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Muslim/Non Muslim Differential in Contraception Use in Maharashtra State: Evidence from District Level Household Survey

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Abstract— In India, high growth rate and low use of contraception among Muslims compared with Non-Muslim is not a new phenomenon. It is a debated issue globally. Therefore, the study aimed to examine the differences in the use of contraception among Muslims and Non-Muslims in the Maharashtra States of India. The present study uses the District Level Household and Facility Survey (DLHS-3), conducted in 2007-08. Study collect data from 37,716 households from Maharashtra during 2007-08. The bivariate analysis used to show the religion -wise distribution of methods of contraceptive use with socio-economic characteristics. SPSS software 20.0 versions used to carry out the investigations. The study found that there is maximum use of sterilization between both Muslim and non-Muslim, but comparatively, it is high among non-Muslim. The study also explores the reasons for not using contraception. Among Muslim women reason for not using contraception were breastfeeding (25.9%), infrequent sex (18.5%), postpartum amonorrhic (14.4%) and up to the god (12.0%). Whereas among non-Muslim reason were breastfeeding (34.2%), Postpartum Amonorrhic (19%), Respondent Opposed (18.1%), Infrequent Sex(17.9%), Up to god (10.6%) and Health Concerns (8.6%). The study concludes that the current use of contraceptives was almost similar among Muslims and non-Muslim expect sterilization. The religious factor was a significant factor for less use of contraception among Muslim women. Hence, we recommend that efforts should give on the education and awareness program to reduce the gap in use of contraception among religious groups.

Keywords— Differentials, Muslims, Non-Muslims, Contraceptive use, Maharashtra, India.

I. INTRODUCTION

In India, the use of contraceptive methods and other methods of family planning remains low. Although contraceptive prevalence has been rising steadily in India, Muslim women have a lower uptake of contraception use than Hindu women and women from other religious groups [1], [2]. It is a matter of academic interest for social scientist across the globe. Religion has always played an essential role in promoting the acceptance of family planning [2]. Still, the reason for low use of contraception and high fertility among Muslim is highly debated in both academic and political circles [2]. In India, it is estimated that near about 54% of currently married women aged 15-49 years adopt the contraceptive method [3]. However, utilization of contraception methods depends on several factors such as service-related and method related, personal, or partner choice [4]. Less access to family planning services, limited choices, cultural and religious opposition, fear of adverse effects and gender-based barriers and poor quality of available services is the main reason for the high rate of unmet need for contraception in developing countries such as India [5].

The growth rate of the Muslim population is twice the rate of the non-Muslim population. Reason for this growth is mainly due to various socio-economic factors. Differently, these factors are interacting, and that is why it is not easy to recognize and quantify them. Various studies in India focus on the socio-economic factors in explaining the higher fertility and low use of contraception use among Muslims, but some have found a different picture. Some argue that lower contraceptive use and higher fertility among Muslims is mainly due to their lower socioeconomic status [6]. Some studies show that the use and knowledge of traditional methods were significantly higher within Muslim women compared to Hindu women. From various studies, it is clear that Muslims lack behind in the facilities of family planning methods and other RCH facilities somehow due to lack of

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knowledge or low socio-economic conditions. So it has become necessary to study the factors for such a high growth rate and low contraception use [5], [6], [7]. The growth rate of the Muslim population is twice the rate of the non-Muslim population. Reason for this growth is mainly due to various socio-economic factors. Differently, these factors are interacting, and that is why it is not easy to recognize and quantify them.

The fertility rate of Muslim in Maharashtra steadily decreased from 4.11 in 1992-93 (NFHS-1) to 3.3 in 1995-96) to 2.8 in 2005-06 (NFHS -3). However, this has changed and it increases over the years (57.4%) still; the percentage is lower as compared to other women. A study shows that the use of contraception among non-Muslims was higher as compared to Muslims [8]. The pattern of fertility rate and contraception use among Muslims has changed over the period in Maharashtra [9], [10]. Major reason for such condition is the non-availability of the preferred method of contraception [9], [10], [11]. To address the unmet need and universal access to contraceptive services, government of India has taken many efforts by establishing various programmes such as National Family Planning Programme, Reproductive and Child Health (RCH), National Rural Health Mission (NRHM). Despite its efforts, there is a wide gap in the proportion of contraceptive use among different groups. Therefore, this study aimed to examine the differences in the use of contraception among Muslims and Non-Muslims in the Maharashtra States of India.

Rest of the paper organized in following Section I contains Introduction of the study, Section II contains objective of the study, Section III contains data and methodology of this study, section IV contains result of this study along with required analysis table and figure, Section V describes discussion of study, and Section VI contains conclusion and future direction.

II. OBJECTIVE

Objective of the study is to examine the differences in the use of contraception among Muslims and Non-Muslims in the Maharashtra States of India.

III. METHODOLOGY

Source of data: This study used the District Level Household and Facility Survey (DLHS-3), conducted in 2007-08. The DLHS-3 adopted a multi-stage stratified systematic sampling design, and it covered more than 720 thousand households of 34 States and Union Territories of India (excluding Nagaland). Study collect data from 37,716 households from Maharashtra during 2007-08 among 34,920 ever-married women aged 15-49 years, and 7,536 unmarried women aged 15-24 years interviewed. The currently married women were an interview in Maharashtra to understand contraception use and the reasons for not using contraception use between Muslim and Non-Muslim. Statistical Package for the Social Sciences software 20.0 versions were used to carry out the analyses.

Statistical Analysis: At first, descriptive statistics, bivariate applied to give an overview of the prevalence of contraceptive use between Muslim and non-Muslim by socio-economic and demographic characteristics. Secondly, the absolute and relative change is applied to understand the difference in the use of contraception use among Muslim and non-Muslim women over the period. The bivariate analysis was applied to investigate the association between the explanatory and outcome variable. The analyses were carried out using the SPSS software (20.0 versions).

Description of Variables:
Outcome Variable: In the study, the Current Use of Contraceptive (CUC) is the outcome or dependent variable. The Current Use of Contraceptive is dichotomous as currently using contraceptive (1) and not using contraceptive (0).

Independent Variables: Women Age (15-24, 25-34, and 35-49 age group), Residence (Rural and Urban), Education (Illiterate and literate), and Wealth Index (Poor and non-Poor) selected as independent variables. The variable for education of women and education of husband constructed in four categories illiterate, primary, secondary and above secondary. For schooling 0-4, years of education were considered as illiterate and above 4 years of schooling considered as literate. Wealth index has taken in three categories of poor, middle and rich.

Control variable: Control variable in this study is Muslims and non-Muslims. The non-Muslims included the respondent belonging to Hindu, Christian, Sikh, Buddhist/Neo-Buddhist, Jain, Jews, Parsi/Zoroastrian, No religion, and other.

Operational Definition:

Female sterilizations: Female sterilization is an effective form of contraception that prevents a woman from becoming pregnant.

Male sterilizations: Male sterilization, or vasectomy, is a procedure performed on a man that will permanently keep him from being able to get a woman pregnant.

IUD: An IUD is a small, T-shaped plastic and copper device that put into your womb (uterus) by a doctor or nurse. It releases copper to stop you getting pregnant and protects against pregnancy for between 5 and 10 years

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Oral pills: Oral contraceptives, also called birth control pills, are a safe and reliable option for preventing unwanted pregnancy

Condoms: A condom is a thin piece of rubbery material that fits over a man's penis during sex, forming a barrier to protect you from sexually transmitted infections (STIs) including HIV, and unplanned pregnancy

Traditional Methods: Rhythm Method, Withdrawal Method, Other Methods were coded as traditional method.

IV. RESULTS

Table 1: The basic characteristics of the currently married Muslim and Non-Muslim women age 15-49 using contraception by specific methods is depict in table 1. Majority of the currently married women were in the reproductive age group of 15-39 years. The use of sterilization method increases with an increase in age among both Muslims and Non-Muslims (Table 1). Muslim women in the age group of 15-24 were using maximum Modern method (60.8%) whereas non–Muslim women in the age group of 40-19 using only 2 percent. For the traditional method, though it does not show much variation and the percentages are quite low in all age group among both Muslim and non-Muslim women. The maximum use of sterilization found among illiterate (97%) women and women having primary education (78.5%). Modern Method used is more between both Muslim (50%) and non-Muslim (44%) having secondary education. Husband education is also an essential factor in determining the use of contraception. Study shows as the education of husband increases use of contraception also increases for both Muslim and non-Muslim women. The use of the modern method is high among husband having secondary education for both Muslim (44%) and non-Muslim (26%) women, whereas the sterilization is high among illiterate husband 87.3 and 97.9 percent respectively. Maximum non-Muslim women (96%) used sterilization, who has given more than two live births. Whereas in the case of the modern method, it is observed that higher percentage of currently married women who have given less than two live births use modern method than those who have given more than two live births and it is higher among the Muslim currently married women. The percentage of currently married women using traditional method does not vary between the two communities, but the use is very less, and it is higher among those who have given less than two live births. In the context of the place of residence, it clearly shows that non-Muslim women residing in a rural area (91%) had adopted more sterilization method as compared to those residing in urban areas (74%). The use of the modern method is higher among Muslim women in an urban area (61.3% & 12.8%) as compared to women residing in a rural area (7.1% and 23.1%). Non- Muslim women married before the age of 18years were using maximum sterilization method (96.6%) as compared to Muslim women (24.6%). Large variation also found among women using the modern method; it is more found among Muslim women married after the age of 18 (31.6%) as compared to Muslim women married before the age of 18 (20.0%). In terms of the wealth index, the use of modern method found more among the rich (23.1%) non-Muslim women as compared to poor women (3%). Similar pattern found among Muslim women, rich women (37%) use the more modern method as compared to and poor women (14%). The use of contraception found more among women having aware of RTI/STI (17.8%) and exposure to media (73%) as compared to women having less aware less of RTI/STI (8.7%) and exposure to media (70%). **Table 2** shows that in both Muslims and Non- Muslims, use of contraception has increased throughout 2002-2004 to 2007-2008. The use of female sterilization among Muslims increases from 61.9 to 70.4 percentages while for Non-Muslims, it decreases from 77.7 to 81.6 percentage Compared to use o female sterilization, the male sterilization for both Muslims and Non-Muslims are negligible. However, the male sterilization shows a little increase from 0.4 to 1.2 percentages in Muslim (2002-2004) and 3.3 percentages to 4.2 percentages in non-Muslim (2007-2008). The maximum use of oral pills (14.5%) and condom (11.3%) was among Muslim women in 2002-2004 as compared to non-Muslim women, but it decreases (10.7%) in 2007-2008. That shows that the use of the modern method in Muslim decreases from 2002-2004 to 2007-2008.

Table 1: Percentage distribution of currently married Muslim and non-Muslim women aged 15-49 years who using specific contraceptive method according to selected background characteristics.

Background characteristics	Sterilization		Modern Method		Traditional Method	
	Muslim	Non-Muslim	Muslim	Non-Muslim	Muslim	Non-Muslim
Age						
15-24	37.0	59.5	60.8	34.9	2.2	5.5
25-29	62.7	79.2	36.0	18.6	1.3	2.2
30-34	77.7	89.0	21.2	9.7	1.0	1.3

35-39	81.8	93.6	15.8	5.5	2.4	1.0
40-49	92.7	97.1	5.5	2.2	1.7	0.65
Education						
Illiterate	87.3	97.9	12.3	1.6	0.4	0.54
Primary	78.5	96.2	19.3	3.1	2.2	0.64
Secondary	65.8	84.1	32.3	13.8	1.9	2.13
Above secondary	45.5	50.2	50.3	44.6	4.1	5.24
Education of Husband						
Illiterate	84.2	97.8	15.8	1.7	0.0	0.5
Primary	82.2	96.8	16.8	2.6	1.0	0.7
Secondary	71.8	88.8	25.9	9.7	2.3	1.5
Above secondary	52.4	67.6	44.6	28.6	3.0	3.8
Total live Birth						
Less than 2	46.8	73.0	49.5	23.6	3.7	3.4
Above 2	83.5	96.4	15.6	3.1	0.9	0.5
Place of Residence						
Rural	85.8	91.6	12.8	7.1	1.4	1.3
Urban	67.9	74.1	30.3	23.1	1.8	2.8
Consummation of Marriage						
Less than 18 years	78.9	96.6	20.0	4.5	1.2	0.8
More than 18 years	66.0	77.3	31.6	19.9	2.4	2.8
Wealth Index						
Poor	84.8	96.2	14.1	3.1	1.1	0.8
Middle	74.1	91.5	23.6	6.9	2.3	1.6
Rich	61.1	74.4	37.2	23.0	1.7	2.6
Aware about RTI/STI						
Yes	70.9	79.8	27.3	17.8	1.8	2.4
No	74.2	89.9	24.2	8.7	1.7	1.4
Exposure of mass media						
Yes	73.4	86.8	24.8	11.5	1.7	1.7
No	70.3	95.2	29.7	95.2	0.0	1.0
Total	**73.3**	**87**	**24.9**	**11-.3**	**1.7**	**1.7**

Table 3 shows absolute, relative change of distribution of contraception use status and types of method among Muslim, and non-Muslim married women using contraception status and types of Method among in 2002-2004 to 2007-2008. Overall, the study found large variation in the use of contraception among both Muslim and non-Muslim married women between 2000 and 2008 (Table 3). Use of modern method and traditional method found to be relatively low among Muslim, and it decreased from 9.4 percent to 15.08 percent. Whereas for non-Muslim the use of the modern and traditional method is comparatively high, it increases from 2.8 to 22.7 percentage and 2 to 111.1 percent respectively. Table 4 indicates the reasons for not using contraception methods among Muslim and non-Muslim women in Maharashtra. There are various reasons for not using contraception like fertility related reason, Opposition of knowledge, Method related reasons, and others. In case of Muslim women, the highest reported reason was breastfeeding (25.9%), infrequent sex (18.5%), Postpartum Amonorrhic (14.4%) and up to the god (12.0%). Whereas among non-Muslim women reason for not using contraception were breastfeeding (34.2%), Postpartum Amonorrhic (19%), Respondent Opposed (18.1%), Infrequent Sex(17.9%), Up to god (10.6%) and Health Concerns (8.6%).

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Table 2: Percentage distribution of currently married women contraceptive use status and types of method among Muslim and non-Muslim currently married women in 2002-2004 to 2007-2008.

Contraception Status	DLHS 2		DLHS 3	
	Muslim	Non-Muslim	Muslim	Non-Muslim
Using	54.6	64.1	56.9	64.5
Not using	45.4	35.9	43.1	35.5
Female sterilization	61.9	77.7	70.4	81.6
Male sterilization	0.4	3.3	1.2	4.2
IUD	7.5	3.6	5.2	2.2
Oral pills	11.3	4.1	10.7	2.9
Condom	14.5	7.1	10.7	7.1
Rhythm method	2.5	2.6	1.1	1.2
Withdrawal method	1.4	0.9	0.5	0.6
Other Method	0.5	0.5	0.1	0.1

Table 3: Absolute and Relative Change of distribution of Contraception use status and types of methods among all users currently married women in 1998-1999 to 2004-2005.

Percentage share of user by type of method among all users				
Type of contraception	Muslim		Non-Muslim	
Sterilization	9.4	15.08	4.8	-5.58
Modern method	-6.8	-20.29	2.8	22.7
Traditional method	-2.4	-58.53	2	111.1

Absolute change- DLHS 3-DLHS 2
Relative change – DLHS 3-DLHS 2/DLHS 2*100

Table 4: Reasons for not using contraceptive methods among Muslim and non-Muslim women currently married women in Maharashtra

Reason for not using contraception	Muslim	Non-Muslim
Fertility related reason		
Not having sex	11.7	9.3
Infrequent sex	18.5	17.9
Husband away	3.5	3.7
Menopause	7.9	4.1
Hysterectomy	1.1	0.7
Sub fecund/ in fecund	0.4	1.2
Postpartum Amonorrhic	14.4	19.2
Breastfeeding	25.9	34.2
Up to god	12.0	10.6
Total	**34.2**	**31**
Opposition to Use		
Respondent opposed	14.9	18.1
Husband opposed	8.4	6.6
Others opposed	2.4	1.2
Religious prohibition	9.2	0.4
Total	**11.6**	**9.2**
Lack of Knowledge		
Knows No Method	5.3	4.7

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Knows No Source	1.1	1.4
Total	**2.5**	**2.1**
Method Related Reason		
Health concerns	8.1	8.5
Fear of side effects	4.8	4.7
Lack of access	0.2	0.2
Costs too much	0.4	0.7
Inconvenient to use	0.4	0.9
Interferes with body, normal processes	1.3	1.2
Do not like existing method	0.9	1.5
Afraid of sterilization	3.5	3.7
Cannot work after sterilization	0.9	1.0
Other	8.5	8.1
Total	**11.1**	**10.2**

V. DISCUSSION

The present study understands how the religion differential in case of a particular indicator, such as contraception uses between Muslim and non-Muslim. In India and other developing countries, high fertility and low family planning use are very much prevalent among Muslim [12]. Many studies found religion as an essential factor for the low use of contraception and family planning use [13]. In their study have taken up the exact argument of Bhat and Zaveri (2005) that, higher religious opposition used to explain the differentials in use of contraception for Muslim versus the other religion [12], [13]. In India, the explanation for such low family planning use and high fertility among Muslims is less explored and highly arguable [14]. The present study found maximum use of sterilization between both Muslim and non-Muslim in the group 30-49 years, but comparatively, it is high among non-Muslim because, among Muslims religion, sterilization is against their religion [15]. Socioeconomic factors such as place of residence, wealth index, education are an important factor that influences on the adaption of family planning methods such as contraception use [16]. The study also shows that as the level of education is increasing, the use of the modern method and Traditional method is also increasing and sterilization decrease among Muslim and non–Muslim and the reason of this is women are becoming aware of Modern and Traditional method other than sterilization [17], [18]. Many studies in developing countries have reported that religion has a dominant role in the decision of contraceptive adaptation for family planning [19]. The present study also found the similar result, whereas there are some studies, which shows that mainly due to their differential marriage patterns and due to gender differential roles [20]. This study also found that Muslim women opposed to using contraception because of fertility-related problem, and most of the Muslim women reported that they are not using contraception due to religious restrictions. One study done on Muslim women in the Kanpur City revealed that the less acceptance of family planning is mainly attributable to religion and not to any kind of ignorance and fear of those methods and believed that acceptance of family planning is actually against their religion [21]. A study by Simmons (1971) found that women, who knew about family planning, mentioned the reason for not using contraception such as cost, fear of side effects, and shame [19], [22]. A study done in West Bengal shows that women have high knowledge of family planning; the actual practice of family planning is low in their life span [23]. Another study done by Thulaseedharan (2018) found that the highest number of women adopted all family planning methods, whereas, on the other hand, women in Assam have chosen the least family planning methods. The main explanation for less use of contraceptives in Assam is the low educational attainment of the women whereas different picture observed in Kerala, where the prevalence of general awareness about the adoption of family planning methods is high due to advanced socioeconomic and demographic factors [19, 20]. The study by Basu (2002) also established that there is high fertility and low family planning method used in Assam and Uttar Pradesh [23], [24], [25]. Study conducted by Niranjan. R. and Shivakumar (2017) shows that most Indian population living in poverty and access to healthcare to all is a severe problem which lead to many health problems [26]. Therefore, since Maharashtra is developing states, the awareness and use of contraception method is high compare to national and other states. Moreover, not found much difference between both Muslim and non-Muslim expect sterilization.

VI. CONCLUSION AND FUTURE SCOPE

Based on the present study observations, we can conclude that current use of contraceptives was almost similar among Muslims and non-Muslim expect sterilization. Present study found that education as important factor for widening the gap in the contraceptive utilization, hence we recommend that

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efforts should give on the education of Muslim women to reduce the gap in contraceptive use among religious groups. To understand the present status of contraceptive use among different religion in India, it is important to include primary data to explore these issues in more detail. As present study has only included Maharashtra state, future study should include other state also to understand the contraceptive use among different religion in India.

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