4 per cent (f = 18) feel uncertain about three years gap should be maintained between two deliveries. Furthermore, it is found that married women who don't earn cash for their work 70.2 per cent (f = 325) agree with this concept. Moreover, it is found that married women belonging to rural areas 63.8 per cent (f = 127) strongly disagree with this opinion.

Table 3 reveals two children are enough for one couple. Majority of married Muslim women in the age group of 18- 29 years 49.5 per cent (f = 323) strongly agree that two children are enough for one couple. Furthermore, it is found that married women who don't earn cash for their work

69.1 per cent (f = 58) feel uncertain about this notion. Moreover, it is found that married women belonging to urban areas 73.8 per cent (f = 374) agree with this concept.

Table 4 observes too many children becomes burden to parents. Majority of married Muslim women in the age group of 41 -50 years 70.3 per cent (f = 64) feel uncertain about too many children becomes burden to parents. Furthermore, it is found that married women who don't earn cash for their work 60.1 per cent (f = 230) strongly disagree about this opinion. Moreover, it is found that married women belonging to rural areas 77.8 per cent (f = 346) strongly disagree with this idea.

Table 5 shows family planning helps one to plan family in a mannered way. Majority of married Muslim women in the age group of 30-34 years 41.1 per cent (f = 167) agree that family planning helps one to plan family in a mannered way. Furthermore, it is found that married women who don't earn cash for their work 63.2 per cent (f = 286) strongly disagree with this notion. Moreover, it is found that married women belonging to urban areas 67.7 per cent (f = 48) feel uncertain about this opinion.

Conclusion

Family planning is the practice of controlling the number of children in a family and the intervals between their births, particularly by means of artificial contraception or sterilization. Married women in Kashmir have positive attitude towards family planning and birth control concepts

REFERENCES:

- Kamalifard, M., Malakouti, J., Pezeshki, M.Z., and Velayati, A. (2014). Continuation and Discontinuation Reasons of LD Contraceptives among Iranian Women. *International Journal of Women's Health and Sciences*. 2(5). Pp 287-290.
- Khawaja, N.P., Tayyeb, R., and Malik, N. (2004). Awareness and practices of contraception among Pakistani women attending a tertiary care hospital. *Journal of Obstet. Gynecology*. 24(5). Pp 564-567.
- Mahadeen, A.I., Khalil, A.O., Mansour, A.M.H., Sato, T., and Imoto, A. (2012). Knowledge, attitudes and practices towards family Planning among women in the rural southern region Of Jordan. *Journal of Eastern Mediterranean Health*. 18(6).pp 567-572.
- Melkeri, S.P. and Chalawadi, B. (2012). Impact of education and domicile towards family planning and birth control. *Indian Streams Research Journal*. 2(3). pp 1-4.
- Pegu, B., Gaur, B. P. S., Sharma, N., and Singh, A. S. (2014). Knowledge, attitude and practices of contraception among married women. *International Journal of Reproduction, Contraception, Obstetrics and Gynecology*. 3(2). pp 385-388.
- Saleem, S., and Bobak, M. (2005). Women's autonomy, education and contraception use in Pakistan: a national study. *Journal of Reproductive Health*. 2(8). Pp 1-8.
- Shah, N.A., Nisar, N., and Qadri, M.H. (2008). Awareness and pattern of utilizing family planning services among women attending urban health care centre Azizabad sukkur. Pak. *Journal of Medical Science*. 24(4). Pp 550-555