

Fertility Status of Muslim Women: An overview of Karnataka

Shabana Yasmeeen Sheikh

Assistant professor of sociology
Government First Grade College Ankola ,Poojageri

Abstract: Population growth, under or over affects the overall socio-economic development of country. In India, growth of population is affected not only by high fertility but also due to lowering morality. Elsewhere in our country India, Muslims in Karnataka are the second largest religious groups. As per the NFHS Reports, total population of Muslim in Karnataka is 15.69% census report over the decades in India always attracted the attention of policy makers, researchers and political leaders. Most of the census reports also reveals that Muslims in India growing at faster rate than other religious groups. This trend led to negative feeling among the majority. They started commenting that Muslims in India outnumber Hindus that they will become majority no sooner than later that Muslims produce number of children and the like. It is disheartening to note that the growth rate of Muslim population is still very high and it is higher than the national average. The fertility rate among Muslims is also higher than the other religious groups. Study on this article is after 60 years of independence Muslims growing at faster rate than any other religious groups, Muslims in India losing sympathy from Non- Muslims, Indian Muslims women bear more number of children, Muslims in India showing negative attitude towards family planning methods and Muslims present fertility rate. For this purposes to analysis and conclusion on the fertility differentials of Muslims and Non-Muslims in Karnataka.

Keywords: Fertility Status, Muslim Women

Introduction:

European countries today are facing the problem of zero population growth. There is a serious crisis in the growth rate among Europeans. These countries have severe dearth of young population. Hence, it is an irony that most of the European countries do require population growth but developing countries.

In recent time in our country India, growth of population is affected not only by high fertility but also due to lowering mortality. But, with the growth rate of population in India is not uniformly distributed. Most of the northern states are directly causing rapid population growth. Same is true with different castes and communities in India. Fertility rate is higher among marginalized groups in our country. In addition, it is universally now accepted that fertility rate among Muslims in India is the highest than any religious groups. Many studies in India revealed the lower contraceptive use rates and higher fertility rates among Muslims than among Hindus and people of "other" religious are well documented (IIPS and ORC Macro 2000; Ramesh et al. 1996; Gulati 1996; Iips 1995; Bhatia 1990; ORG 1990). Variety of reason for lower contraceptive use and higher fertility among Muslims are highly debated in both academic and political circles (Pai Panandiker and Umashankar 1994). Some argue that lower contraceptive use and higher fertility among Muslims is mainly due to their lower socioeconomic status (Iyer 2002; Mistry 1999; Shariff 1995; Sharma 1994; Johnson 1993; Ghosh and Das 1990; Singh 1988;1987; Krishnan 1984; Chaudhary 1982; Khan 1979), Among other explanations, some argue that lower contraceptive use and higher fertility among Muslims in India is due to their differential marriage patterns (e.g., early age at marriage and greater remarriage rates) (Bhagat and Unisa 1991; Krishnan and Yeung 1984; Davis 1951) and gender roles (e.g., seclusion and low status of women) (Mistry 1999; Krishnan and Yeung 1984). Other argues that it is due to economic and political interest and positions of different religious communities in India (Jeffery and Jeffery 1997).

In this background, an attempt has been made in this paper to examine the fertility status of Muslim in Karnataka. It is strongly believed that Muslim families are child breeding centers, that Muslims produce more children , that Muslims never practice family planning, that Muslim population is growing faster than Hindus in India, that Muslim will majority in India, that Muslims accept religious gurus orders and the like. Is it true that Muslims in India practice family planning? Are they not in favour in reducing their family size, what are their untold demands? These are prime concern of this paper. This study is based only on secondary data predominantly NFHS and DLHS reports.

Data Analysis on the Fertility differentials of Muslims and Non-Muslims in Karnataka:

1. Fertility by background characteristic:

Fertility is one of the ways for biological replacement of human being in order to continue its existence on earth. If the human society is prevailing, it is through fertility only as one cannot control the death. That is why, among the three main aspects of demography namely fertility, mortality and migration; fertility always occupies a central position in population study. However, in human population with limited natural resource available, there arises a common concern not to take full advantage of human fertility. At the same time, fertility is not free from biological and social or environment factors. The fertility rate of any

population is always influenced by various factors directly or indirectly. The degree of influence of these factors on fertility may differ from population to population or from society to society. This is evident from the data shown in Table No.1.

Table No. 1 Fertility among different religions Communities in Karnataka

Religions	Total Fertility			Mean number of children ever born to women age 40-49		
	NFHS-1	NFHS-2	NFHS-3	NFHS-1	NFHS-2	NFHS-3
Hindu	2.73	2.04	2.08	4.57	4.04	3.1
Muslim	3.91	2.84	2.17	5.82	5.77	4.3
Christian	2.25	1.57	-	3.50	2.95	2.6

(Sources: NFHS-I, II &III Karnataka)

Interpretation:

Table No.1 reveals the information about the fertility background of Hindu, Muslim and Christians. According to NFHS –I, II & III Karnataka total fertility rate of Muslims is higher than Hindu and Christians. It also shows that Fertility rate of Muslim is decreasing. It was 4.41 during the period of NFHS I, came down drastically during NFHS III (3.40). However, the decrease rate is more in Karnataka among Muslim women during the same period. (3.91 to 2.17). It is heartening that decrease rate is more among Muslims in Karnataka than Hindus.

2. Birth Intervals:

Birth interval means the time elapsed between a full- term pregnancy and the termination or completion of the next pregnancy. Parents manage the interval between births for personal, psychological, or economic reasons. Intervals of less than 17 months or more than 5 years increase the risk of certain maternal and child health problems, such as preeclampsia, eclampsia, low birth weight, preterm birth, and maternal mortality. A birth interval, defined as the length of time between two successive live birth, indicates the pace of childbearing. Short birth intervals may adversely affect a mother's health and her children's chances of survival. Past research has shown that children born to close to a previous birth are at increased risk of dying, especially if the interval between the births is less than 24 months (pandey et al., 1998; Govindasamy et al., 1993). In this background, nature birth intervals practised among different religious group has been examined. The data pertaining to the same have been displayed in table No. 2.

**Table No. 2 Birth Intervals among different religious communities in Karnataka
Month since Previous Birth**

Religion	18-23			24-35			36-47			48-59		
	NFHS -1	NFHS -2	NFHS -3	NFHS -1	NFHS -2	NFHS -3	NFHS -1	NFHS -2	NFHS -3	NFHS -1	NFHS -2	NFHS -3
Hindu	16.7	20.0	16.4	37.4	34.6	36.8	18.9	19.2	18.8	16.6	15.9	8.2
Muslim	16.8	17.0	17.1	35.7	40.1	30.7	15.9	13.7	20.7	14.6	14.2	7.9
Christian	18.2	*	*	39.4	*	*	12.1	*	*	15.2	*	*

(Sources: NFHS-I, II &III India & Karnataka)

Interpretation:

Table No. 2 the birth intervals between children are relatively is less among Muslims compared to Hindus and Christians. This is obviously due to socio-economic factors like low level of education and income.

3. Desire to have no more children or desire to limit child bearing by religious community Karnataka:

It is observed that people want to have more male children than female. Most of them have the wrong impression that male child will look after them during old age. It is also observed that some of the women like to limit their child bearing with the concept i.e., that women have been sterilized or whose husbands have been sterilized are considered to not want have more

children. The data provided in Table No.3 Desire to have no more children or desire to limit child bearing by religious community Karnataka.

Table No. 3 Percentage of currently married women who want no more children by number of living children according to religious groups

Religion	Hindu			Muslim			Christian		
	NFHS -1	NFHS -2	NFHS-3	NFHS-1	NFHS -2	NFHS -3	NFHS -1	NFHS-2	NFHS-3
0	3.2	1.1	-	-	(0)	-	-	*	-
1	18.4	22.8	39.0	14.5	17.3	18.4	-	28.7	*
2	68.8	82.0	89.1	41.1	55.1	78.7	-	80.0	(85.3)
3	85.5	90.1	94.2	71.1	76.0	91.4	-	*	*
4+	91.1	86.8	95.2	80.6	82.3	88.0	-	-	*

(Sources: NFHS-I, II &III India & Karnataka)

Interpretation:

Table No.3 on basis of NFHS I to III however reveal no much difference between Muslims and Hindus for desire to have no more children or desire to limit child bearing by religious community Karnataka.

4. Need for Family planning:

Unmet need for family planning is defined as either the percentage of women of reproductive age, married or in a union, who have an unmet need for family planning. Women with unmet need are those who are want to stop or delay childbearing but are not using any method of contraception. The data of in Table No. 4 clearly shows that Muslim women have higher unmet need than any other religious groups.

Table No. 4 Unmet need for family planning among different religious groups in Karnataka

Religion	Unmet need for FP NFHS-1	Unmet need for FP NFHS-2	Unmet need for FP NFHS-3
	Total	Total	Total
Hindu	17.1	10.8	9.1
Muslim	26.2	16.8	12.4
Christian	22.6	13.8	17.7

(Sources: NFHS-I, II &III India & Karnataka)

Interpretation:

Table No. 4 clearly shows that on basis of NFHS I to II Muslim women have higher unmet need than any other religious groups.

5. Family planning

Family planning is not confined to only birth control or contraception. It is important as whole for the improvement of the family's economic condition and for better health of the mother and her children. First of all, family planning highlights the importance of spacing births, at least 2 years apart from one another. According to medical science, giving birth within a gap of more than 5 years or less than 2 years has a seriously affect the health of both the mother and the child. Giving birth involves costs and with an increase in the number of children in a family, more medical cost of pregnancy and birth are involved, along with incurring high costs of bringing up rearing the children. It's the duty of the parents to provide food, clothing. Shelter, education to their children.

Table No. 5: Family planning method among different religious group in Karnataka

Contraceptive Methods	Hindu			Muslim			Christian		
	NFHS -1	NFHS -2	NFHS-3	NFHS -1	NFHS-2	NFHS-3	NFHS -1	NFHS-2	NFHS-3
Any method	50.6	60.1	64.7	36.8	44.2	56.2	47.6	58.2	54.2
Any modern method	48.8	58.4	63.7	35.9	43.5	55.5	39.3	50.6	48.4
Female sterilization	42.8	53.5	59.1	27.7	38.7	46.6	28.6	38.8	40.8
Male sterilization	1.7	0.6	0.2	0.7	0.6	0.0	-	2.1	0.0
Any traditional method	1.8	1.6	1.0	0.9	0.2	0.7	8.3	7.6	5.7
Other method	0.1	0.0	-	-	0.4	-	-	0.0	-

(Sources: NFHS-I, II &III India & Karnataka)

Interpretation:

Table No.5 on basis of NFHS II to III Family planning method among different religious group in Karnataka. Family planning adopted an effective impact on stabilizing the financial condition of any family.

Conclusion:

From the foregoing analysis, we can reiterate positively that Muslims in India also started showing favourable inclination towards reproductive health status. Fertility rate of Muslim women drastically come down over the years. Muslims are also favoring small family norm by adopting family planning techniques. Though they have fairly higher percentage of unmet family planning desires. It wrong to conclude that Muslim women do not have choice in maintaining family. Poverty, attitude towards secular education, negative attitude of religious leaders blocked Muslim women from adopting small family norms. Conservative attitude towards decreasing family size considerably changed in recent times. This will not only develop Muslims but nation as a whole.

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