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FERTILITY & FAMILY PLANNING
BEHAVIOUR AMONG MUSLIMS IN INDIA
EVIDENCE FROM A SURVEY IN
MALEGAON CITY, MAHARASHTRA

A THESIS SUBMITTED TO THE UNIVERSITY OF POONA
FOR THE DEGREE OF THE DOCTOR OF PHILOSOPHY
IN ECONOMICS

BY
MALIKA BABASAHEB MISTRY

GOKHALE INSTITUTE OF POLITICS & ECONOMICS
DEEMED TO BE A UNIVERSITY
PUNE-411 004

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**FERTILITY AND FAMILY PLANNING BEHAVIOUR AMONG MUSLIMS IN INDIA: -
EVIDENCE FROM A SURVEY IN MALEGAON CITY, MAHARASHTRA,**
submitted by **Mrs. Malika Babasaheb Mistry** was carried out by the candidate
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has been duly acknowledged in the thesis.

Date : 15.10.1996

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CHAPTER I

INTRODUCTION AND REVIEW OF LITERATURE.

1.1 Introduction

India is an underdeveloped economy where rapid population growth, which is the result of high fertility, adversely affects the health and welfare of individuals and families, particularly among the poor, and seriously impedes economic and social progress. Population growth has implications for capital accumulation, employment levels, income and its distribution, public expenditure on social services and food availability. In such an economy, where the population is large in comparison with the development of resources, there is a severe competition among the different groups for the available resources. With increasing population, this competition becomes more severe and the tensions between the competing groups increase.

Further compositional changes in a population, particularly differential growth by religious groups may have major consequences in political and administrative spheres. Communal tensions may arise. It may have profound effects on local government and national politics. Before Independence some of the political leaders of Muslims were demanding separate electorates. Rejection of the demands of Muslim political leaders by the Congress party was one of the factors that led to the partition of India. The majority religious group may be afraid that increase in the numerical strength of minority religious groups may lead to creation of new states within the nation or cessation from the nation itself to form new nations. On the

other hand, minority religious groups may be afraid of discriminatory treatment from the majority religious group for historical or political reasons. Such issues may be politicized for gaining short-term advantages.

1.2 Demography of Religion

Religion has a significant relevance in the demographic study of socio-economic groups. Religion prescribes a code of life, refers to a system of beliefs, attitudes and practices which individuals share in groups, and through this orientation towards life and death, religion is supposed to affect one's demographic behaviour.¹ According to Westoff, "the religious affiliation of the couple connotes a system of values which can affect family via several routes : (a) directly, by imposing sanctions on the practice of birth control or legitimizing the practice of less effective methods only, or (b) indirectly, by indoctrinating its members with a moral and social philosophy of marriage and family which emphasizes the virtues of reproduction."²

The study of demography of religious communities is all the more important and intriguing in case of India because of its religious heterogeneity, and the fact that followers of different religions are living side by side. According to the 1991 census, more than four-fifths of the population were Hindus (82 per cent), 12 per cent were Muslims, a little above 2 per cent were Christians, 2 per cent were Sikhs, about 1 per cent were Buddhist, and about half per cent were Jains. The rest consisted of Jews, Parsis and others.³ In terms of decadal growth rate during 1981-91, Buddhists showed the highest rate (35.9 per

cent) and Jains the lowest (4.4 per cent). Muslims recorded a growth rate of 32.8 per cent which is higher than the growth rate observed for Hindus (22.8 per cent). The growth rate for Christians (16.9 per cent) is considerably lower than that for Muslims and Hindus. Thus, it is seen that religious differentials in growth rates are significant during the decade 1981-91.⁴

The percentage of population by religion for pre-Independence India for the period 1881-1941 is given in Table 1.1. A perusal of this table shows that the population of Hindus declined from 75 per cent to 70 per cent, while that of Muslims increased from 20 per cent to 24 per cent, of Christian and Sikhs from 1 per cent to 2 per cent each. The proportion of Jains showed a decline while that of Buddhist showed an increase. The share of Parsis and Jews remained more or less stable.

The percentage of population by religion for post-Independence India for the period 1951-1991 is given in Table 1.2. An examination of the table shows that in the period after 1951 too, while the share of a number of religious minorities showed an increasing trend, Hindu, the majority religious community showed a consistently declining trend. For example, the share of Muslims increased from 10 per cent in 1951 to 12 per cent in 1991, while that of Hindus declined from 85 per cent in 1951 to 82 per cent in 1994. However, the percentage of Christians in the total population of India has started declining from 1981. The share of Sikhs as well as Jains has declined marginally in 1991.

Table 1.1
Percentage Distribution of Population by Religion
India, 1881-1941

Census Year	Hindus	Muslim	Tribal	Christian	Sikh	Buddhist	Jain	Parsi	Jewish
1881	75.09	19.97	2.57	0.71	0.74	0.07	0.49	0.034	0.005
1891	74.24	20.41	3.26	0.77	0.68	0.09	0.51	0.032	0.006
1901	72.87	21.00	2.88	0.98	0.77	0.10	0.47	0.033	0.006
1911	71.68	22.39	3.17	1.21	1.00	0.11	0.41	0.033	0.007
1921	70.73	23.23	2.97	1.47	1.06	0.12	0.39	0.033	0.007
1931	70.67	23.49	2.26	1.77	1.28	0.13	0.37	0.032	0.007
1941	69.46	24.28	2.26	1.91	1.46	0.12	0.37	0.032	0.006

Source : Davis, K., 1951, pp. 178-193

Table 1.2
Percentage Distribution of Population by Religion
India, 1951-91

Census Year	Hindu	Muslim	Christian	Sikh	Buddhist	Jain
1951	84.99	9.93	2.30	1.74	0.06	0.45
1961	83.51	10.70	2.44	1.79	0.73	0.46
1971	82.72	11.21	2.60	1.89	0.70	0.47
1981	82.64	11.35	2.43	1.96	0.71	0.48
1991	82.00	12.12	2.34	1.94	0.76	0.40

Source : The respective census reports

- Note : 1. The figures for 1981 exclude the state of Assam as census was ^{not} conducted there in 1981.
2. The figures for 1991 exclude the state of Jammu and Kashmir as no census was conducted there in 1991.
3. After 1931 census the tribals were not listed as a separate religious group.

The decadal growth rates for each religious group for the pre-partition India 1881-1941 and post-partition India 1951-1991 are presented in Table 1.3. The decadal growth rates for post-partition India are graphically presented in Figure 1.1. It is observed that in the pre-partition India all the religious groups showed a fluctuating trend, but a positive growth rate. However, the decadal growth rate for Hindus during 1891-1901 and 1911-1921, for Jains from 1891 and 1901 to 1911-21, and for Jews during 1931-41 were negative.

Table 1.3
Percentage Decadal Growth Rates by Each Religious Group India,

Religions	1881-91 to 1981-91									
	1881-91	1891-1901	1901-11	1911-21	1921-31	1931-41	1951-61	1961-71	1971-81	1981-91
Hindu	10.49	-0.34	5	-0.44	10.35	13.23	20.89	23.69	24.15	22.78
Muslim	14.24	8.85	9.20	4.67	11.69	19.09	32.89	30.85	30.59	32.76
Christian	21.66	28.29	32.08	22.66	32.66	24.50	30.78	32.60	16.77	16.89
Sikh	2.76	14.91	37.42	7.52	33.73	31.60	26.53	32.28	26.15	25.48
Jain	15.94	-5.83	-6.47	-5.63	6.29	15.81	26.73	28.48	23.69	4.42
Buddhist	45.41	20.29	15.12	9.63	18.80	4.28	16.71	17.20	22.52	35.98
Parsi	5.27	4.61	6.23	1.61	7.83	5.08	-9.86	-9.32	-21.61	6.63
Jew	42.68	4.16	13.75	3.44	11.04	-1.93	-30.72	-68.60	3.55	-6.18
India	11.76	1.54	6.74	0.90	10.45	15.20	21.15	24.79	24.69	23.79

Source : For the period 1881-1941, Davis, 1951
For the period 1951-1991, Respective Census Reports and Roland, 1988.

DECADEL GROWTH RATE BY RELIGIOUS GROUPS
1951-61 TO 1981-91

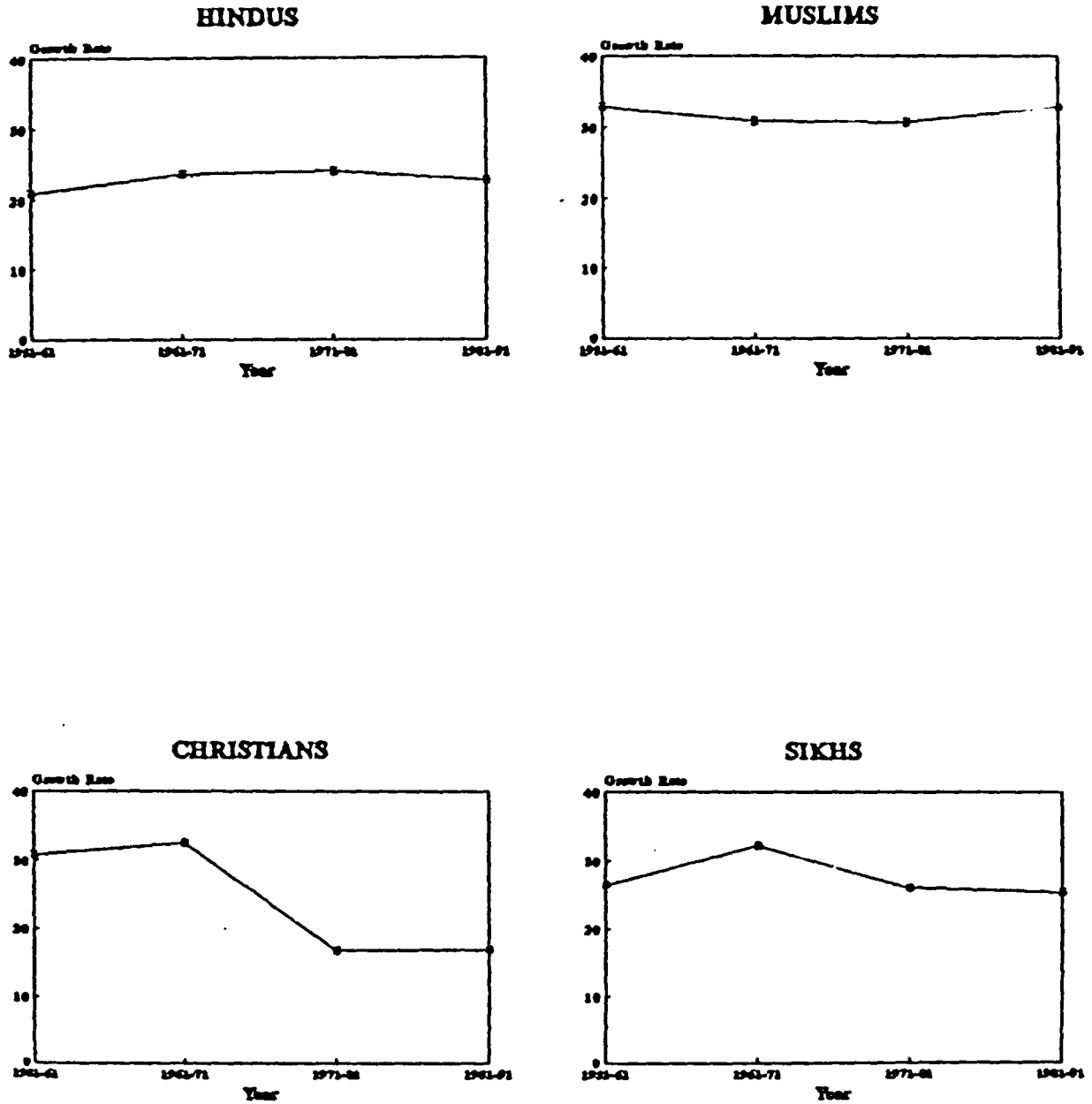


Figure 1.1

DECADEL GROWTH RATE BY RELIGIOUS GROUPS 1951-61 TO 1981-91

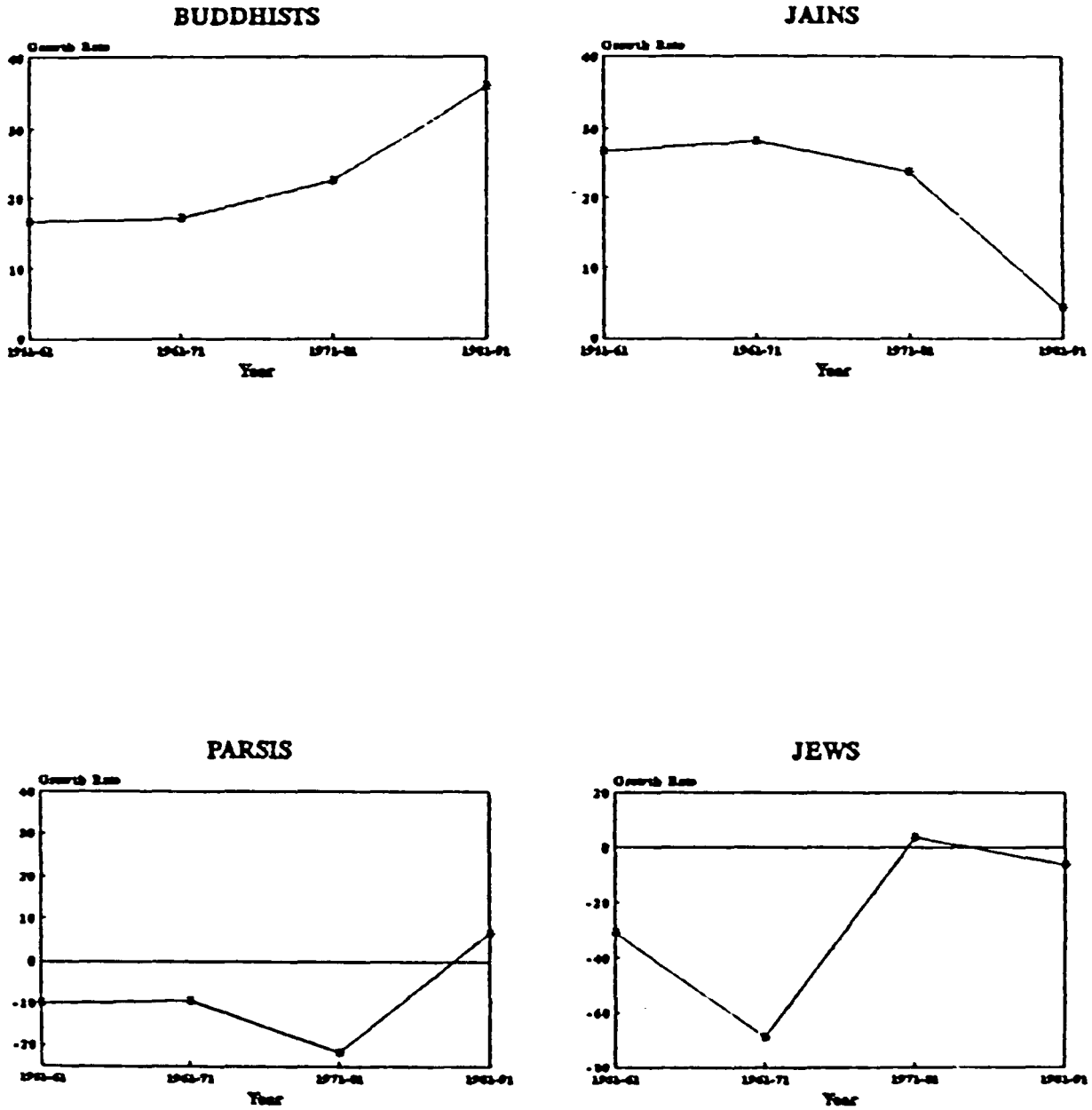


Figure 1.1

In the post-Independence India initially all the religious groups except Parsis and Jews, have shown increasing growth rates. The growth rate declined for Hindus during 1981-91, for Christians, Sikhs and Jains from 1971-81, while for Muslims, it declined marginally during 1971-81 and then again increased during 1981-91. Only Buddhists have consistently shown an increasing growth rate from 1951-61 to 1981-91. Parsis have consistently shown a negative growth rate during the period 1951-61 and 1971-81. Only during 1981-91, they have shown a positive growth rate. The Jews too have shown a negative growth rate during the last four decades except during 1971-81. Obviously, different religious groups are in different stages of demographic transition.

The three major components of population growth are fertility, mortality and migration. Religion may influence all the above components. For example, a number of studies have demonstrated that among Catholics religion has a significant bearing on their fertility either by encouraging to have a large family size or by prohibiting contraception or by combination of both.⁵ Religion may affect mortality by prescribing certain practices. In the past, Hindus believed that the virus infection of small-pox was caused by angering the gods and so no medical treatment was taken. Also certain castes among Hindus do not eat meat, thus depriving themselves availability of proteins. Also sometimes in the name of religion certain nourishing foods are not consumed. Religion may influence migration by asking its followers to flee their native country in times of religious persecution. A religious group may add significantly to its

numbers by mass conversions.

1.3 Demographic Transition of Religious Groups

Before discussing the demographic transition among religious groups in India, it would be appropriate to briefly mention the three stages of demographic transition. In the pre-transition stage, population growth is almost stationary as both birth and death rates are very high. The death rates are high due to diseases and malnutrition while the birth rates are supported by social norms and customs regarding marriage and reproduction, with a heavy accent on prolific child bearing. This stage is also the stage of high potential growth.

The second stage is the stage of transition which can be classified into early transitional stage, mid-transitional stage and late transitional stage. During the early transition stage, the death rate starts declining while the birth rate continues to remain high, leading to a very high natural growth rate of population. During the mid-transitional stage, death rate continues to fall and a decline in the birth rate begins. However, birth rate continues to be higher than death rate resulting in a fairly high growth rate of population. In the late transitional stage, death rate continues to be low and further declines are only slight. An important fact is that birth rate remains at a moderate level because of the widespread practice of birth control. With low death rate and low birth rate, the population growth is once again low.

In the third stage which is the post-transitional stage, birth rate as well as death rates are low following

effective implementation of death control and birth control programmes.

Important factors that bring about demographic transition in any society are industrialization, urbanization, education and rational thinking, and an improvement in the status of woman. According to Notestein, the following factors brought about demographic transition in Europe. "The new ideal of the small family arose typically in the urban industrial society. Urban life stripped the family of many functions in production, consumption, recreation and education. In factory employment, the individual stood on his own accomplishments. The new mobility of young people and the anonymity of city life reduced the pressures toward traditional behaviour exerted by the family and community. In a period of rapidly developing technology, new skills were needed, and new opportunities for individual advancement arose. Education and rational point of view became increasingly important. As a consequence the cost of child rearing grew and the possibilities for economic contributions by children declined. Falling death rates at once increased the size of the family to be supported and lowered the inducement to have many births. Women moreover found new independence from house-hold obligations and new economic roles less compatible with child bearing".⁶

In case of India, mortality has come down significantly for all religious groups, whereas fertility levels differ. Religion imposes endogamy on its followers. Rarely inter-marriage among followers of different religious groups takes place. Nuptiality patterns and marital fertility differ between

religious groups.

Different religious groups enter demographic transition at different times due to various factors. But, in adapting to a modern integrated industrial society, ultimately all communities have to complete the demographic transition. The demographic transition and associated changes in proximate variables relating to nuptiality and contraception may take place at different periods for different communities. This would set forth a cycle of increasing differentials in fertility which would finally narrow down when the new demographic regime is well established in all communities. This would lead to a convergence in fertility and mortality levels of all communities in the long-run and population stabilization in each community and in the country as a whole.

In India, different communities are, apparently, at different stages of demographic transition. Those religious groups with higher levels of modernization and status of woman, would complete demographic transition earlier than other religious groups. Parsis with low death rates and low birth rates are already in the final stage of establishing a new demographic equilibrium. Since 1951, the population of Parsis has been on the decline. The decrease during 1951-61 and 1961-71 has been at an average rate of one per cent per year.⁷ The average birth rate during 1960s was about 12 per thousand. "In fact the Parsis have completed their demographic transition so effectively that their birth rate has been lower than the death rate for nearly twenty years now".⁸ The negative growth of Parsi

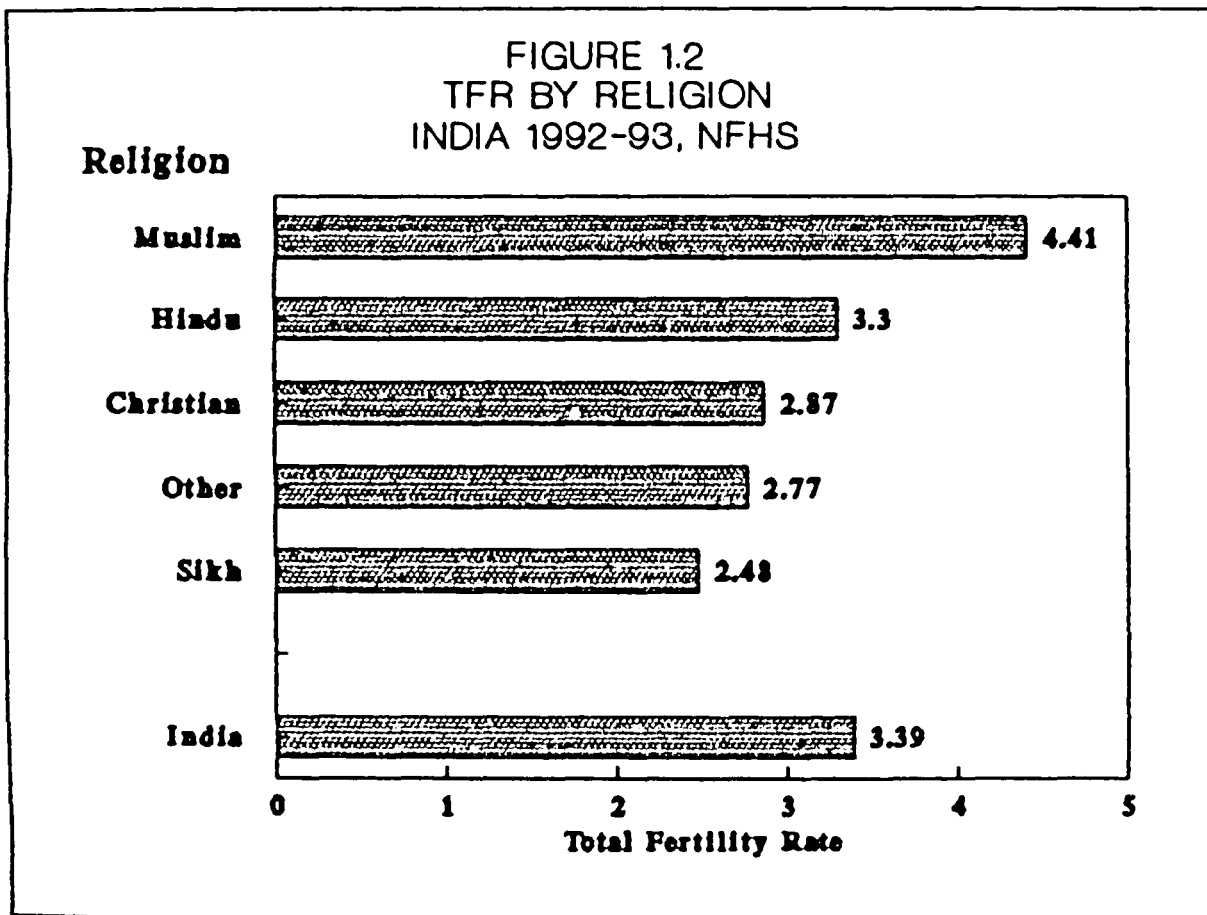
population was due to a substantial reduction in fertility level along with decline in mortality. However, the exclusion from the Parsi-fold, of children born to Parsis women married outside their community may also be a contributory factor for the low birth rate of Parsis. In 1962, the Parsis of Bombay had a total fertility rate of 1.72 and a gross reproduction rate of 0.84.⁹ The decline in fertility is due to high levels of modernization of the Parsi community. By 19th century, in India, Parsis had assumed a position of leadership in economic, educational, political and social spheres.

The Jewish community, like Parsis is in the final stage of demographic transition. Obviously higher levels of modernization among them seem to have led to their demographic transition.

The Christian community too is reaching this stage. Due to modernization of Christians, their fertility has come down significantly. Social change was important in lowering Christian fertility.¹⁰ During British rule, Christians had the highest growth rates (Table 1.3). This was due to lower mortality as a result of opening of hospitals and schools by Christian missionaries, preferential treatment given by the state which raised their socio-economic status and also a significant number of conversions mainly from lower caste Hindus. After Independence, the population growth of Christians has fallen substantially.

Fertility of Hindus as well as Muslims is declining. However, the decline is sharper among Hindus than among Muslims.¹¹ The National Family Health Survey (NFHS), India, 1992-

93 has computed total fertility rate (TFR) for different religious groups at all India levels, which is given as follows Hindu, 3.30; Muslim, 4.41; Christian, 2.87; Sikh, 2.43; all other religions, 2.77; and for all communities 3.39. (Figure 1.2) There is substantial variation in the TFR of different religious groups. The highest TFR is observed for Muslims while the lowest TFR is observed for Sikhs.



It would be revealing to know the fertility transition that each religious group has undergone over time. To know fertility transition, a fertility transition index (FTI) is constructed as below:

$$FTI = \frac{(F - F_1)}{(F - R)} \times 100$$

where

- F = TFR in the past for all communities
- F₁ = TFR at present for a religious group
- R = Replacement level fertility (2.10)

The Registrar General, based on the Fertility Survey of 1972 conducted by SRS, has given TFR for India separately for rural and urban areas. Urban TFR is 4.3 and the rural TFR is 5.8.¹² Using the proportion of women in age group 15-49 from 1971 census, the TFR for India for 1972 was calculated which is 5.50. This is taken as F and the TFR available from NEHS, India 1992-93 for different religious groups is taken as F₁. For example, for Hindus the FTI is calculated as below.

$$\frac{(5.50 - 3.30)}{5.50 - 2.10} \times 100 = 64\%$$

In similar manner, by using FTI, the percentage of fertility transition for each religious group is computed which is given in the following table.

Table 1.4
Percentage of Fertility Transition by Religious Group

Religious group	Percentage of fertility transition
Hindus	64.7
Muslims	32.1
Christians	77.4
Sikhs	90.3
Other religions	80.3
All religions	62.1

It is observed that all communities taken together have completed 62 per cent of fertility transition to reach replacement level TFR. The maximum fertility transition has been attained by Sikhs and they are followed by Christians. The least fertility transition has been completed by Muslim (32 per cent). Thus Muslims lag behind Sikhs, Christians and Hindus in reaching the final regime of demographic transition. It seems lower levels of education, occupation, income, conservative nature and a lower level of status of woman among Muslims have made them, lag behind other religious groups in reaching this stage. According to Shariff "Muslims are mostly self-employed and their share in regular paid jobs is low. Hindu population is relatively better employed in regular employment in urban areas. The work participation of Muslim females is extremely low. The land holding is better among the Hindus than the Muslims, and Muslims work on non-agricultural occupations in substantial proportions in rural parts of India. Muslims by far are the least educated when compared with Hindu and Christian population in India. The scenario is same if one studies the student population both in rural and urban areas as well. Muslim women are the least educated. Although the monthly per capita expenditure compares well between the Hindus and Muslims in rural areas, it is highly lopsided favouring Hindus in the urban areas. On the whole Muslims are socio-economically worse off in all parts of the country."¹³

As we have noted, Muslims have been consistently showing higher population growth rates than any other religious groups for the last several decades. Historically, conversions

might have been important for the higher growth rate of Muslims. In modern India conversion is rare and international migration is important only for border states like Assam where poor Muslims from Bangladesh in search of livelihood seem to have migrated in large numbers.

In the past the findings on infant and child mortality differentials between Muslims and other religious groups were inconclusive.¹⁴ However, according to NEHS, India 1992-93, Muslims have shown lower mortality rates compared with Hindus but higher mortality rates compared with Christians and Sikhs, which are given in Table 1.5. Yet the most important component that explains higher growth rate among Muslims is their fertility.¹⁵ In the following sections, review of related literature on Muslim fertility and the role of background and proximate variables in explaining high fertility among Muslims is undertaken.

Table 1.5
Infant and Child Mortality by Each Religious Group
India, 1992-93

Religious group	Infant mortality	Child mortality
Hindu	90.4	36.9
Muslim	76.6	32.2
Christian	49.9	19.4
Sikh	47.2	18.5
Buddhist	56.4	45.4

Source : NEHS, India 1992-93, p. 215

1.4 Review of Literature

Historically Muslims have shown higher fertility than many other religious groups. Based on 1941 census data, Kingsley

Davis noted that Muslims had higher child-woman ratio (770 children per 1000 women) than Christians (741), Buddhists (698), Hindus (678) and Jains (624). Only Sikhs had exhibited a higher child woman ratio (841) than Muslims.¹⁶ A majority of the local surveys conducted in different parts of the country too have found that Muslims exhibited higher fertility than other religious groups.¹⁷ However, Balasubramanian observed that the surveys carried out in 1940s and 1950s found only weak differentials between Muslims and other religion groups whereas those carried out in late 1960s and 1970s have shown significantly higher fertility rates for Muslims than other religious groups.¹⁸ This is because of the onset of fertility decline in India which began in late 1960s.

In the post-Independence India Census authorities started collecting information on fertility only from 1971. Both 1971 and 1981 census data showed that Muslims exhibited higher fertility than Hindus. The latest NEHS, India 1992-93 found that Muslim fertility is the highest among all the religious groups (Figure 1.2).

It is observed that education has a dampening effect on Muslim fertility. For example Rele and Kanitkar in their 1966 Fertility Survey of Greater Bombay, noted that "among Muslim wives, the per cent decline in the average number of children ever born was observed to be the highest, as the educational attainment increased from the illiterate or semi-literate level to primary passed up to the matriculate level".²⁰ NEHS India, 1992-93 too has observed that with each increasing level of education, fertility among Muslims reduces. Yet the fertility

differentials between Muslims and other religious group remain which are presented in the following table.

Table 1.6
Total Fertility Rate in Each Religious Group by Education

Religion	Illiterate	Literate less than middle complete	Middle School complete	High School & above
Hindu	3.93	2.93	2.45	2.07
Muslim	5.03	3.61	3.05	2.97
Christian	3.30	2.86	2.50	2.79
Sikh	3.43	2.80	2.06	1.68
Other	3.57	2.59	2.59	2.14
Total	4.03	3.01	2.49	2.15

Source : NFHS, India 1992-93, p. 99

1.4.1 Explanation of High Muslim Fertility

Dudley Kirk in 1973 elaborated that the general, cultural and religious factors that favour high fertility among Muslims are as follows:²¹ High levels of education, industrialization and other aspects of modernization associated with declines in birth rate are yet to make a strong headway in Muslim countries. Islam partakes the pronatalist social forces that exist generally in peasant and pastoral societies. Islam commands its followers to marry and multiply. Children are among the richest blessings of Allah. Muslim influence is strongly conservative. Old beliefs and practices concerning day to day life are maintained with greater tenacity. Due to historical reasons, Muslim are slow to accept western ideas.

Special characteristics that favour high fertility among Muslims are related to marriage institution, emphasis on sexuality and subordination of women. The traditional Muslim

family is strongly patrilinear and patrilocal with male dominance and responsibility specifically prescribed by the Quran. Islam favours early marriage and remarriage of divorcees and widows. Muslim doctrine holds that pleasures of the flesh and specifically sexual intercourse, are a God-given virtue to be enjoyed and conjugal obligation to be fulfilled. Sexual asceticism is no virtue in Islam. In traditional Muslim belief, permanent state of celibacy is abnormal for men and unthinkable for able-bodied women. Status of woman in traditional Muslim society is low. Male dominance within marriage is strengthened by greater education among males and larger age difference between husband and wife.

Due to the above causes, marriage of women among Muslims is universal and female age at marriage is low. The institution of polygyny among Muslims promotes the opportunities to marry for all females, single, widowed and divorced. Ritual abstinence from sex is also low. In sum, the traditional Islamic way of life is culturally favourable to high natality in the absence of voluntary birth control and Muslims are slow to accept the modern ideology of birth control.

Weeks in 1988 after studying the demography of Muslim countries concluded that it is not Islam but the 'lateness' with which the Muslim countries started the process of social and economic development, that explains the high fertility among Muslims.²²

Alavi and Srivatsava in 1994 measured and analysed the fertility behaviour of Muslims of Indian subcontinent in terms of a number of socio-economic and psychological factors using

regression analysis and concluded that the poor socio-economic and educational conditions of Muslims, low status of Muslim women and son preference explain their high fertility. Also the traditional orientation of Muslims makes them disapprove the idea of family planning.²³

Similar to Kirk, Balasubramaniam while studying the Hindu-Muslim fertility differentials in India in 1984 explained that higher incidence of remarriage of widows and divorcees, slightly higher coital frequency and slightly lower post-partum abstinence along with lower family planning acceptance account for higher fertility among Muslims.²⁴ Sharma studied the fertility behaviour of Muslims in Kanpur city in 1994 and explained that the fertility among urban Muslims in India is largely a socio-economic problem.²⁵

1.4.2 Family Planning among Muslims

The role of contraception has been very important in explaining the high fertility among Muslims. The three all India sample surveys conducted by Operations Research Group (ORG), Barcda, in 1970-71, 1980-81 and 1988 have noted that the family planning acceptance among Muslims is lower than that of many other religious groups. A number of microlevel studies have observed the same.²⁶ According to the latest NEHS, India 1992-93, the percentage of currently married women currently practising contraception among different religious groups is as follows: Hindus, 42; Muslims 28; Christians 48; Sikhs 58; Jains, 63 and Buddhist 50. Thus, the current use among Muslims was the lowest.

Education is one of the factors that affects

contraceptive use positively. The current use for currently married women by religion and education as found in NEHS, India 1992-92 is given Table 1.9. It is observed that in general with increasing level of education, even among Muslims, current use increases. Yet the differentials in contraceptive use between Muslims and other religious groups remain.

Table 1.7
Current Use in Each Religious Group by Education

Religious group	Illiterate	Literate less than middle school	Middele School complete	High School & above
Hindu	35.1	52.2	51.7	55.2
Muslim	21.8	37.2	40.5	44.9
Sikh	36.4	55.6	55.0	52.0
Christian	55.9	57.4	57.0	61.9
Other	43.1	56.7	50.2	57.3

Source : NEHS, India 1992, p. 149.

It is generally believed that the family planning among Muslims is low because Islam opposes family planning. However, a review of Islamic literature reveals that Islam is not against family planning. A number of Fatwas issued by Muslim religious leaders and statements by political leaders and governments in Muslim countries on family planning were compiled by Olivia Schieffelin in 1973. A perusal of this compilation shows that they all favour family planning. It is said that 'Azl' (coitus interruptus) was practised during the days of Prophet Muhammad. According to Al Gazzali, the classical theologian, Azl was justified to protect one's property, to preserve wife's health and beauty and to alloy anxieties over numerous children.²⁷

Also in the past a number of conferences on family planning and related topics were held by Islamic countries. The latest "Family Health and Family Planning in Islam" conference was held in Turkey in 1995, in which religious leaders and heads of state from different Muslim countries participated. They all favoured family planning. A number of participants quoted "if excessive fertility leads to proven health risks to mothers and children or if it leads to economic hardships or embarrassment to the father, or if it results in the inability of parents to raise their children religiously, educationally and socially, the Muslims would be allowed to regulate their fertility in such a way that their hardships are warded off or reduced".²⁸ According to Asgar Ali Engineer, a reputed Islamic scholar in India, "family planning is far from being disallowed by the Quran or the Hadith".²⁹

However, among Muslims there exists a misconception that Islam prohibits family planning. They often misquote the following two verses from Quran "Slay not your children, because of poverty" and "Kill not your children for fear of want; for them and you we will provide".³⁰

Sharma studied Muslims in Kanpur city to examine the role of religion in explaining the family planning acceptance among Muslims. According to him, Islam forbids to think that large family will lead to starvation but at the same time Islam says that God has given wisdom to man and man should make use of it for advancing his secular and religious welfare. He concluded that "the real impact of Islamic teachings regarding birth prevention is confined only to segregated poor people; in mixed

areas and abject poverty, Muslims hardly bother about religion".³¹ He observed that lack of good quality family planning services and absence of developmental programmes among poor Muslims is a major cause for their low family planning acceptance. A baseline survey conducted by Roy et.al., in Malegaon city, a Muslim majority urban area, in 1990 too observed that poor quality of family planning services is a major cause of low contraceptive acceptance in that area.³²

According to Qureshi, inadequate knowledge of Islam, socio-economic and cultural backwardness and the multi-religious context of Indian society are the main factors that explain the lower family planning acceptance among Muslims.³³ Even though there is ample evidence and overwhelming religious opinion that Islam does not oppose family planning, there are quite a few Ulama who believe that Islam is against family planning and they teach the same to the Muslim masses. These masses due to insufficient knowledge of Islam, believe that Islam opposes family planning and do not practise the same. Further, due to the poverty and economic backwardness Muslims do not understand the rationale behind family planning as they find large number of children advantageous. Also since many Muslim concentrations are generally backward, the family planning services in these areas are poor. In a multi-religious society, there are cross-religious cultural inhibitions which intensify with increasing communalism. These inhibitions restrict the access of Muslim population to health, education and other social development factors.

The low status of women in the society, the low levels

of literacy and education, low level of female participation in labour force, low participation of females in social activities and practice of purdah are some of the other reasons for low level of contraceptive use among Muslims.

1.5 Need for the study

As described in the previous sections, Muslims, as the largest minority religious group in India are undergoing demographic transition, but factors and the mechanisms through which such changes are occurring are not well understood. Not much empirical research seems to have been carried out exclusively on Muslim population and so our knowledge on demography of Muslims is rather limited. Hence, it was felt that a detailed empirical investigation exclusively among Muslims would certainly enhance our knowledge on the determinants of the demographic processes among Muslim population.

Of the three demographic processes which affect the size of the Muslim population in relation to other religious groups, it was found that the factor mortality is not so important.³⁴ Also migration does not play an important role in changing the population size among Muslims except for border states.. Hence the present study concentrates mainly on fertility and family planning behaviour among Muslims.

Since we want to study fertility and family planning behaviour exclusively among Muslims, Malegaon city in Nashik district is chosen as the study area. In Malegaon city, nearly three-fourths of its population is Muslim. Also in Malegaon, a number of Islamic religious schools exist. A detailed profile of the study area will be presented later.

1.6 Objectives of the study

The main objective of the thesis is to examine the possible association between certain socio-economic and other background variables and fertility and family planning use in order to understand more clearly how important these factors are in explaining the observed levels of fertility and contraceptive use in the study area. The factors that are considered for examination are variables relating to modernization, female status and religiosity and social indicators like age at marriage, education and occupation and economic variables like income and economic status of the household.

In order to fulfill the objective it was decided to carry out a detailed study of fertility and family planning behaviour among Muslim women in Malegaon city, a place where Muslims form a major religious group with nearly three-fourths of the total population of the city.

The specific objectives of the study are :

1. To portray the demographic, social and economic picture of the study population;
2. To find the level of fertility and family planning practice among Muslims in the study area;
3. To find the degree of religiosity and its influence on fertility and family planning;
4. To ascertain the level of modernisation and status of Muslim women and their influence on fertility and family planning; and
5. To find the attitudes and perceptions of leaders of the

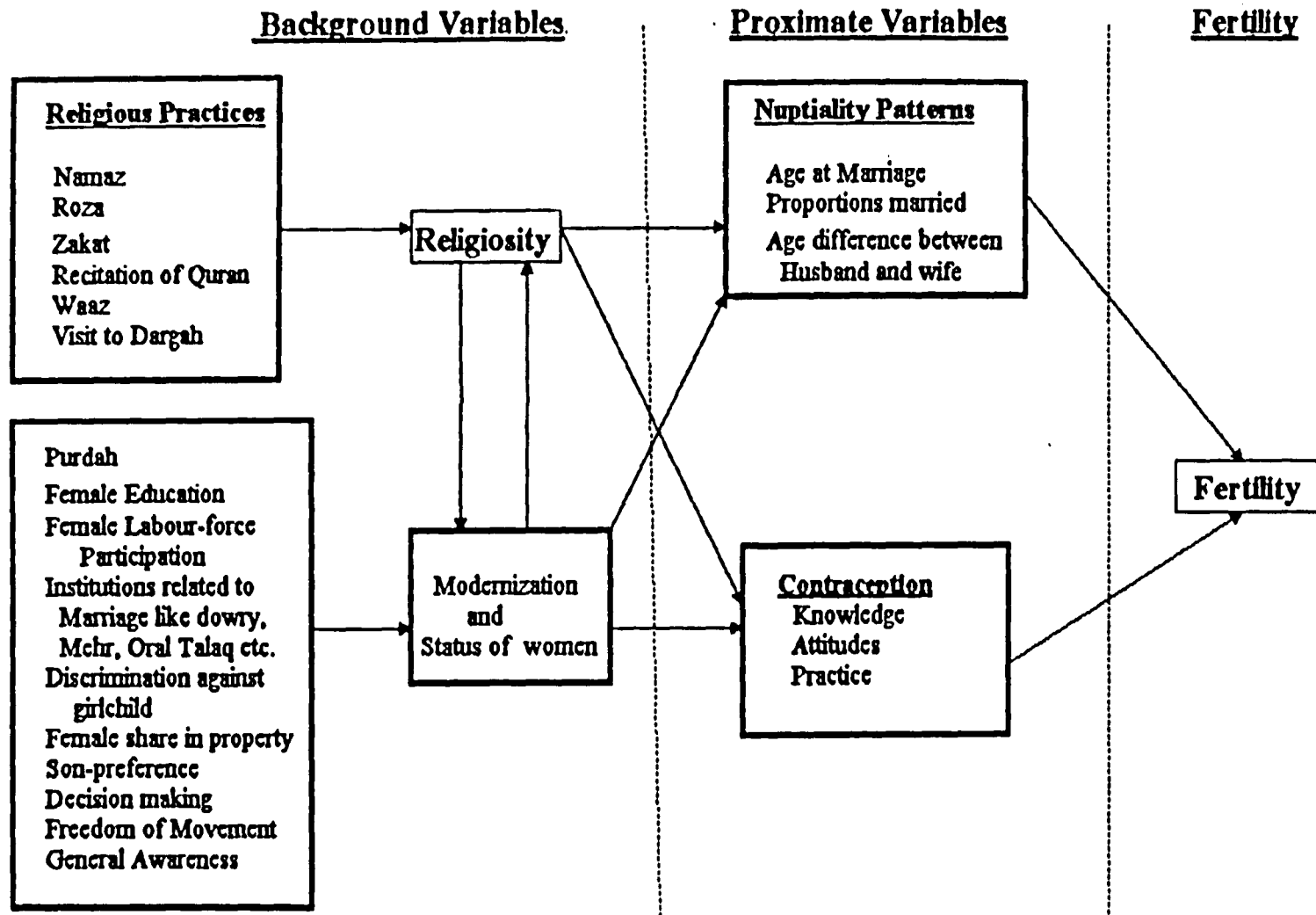
the community on issues related to population and family planning and family norm among Muslims in general.

1.7 Conceptual Framework

The conceptual framework to be used in this thesis is given in Figure 1.3. This framework has been derived from the models of Davis and Blake and Bongaarts which analyse the relationship between fertility and social structure.^{35,36} The present model schematically gives the interrelationships among religiosity, modernization, status of woman and fertility. Religiosity, modernization and status of woman are the background variables that are considered in this study, supposed to affect fertility through proximate variables.

The association between religion and fertility can be subdivided into specific components: one, the effects of religious affiliation; and two, the effects of degree of religious interest.³⁷ Within a religion there can be considerable individual variation in the degree of formal and informal religious observances and in the level of psychological commitment to the ideologies and values associated with a particular religion. People vary in degree of religiosity. Some attend religious service more than others, some take religion more seriously than others and for some religion imposes a powerful focus on their daily activities while for others it is only a weak cultural identification. The main implication of this consideration can be that some part of the variation of fertility within each religion may be associated with the degree of religiosity.

FIGURE 1.3. A SIMPLE FRAMEWORK OF FACTORS AFFECTING FERTILITY.



It was observed that among some religions, individuals tended to be successful planners while for others religiosity was observed to be negatively associated with fertility planning success. One explanation for this could be that the type of religious ideology stressed in some religions emphasizes social responsibility in parenthood, i.e. correct behaviour being defined more in terms of ethical standard of conduct. Some other religions tend to define morality as an adherence to a set of absolute standards with social and economic consequences as secondary consideration.³⁸ In the present study, religiosity of Muslims is being measured in terms of religious practices viz. namaz (prayer), roza (fasting), zakat (charity), participation in religious congregation etc.

Modernization is a transformation in economic, social and political organization and in human personality³⁹. For the human personality modernization involves an openness to new experience, independence from parental authority and taking an active part in civic affairs whether it is cultivator, craftsman or an industrial worker.⁴⁰ The main changes in reproductive behaviour in the process of modernization take place through nuptiality, and fertility control. Different modernization variables directly influence supply, demand and regulation costs of begetting children.

The status of woman is an important determinant of fertility level. World-wide data reveal that high fertility prevails in areas where the status of woman is high. "Revisions of the theory of the demographic transition have taken into account the fact that the rising status of woman can generally be

an effective spur to economic development and growth, partly by generating motivations for smaller families. Women tend to gain status by engaging in activities formerly reserved for men and especially obtaining an education, engaging in non-agricultural labour force activities and becoming involved in social and political organizations. These activities generally compete with child bearing and child rearing and the motivation to limit family size becomes well entrenched, even though pronatalist pressures continue every where to encourage having children.⁴¹ An improvement in the status of woman does not depend upon economic development, though it often helps, nor is it typically an individual option in the absence of a broad-based social consensus. It comes about as a result of a concerted collective effort within a community. In the present study the modernization of mind among Muslim women and their status in Muslim society is measured through their attitudes and practices towards the custom of purdah, female education, female labour force participation, dowry, mehr (dower), oral talaq, discrimination against girl-child, female share in property, son preference, decision-making, freedom of movement and exposure to mass media.

Religiosity may affect modernization and status of woman and vice-versa.

High religiosity may encourage an early marriage for females and a large age difference between husband and wife. High religiosity may also create unfavourable attitudes towards contraception and thereby lead to low contraceptive acceptance.

For a modern woman, the age at marriage may be high due

to education and employment. Contraceptive acceptance too may be high. So also a woman with high status in society may not marry early and will practice contraception. Thus modernization and status of woman would have a depressing effect on fertility.

1.8 Organization of Chapters.

The thesis is divided into 11 chapters. Chapter I is the introductory chapter which provides the background of the study and objectives of the thesis. A brief review of literature on the subject relevant to the present thesis is also provided in this chapter. The methodology of the survey including the choice of the study area, design of the questionnaire and sampling procedure are discussed in Chapter II. A detailed profile of the study area in terms of its history, economy and population growth is given in Chapter III.

The socio-economic and demographic characteristics of the sample population are presented in Chapter IV. Chapter V focusses on religiosity while Chapter VI focusses on modernization and status of woman. Chapter VII discusses marriage and related issues in the surveyed population. The levels and differentials in knowledge, attitudes and practice of family planning are analysed in Chapter VIII. Chapter IX discusses fertility levels and differentials based on survey data. In Chapters VIII and IX, the linkages between variables of religiosity, modernization and female status, and fertility and family planning are also examined.

The data collected from the community leaders is examined in Chapter X to ascertain the level of knowledge of leaders about population problem and the role they can play in

spreading the concept of small family norm among Muslims. Chapter XI, is the final chapter, which provides a brief overview of the previous chapters and highlights the policy implications of the findings.

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CHAPTER II

METHODOLOGY

2.1 Introduction

This chapter briefly discusses the methodology of the survey including the choice of the study area, design of the questionnaire and sampling procedure.

2.2 Selection of the Study Area

Since the major thrust in this dissertation is to study the Muslim community in detail, we have chosen an area in Maharashtra State where the Muslims form a numerical majority. There are a few places in Maharashtra such as Bhiwandi and Malegaon where Muslims are well represented in the population. According to 1981 census, Muslims formed 60 per cent of the total population in Bhiwandi, while they formed 66 per cent in Malegaon. Both these places are known for their power-loom industry. Compared to Bhiwandi (1.2 lakh, 1981 census) Malegaon had larger population (2.5 lakh, 1981 census). In 1991, the population of Malegaon increased to 3.4 lakhs and the proportion of Muslims in the total population increased to 73 percent. Besides Muslims in Malegaon are expected to be more religious than their counterparts in Bhiwandi as Malegaon is known to be a seat of Islamic religious learning. Muslim students from different parts of India and abroad come to Malegaon to attain religious education. It is one of the class I cities in Maharashtra State which is considered as one of the backward urban areas in terms of several development indicators. Hence, Malegaon city has been chosen as the study area for field investigation.

2.3 Sample Design (Sample Size and Allocation)

After taking into account various factors like cost and objectives of the study, it was decided to have a sample of 800 households which is thought to be adequate for the research purpose. For the selection of sample units, we need to have a reliable sampling frame. The possibility of using either voters list or list of ration-card holders was explored. Selecting sample households from the list of ration-card holders is extremely a time-consuming job. A voter's list is not a comprehensive sampling frame either because only adults are included in the list. So it was decided to use the 1991 census houselisting as the sampling frame for selection of sample units.

According to 1991 census there were 60 wards in Malegaon city. The population of Malegaon city in 1991 was 3,42,593 and there were 48,782 households in these 60 wards. The average household size was 7.1. The ward wise population has been taken from the 1991 census. The wards were classified into three strata based on the number of households in each ward. All wards with less than 500 households were designated as small wards; those between 500 and 1000 as medium, and those with more than 1000 households as large. Thus there were 26 small wards, 20 medium wards and 14 large wards in Malegaon city. Average household size was 6.2 for large wards, 7.2 for medium wards and 8.8 for small wards.

We have followed a three-stage stratified sampling design. In the first stage, wards with Muslims in majority were selected. In the second stage, blocks were selected from

each selected ward. In the third stage, households were selected from the blocks.

As we wanted to study only Muslims we had to identify Muslim majority wards. This information was not readily available. So we had to resort to indirect estimates. According to 1984 voters' list there were 60 wards in Malegaon city. To identify Muslim majority wards, the proportion of Muslims in each ward was estimated. It was observed that in all there were 17 wards in which Muslim voters were found to be less than 50 per cent and in 43 wards they were above 50 per cent. The Muslim voters constituted less than 10 per cent in 11 wards, between 90 and 99 per cent in 16 wards and 100 per cent in 11 wards (Table 2.1). Muslims constituted over 50 per cent of total voters in eight out of 14 large wards, in 13 out of 20 medium wards and in 21 out of 26 small wards.

Table 2.1
Percentage of Muslim Voters in Malegaon City, 1984.

Per cent of Muslim voters in each ward	No. of wards	Per cent of wards
Less than 10	11	18.3
10-20	3	5.0
20-30	0	0.0
30-40	2	3.3
40-50	1	1.7
50-60	2	3.3
60-70	3	5.0
70-80	4	6.7
80-90	7	11.7
90-99	16	26.7
100	11	18.3
Total	60	100.0

Source : Voters' List for Malegaon City, 1984.

As the 60 census wards were same as the Municipal wards in the 1984 voters' list, to select the Muslim majority wards taking 75 per cent as the cut-off point for majority, we concentrated on those wards which had 75 per cent and above Muslim population. Thus 35 census wards, where Muslims were found in majority were selected. Of these 35 wards, 5 were large wards, 10 were medium wards and 20 were small wards. The average household size was 7.0, 7.8 and 9.0 for large medium and small wards respectively. These 35 census wards had 265 census blocks. Of these 265 blocks 60 blocks were selected as it was decided to select 15 households from each block. The 60 blocks were selected by PPS systematic sampling of blocks. From each selected block, 15 households were selected by simple random sampling. The over all sample size was fixed as 900 to give some allowance for non-response. Thus the list of 900 households with their building numbers and name of the heads of the household was compiled from the 1991 Census Houselisting. Copies of census block maps for these 60 blocks were used to facilitate identification of the sample households before canvassing of the questionnaire. The listing of the households and copies of block maps were obtained from the Census Office, Nasik Road.

Sample Selection of Community Leaders

A list of the community leaders was compiled with the help of reliable and knowledgeable residents of Malegaon city. This list was verified with other reliable persons and was found to be fairly accurate. In order to allow for non-response a list of 67 opinion leaders was compiled even though it was

decided to have only 60 opinion leaders. This sample of opinion leaders comprised of educationists, teachers, politicians, social-workers, doctors, business-men, professionals and grass-root level workers. Most of the opinion leaders have shown their interest in the present study and extended co-operation for the survey.

2.4 Questionnaires

Keeping the objectives in mind, the questionnaires were carefully designed for administering it on the sample households in the study area for obtaining information on household characteristics, marriage and pregnancy history, family planning, religiosity, modernization and status of woman.

Three types of questionnaire were used: first is the household questionnaire in which information has been collected on the household characteristics such as age, marital status, literacy, occupation, duration of stay in Malegaon of each member of the household. Information on socio-economic status of the population was gathered by including questions on ownership of consumer durables, total monthly income of the household, housing conditions and source of drinking water. Further questions were included to get information on births and deaths that have occurred in the household during the two-year period before the survey. The two-year reference period was fixed as Ramzan - 5th April 1992 to Ramzan - 14th March 1994. This duration covers three consecutive Ramzans. We fixed this period as Ramzan is the major festival of Muslims and this would minimize omission

of vital events viz. births and deaths.

The second questionnaire used in the survey is the woman's questionnaire which was administered to all ever married eligible women age 15-49 years. There are four sections in this questionnaire. The first section consists of marriage and pregnancy record in which information has been collected on socio-economic and demographic characteristics of the woman and her husband, reproductive history of woman and data on abortion and still births, and menstruation and breast-feeding.

The second section includes questions on family planning: data on knowledge, attitude and practice were obtained only from currently married women. There are four topics covered in this section: sterilization, past use and current use of spacing methods, never use of contraception and pregnancy status. First, it is ascertained whether the woman has knowledge of different family planning methods. If so, it is then ascertained whether she has been using some method. Depending upon her answer, she is categorized as sterilized, past user, current user or never user. Accordingly, detailed information about her attitude towards and practice of sterilization (if sterilized) and spacing methods (if past user and current user) is obtained. If she has not used contraception an effort is made to find out the reasons for non-use which may be the following: desire for more children against religion, opposition from husband, non-availability of contraception etc.

The third section covers questions on religiosity. These questions are mainly related to religious practices among Muslims. Besides a few questions have been included to ascertain whether Quran and Hadees contain a message on family planning.

The fourth section in the woman's questionnaire covers questions on modernization and status of woman. Here the level of modernization and status of woman is assessed through the respondent's attitudes towards and practice of purdah system, education of female children, female labour-force participation, marriage (in terms of dowry and dower), discrimination against girl-child, female property rights, son-preference, decision-making and general awareness.

The third questionnaire is the questionnaire for community leaders. This questionnaire has fourteen open-ended questions. Here in the beginning brief information on demographic and social characteristics of the community leader, his/her spouse and about his/her use/non-use of family planning methods, is gathered. Then detailed information is gathered on the opinions of the leaders regarding their perceptions of population problem, its nature, whether they approve the population policy including family planning programme of the Government of India, small family norms and the family planning advertisements on radio and T.V.. Later their opinions on knowledge, attitude, practice of family planning, economic backwardness, modernization, status of woman and religiosity among Muslims, are ascertained.

2.5 Pre-testing

The pre-testing of the questionnaire was done on a sample of 27 respondents - 10 from low income group, 10 from middle income group and 7 from high income group. The respondents were chosen from Muslim clusters from different localities in Poona and its suburbs, such as Vetar Nagar Zhopadpatti, Pandav Nagar Health Camp, Sayyad Nagar, Salisbury Park and Gul Tekdi. Of the 27 respondents, there were two widows, one divorcee and one in a polygamous union. Further there were two households in which the head of the household was a religious instructor.

In three houses, initially the respondents were unwilling to provide answers. Once the suspicion was removed by explaining that the information was being collected only for study purposes, the respondents became co-operative. It was observed that a majority of the households were having small families and were practising family planning. Of 24 currently married women interviewed, only two were not practising family planning. One woman said that she had become sterile after her first child and another woman said that she had never used contraception because she belonged to a religious instructor's family.

The questionnaire was originally framed in English. As the questionnaire was to be administered to Muslims in Malegaon city where Urdu is the local language, it was translated into Urdu in Devnagari script.

The questionnaires were modified by including some questions and deleting some others in light of the

experience gained from pretesting. All the three types of questionnaires are given as an appendix at the end of the thesis.

2.6 Data Collection

The field-work in Malegaon was conducted from October 1994 to March 1995. Ninety per cent of the field-work was completed by the end of January 1995. As Ramzan, the holy month of Muslims, coincided with the month of February 1995, the field-work had to be discontinued in this month. The remaining ten per cent of the field-work was completed in March 1995. The field-work of the community leaders was carried out during the period 21st - 30th April 1995.

Field-work was carried out with the help of 8 local Muslim women with a minimum education of matriculation who were recruited as field investigators. These investigators were aged between 25 and 39 years, mostly married and had children. A majority of this women were Burkha-clad. Only local Muslim women were employed as investigators in order to develop good rapport with respondents so as to get the information with ease and without any fear.

The purpose of the survey was explained to the investigators and a thorough training was given to them regarding method of interviewing. They were taken to the field and were asked to interview the respondents on trial basis.

This was intended to clarify different practical problems that might arise during main data collection phase. At regular intervals the researcher visited

Malegaon and interviewed the respondents along with the investigators. Whenever discrepancies were found in the answers, the investigators were asked to revisit those respondents and rectify the data. On the spot checking of the data and supervision of the data collected was done by the researcher herself. Thus all necessary steps were taken to ensure better quality of data.

The preparation for the survey started much earlier than the actual field-work. As such the researcher had to visit Malegaon nine times between February 94 and April 95, each visit, on an average, being seven days duration.

The average time required to fill household and woman's questionnaire was an hour while the questionnaire for community leaders required 15 minutes to half-an-hour.

2.7 Difficulties in the Field-work

To begin with, we had to face some problems in recruiting field investigators for data collection. It was very difficult to find local Muslim women to work as investigators. With the help of the community leaders, eventually the investigators were recruited. Because of the conservative and religious atmosphere prevailing in Malegaon, the Muslim women were not willing to collect information from Muslim respondents specially on topics related to family planning. They had to be persuaded to do so.

Secondly, from the census house-listing it was possible to obtain the respondents names and building numbers only. The present survey began in October 1994, four years after the compilation of the 1991 census house-listing operation for

Malegaon in April-May 1990. During the intervening period many houses must have come up in the area and as a consequence, the 1991 census house-listing map was not much useful for the location of sample households. The investigators had to spend as much time on locating the houses as on filling the questionnaire. Block maps were helpful in locating the houses but about half of these notional maps were found to be wrong. It seems that census authorities did not pay much attention to match the ward numbers and block numbers on the house-listing with the ward numbers and block numbers on the block maps. Further in a particular block all the houses listed as per 1991 census house-listing were not to be found inspite of several visits. In another block, quite a few houses were found vacant as the respondents had sold them seven to eight years back and moved to other places. Hence, the possibility that the listers of 1991 census simply copied the building numbers from 1981 census house-listing without verification cannot be ruled out.

Investigators had to face problems while filling the questionnaire, for in many houses the respondents were suspicious to part with the information. In one particular house there were four eligible women. The mother-in-law was very co-operative. A week after the interview, this same lady caught hold of the investigator and threatened with dire consequences if there would be an income tax raid on her house. The researcher had to make a special visit to this lady to remove her misconception. It was later learnt that

in one of her relative's house, there was recently an income tax raid and so the lady thought that the investigator was going to give her household information to the income tax department.

In another house, the investigator informed that an old lady had sleepless nights for eight days prior to the interview for filling the questionnaire. The researcher visited this lady and assured her that there would be no interview in her house. Later in the absence of the old lady, the investigator filled the questionnaire. It was found that the lady was frantic because she was associating collection of information from households in Malegaon with collection of information from Muslim households by activists of a particular political party in Bombay prior to the communal riots in 1993.

In another locality the mother-in-law of the household questioned the investigator, "I have been living in Malegaon for the last 40 years. Never did any one come to collect so much information from my house?" Her son was harassing the investigator after the interview. The researcher had to meet this lady in person to convince her that no harm would befall her family.

Some respondents with the questionnaire visited a newspaper office in Malegaon to enquire whether the schedules were being filled to harm the Muslims. Sometime back there was a rumour circulating in Malegaon that those who had more than three children would get their ration cards cancelled. The Muslims of Malegaon seemed to have connected this rumour with

the present survey.

Ultimately to overcome the non-co-operation from the respondents, the researcher had to approach Urdu press. Bebak and Awami Mahai (both dated 16/12/94) urged the Muslims of Malegaon to co-operate with the investigators. Shamnama (18/12/94) published an article based on the present survey and its usefulness to the Muslim community in future. Thus removing the fears about the survey from the minds of the Muslims was a major task for its smooth completion. This makes the researcher feel that the insecurity among Muslims is increasing.

There was another type of problem faced by the investigators. Some of the respondents were enquiring whether they would gain something in return for giving the interviews. Husbands of some of the respondents were keen to know whether their wives would be paid in cash for answering the schedules.

Another problem related to the reporting by eligible women. They were not interested in reporting about their dead children. They would say, "What is the use now? Bygone is bygone. No point in talking about dead children." They were also hesitant to report on family planning. They had to be persuaded to give details of the dead children and part with information on family planning practice.

2.8 Data Processing

After completing the interviews, the schedules were edited to ensure the completeness, comprehensibility and

consistency of the responses obtained. For convenience of data coding and scrutiny work, all questionnaires were divided into 16 groups of 50 households each so that the work of data entry and consistency checks were possible on a comparatively smaller group of families. All the files of 16 groups of one type were later added into one group of 800 households after all types of checks described below were undertaken.

Scrutiny of age reporting in different parts of the schedule, spacing between deliveries, age of mother in relation to age at marriage and all other within and between consistencies of different variables were done manually in the first instance and later by building different contingencies at the record level and inter-record level under computer programmes.

After scanning sample schedules, tentative code book containing record layout of all 13 sub-records was prepared in terms of the requirement of tabulation. Basic data without much of precoding such as grouping of ages, occupations and years were attempted as it is believed that precoding loses sight of initial details and if the frequencies subsequently reported are lopsided, then the very purpose of coding is lost. As such the figures like age, year were directly entered whereas for occupations and responses especially in the open ended questions, the code list was extended as and when a new case was reported while coding. This enabled us to know the details and possible grouping in case of quantitative figures like age, year etc.

While designing the record layout we kept one ID field

namely the household number within the household and coded only the reported cases in each sub-record. By reducing the record length, though the number of records were increased, it was much of an advantage while coding. Thus all the relevant schedules of each lot of 50 schedules were coded. The ID field was subsequently used by us in collating information from different sub-records pertaining to one family or one woman. Though the total number of records was rather large, in terms of standard 80 columns there were about 6000 records only.

All the sub-records were entered as files with appropriate labels in terms of lots of 50 schedules. After checking the column bounds, within a record and later across different related sub-records the logical and mechanical consistency, the relevant files were added for all 800 households. Data were entered as card like images and verified for mechanical counts, missing and duplicate records etc.

Keeping in mind the objectives of the study and level of reporting of the different questions, tabulation plan was prepared and later revised depending upon the nature of responses etc. Initially frequencies were taken on all the different questions coded in one or two column codes. At this stage the grouping of variables, both quantitative and qualitative were attempted. Basic data files were machine recorded for some variables for grouping, otherwise large list of codes or for the variables not coded at all like age. New files with these recoded variables and or otherwise newly

created indices, ratios were prepared under programmes. The data were then put to cross tables and other tables as per requirements.

2.9 Sample Implementation

Of 900 households selected, we successfully interviewed 800 households. In these 800 households there were 45 households with no eligible women. In the remaining 755 households, 992 women were identified as eligible for individual interviews. Of these, 961 eligible women were successfully interviewed giving an individual response rate of 97 percent. The average number of eligible women interviewed per household was 1.20. Non-response at the individual level was primarily due to eligible women not being at home despite repeated household visits.

The next chapter gives a detailed profile of the study area including that of Muslims, in terms of its history, economy and population growth.

CHAPTER III

PROFILE OF THE STUDY AREA

3.1 Introduction

This chapter presents a brief description of the study area based on information from secondary sources especially from censuses. The main purpose of this chapter is to provide a detailed information of the study area with a view to understand the socio-economic profile of the study population. A good understanding of the study area would enable us to place our survey results in a proper perspective.

3.2 Profile of Malegaon City

Malegaon, situated in north latitude $20^{\circ} 32'$ and east longitude $74^{\circ} 35'$ lies on the Bombay-Agra Road, about 247.83 km. (154 miles) north-east of Bombay and 38.62 km. (24 miles) north-east of Manmad, an important railway junction on the Bombay-Nagpur cord of the Central Railway. It stands on level ground on the left bank of the Mosam river, which unites with the Girna down-town.¹

Malegaon is one of the 19 towns in Nasik district. It is the second largest city in the district in terms of population size, the first being Nasik city itself.² Malegaon is the headquarters of Malegaon sub-division and Malegaon tehsil. The city has an area of 12.95 sq.km. The temperature of the city varies between 18.6°C and 33.5°C . The annual rainfall in this area is about 580 mm. The nearest city with a population of over one lakh is Dhulia, 51 km. away. The city is well connected to other parts of the state by roadways.³

Malegaon consists of three distinct parts viz. the

older quarter or the city, the camp and the village of Sangmeshwar lying across on the left bank of the Mosam and connected with the rest of the town by a causeway built across the river.

3.2.1 Demographic profile

The population figures given in the census publications for Malegaon city from 1901 onwards (Table 3.1) are not directly comparable as the information about the change in the geographical area over the period is not given for the period prior to 1961. Yet, according to one estimate, the Malegaon population has grown 23 times in the past 100 years, from 14,502 in 1881 to 3,42,595 in 1991 (adjusted for territorial changes).⁴ However, data on boundary changes of Malegaon city are available from 1961 census onwards. The geographical area of Malegaon was 10.44 km. in 1961 and it increased to 12.95 km. in 1971. It remained the same in 1981 and 1991. Thus, population trends of the city can be analysed only for the period 1971-91.

Table 3.1
Population, Decadal Growth Rate and Sex
Ratio for Malegaon City. 1901-1991

Census Year	Population	Decadal variation	Sex ratio
1901	19,054	-	922
1911	19,060	0.03	942
1921	23,505	23.32	950
1931	29,442	25.26	926
1941	36,780	24.92	937
1951	55,022	49.60	953
1961	1,21,408	120.65	893
1971	1,91,847	58.02	929
1981	2,45,883	28.17	946
1991	3,42,595	39.33	961

Source : District Census Handbook, Nashik, 1981 and Primary Census Abstract, 1991 census.

The very high population growth rate observed during 1951-61 seems to be partly due to increase in the area of the city and migration. In 1952 the 'Camp', a locality adjoining the town, was included in Malegaon municipality⁵. During 1961-71 very high growth rate is observed which may be due to migration.

Due to the population growth and the geographical area remaining constant the population density of Malegaon city almost doubled between 1971 and 1991 from 14,814 per sq.km. in 1971 to 18,987 per sq.km. in 1981 to 26,455 per sq.km. in 1991. Malegaon with 3.4 lakh population in 1991 contributed one-fourth of the Nasik district's urban population and 1 per cent of Maharashtra's urban population. In the earlier censuses (1971 and 1981 too the share of Malegaon in total district urban population was slightly above one-quarter.

The role of migration in the growth of Malegaon city cannot be estimated as the required data from 1981 census were not made available for cities with less than a million population. Such tabulations are not available even in 1991 census. However, an idea of the role of migration in the growth rate of population can be had from 1971 census. Going by place of last residence, 34 per cent of people in Malegaon were migrants, of whom 29 per cent were from within Maharashtra and the remaining 5 per cent from outside Maharashtra. Majority of these migrants were in the working age group of 15-59 years⁶.

The sex ratio of the population is defined as the number of females per 1000 males and it is a useful indicator to assess the gender balance in the society. This balance is determined by the sex ratio at birth and sex selective mortality

and migration. If data are correctly reported and in the absence of sex-selective mortality and migration, a gender balance is expected in any population. However, in reality we don't get a sex ratio of unity in any population.

A perusal of the sex ratio for Malegaon Muslims from 1901-1991 shows that in 1961 the sex ratio was highly imbalanced which might have been due to very high sex selective migration. Even though sex ratio has been unfavourable to females, it shows in general an increasing trend (Table 3.1). The sex ratio increased from 929 in 1971 to 961 in 1991. It is higher than that of Urban Nasik (915) and Urban Maharashtra (876) in 1991.

A distressing feature of Malegaon is that a considerable proportion of its population lives in slums. According to 1981 census, 17 per cent of the total population in Malegaon was living in the 19 notified slums spread over 2 per cent of the city area. (1991 census data on slums at state level has not yet been released). In 1981 one percent of population in Nasik city and four per cent of population in Nasik Urban Agglomeration (UA) was living in slums. In the slums, civic and other amenities are usually poor. For instance potable water, one of the basic necessities of life was quite inadequate. There were only 174 water supplying tap points in the slums of Malegaon. The sewerage disposal was through open surface drainage in these slums as was the case with rest of the Malegaon. The night soil disposal was through sewer. The families living in slums had no private latrine. However, according to 1981 census there were 720 community latrines serving to the slum population which means on

an average one latrine was to be used by 342 persons.⁷

Malegaon is one of the areas in Maharashtra characterized by high fertility and low family planning acceptance. According to the latest available statistics - Annual Vital Statistics of Maharashtra 1989 - published in 1993, the registered crude birth rate (CBR) for Malegaon city was 48 per 1000 population in 1989. For the same year the CBR for urban Nasik was 32 and for urban Maharashtra 29. The birth rate for Malegaon city in 1992 was 36 per 1000 population. Both the birth rates for Malegaon city (48 in 1989 and 36 in 1994) could be on higher side as they are also based on the births of those women who come from mofussil areas for delivery in Malegaon city. However, the above figures of the birth rate indicate that the birth rate has started declining in Malegaon. In 1987-88, Malegaon city had 46,966 eligible couples with a couple protection rate of 26 per cent. (Family Welfare Project for Low Acceptance Areas in Maharashtra: State Project Agreement Document, Annexure II). For the same year, the couple protection rate for Nasik district was 51 per cent and for Maharashtra 54 per cent⁸.

3.2.2 Economic Profile

Crude activity rate informs us about the level of activity in population whereas industrial composition of workers informs us about the type of activity being carried out. Table 3.2 indicates that the crude activity rates for both males and females are low. In 1991 they became lower than they were in 1971. The decrease was more pronounced for the females.

Table 3.2
Crude Activity Rates for Malegaon City by Sex:
1971-1991.

Census Year	Male	Female	Total
1971	45.16	9.87	28.16
1981	46.56	11.46	29.49
1991	44.97	6.50	26.12

Source : 1971, 1981 and 1991 census reports.

In 1991, the crude activity rates of total population, males and females for Nasik (UA) were 31.13 and 48.45 and 11.68 respectively. Compared with the above rates, the crude activity rates for Malegaon city in 1991 are lower by 4 to 5 percentage points.

Both 1981 and 1991 censuses do not give disaggregated data of industrial composition of workers in each city. All industrial divisions except cultivators, agricultural labourers and household industry are pooled together, which are given in the following table.

Table 3.3
Percentage Distribution of Workers for Malegaon
City by Industrial Division and Sex, 1981 and 1991

Industrial Division	Male		Female	
	1981	1991	1981	1991
Cultivators	1.28	0.99	0.61	0.95
Agricultural Labourers	1.40	1.14	9.12	7.85
Household Industry	1.68	1.16	3.66	5.69
Other	95.64	96.71	86.61	85.51
Total	100.00	100.00	100.00	100.00

source : 1981 and 1991 census reports

There was an over concentration of workers in the 'Other' category which is expected as in urban areas more than three-fourths of the male workers must be in non-agricultural

activities. For Malegaon 'Other' would mean employment mainly in powerloom industry which is the major industry in the city. Compared to 1981, the percentage of workers in 1991 has increased marginally in 'Other' category for males and by two percentage points in Household Industry for the females.

Nevertheless, in 1991 census, sectoral distribution of main workers for Malegaon city is available and it has been classified as an industrial city. The sectoral distribution of main workers is as follows⁹: 62 per cent in industry, 18 per cent in trade and commerce, 11 per cent in services, 5 per cent in transport and communication and remaining 3 per cent were engaged in primary sector. In 1991, for Nasik (UA) 36 per cent of the main workers were engaged in industry, 16 per cent in trade and commerce, 13 per cent in primary activity, 7 per cent in transport and communication and remaining 2 per cent in services. Compared to Nasik (UA), in Malegaon, much lower percentages of main workers are engaged in primary activity and services whereas nearly twice the percentage of main workers are engaged in industry which is again due to powerloom being the major industry in this city.

Malegaon is one of the most important powerloom centres in Western India. The major industry, in Malegaon has been weaving where the dominant community (Muslims) is mainly engaged. Other industries of some importance are those of making ropes, brooms, mats and baskets. There are also a few ginning and pressing factories and oil mills.

Malegaon mainly produces grey cloth. It also

manufactures powerloom spare parts. Malegaon exports grey cloth, handloom sarees and mutton. It imports cotton yarn, food grains and chemicals.

3.2.3 Social Profile

Housing and related conditions, availability of medical and education facilities can be of good indicators of development of an area. According to 1981 census, there were 34,643 occupied residential houses in Malegaon. The corresponding number of households was 35,099 indicating a housing shortage of 456. In 1991 the number of residential houses increased to 45,648 while the number of households increased to 48,782. The housing shortage too increased to 3,134. (The 1991 census household tables at state level have not yet been released). In 1981, on an average, there were, 7 members in each household in Malegaon (Table 3.4). Thus the average household size for Malegaon was large. The majority of the available houses were of one room tenements where slightly over half of the population was living. Thus, Malegaon households were over crowded. Compared to 1981 the average household size (7) in 1991 remained stable.

Table 3.4
Percentage Distribution of Population and Average Household Size
by Number of Rooms in the House, Malegaon city 1981

Number of Rooms	Percentage of Population	Average Household Size
No exclusive room	1.11	6.03
1 room	53.96	5.99
2 rooms	26.49	8.00
3 rooms	7.79	10.19
4 rooms	4.31	11.69
5 rooms	1.43	13.11
6 rooms and above	2.03	16.68
Not specified	2.88	6.31
	100.00	6.98

Source : Census of India 1981, Series 12, Maharashtra, Household Tables.

Protected water was supplied through tap and that was the major source of drinking water for nearly 94 per cent of the households in Malegaon (1981 census). The other sources of drinking water were mainly well and tube-well. But the availability of water within the premises was a luxury, enjoyed by only 28 per cent of the households in Malegaon. However, in 1991, the entire city was provided with tap water.¹⁰ According to 1991 census, in urban Maharashtra only 91 percent of the household had access to safe drinking water.¹¹ In 1981 there were 13,171 domestic electric connections and only 54 percent of the households in Malegaon had electricity. Forty eight per cent of the rented houses had no electricity compared to 45 per cent of the owned houses.¹² In 1991, the number of domestic electric connections increased to 23,232 and the percentage of households with electricity increased to 76 per cent.¹³ In urban Maharashtra, according to 1991 census, 86 per cent of the households had electricity.¹⁴

In 1981 there was 4,530 toilets in Malegaon and a considerable majority of Malegaon households (71 per cent) had no toilet facility, within their premises. When the tenure status of the households was considered it was found that 20 per cent of the households living in owned houses and 33 per cent of the households in rented houses had toilet facility. The disposal of night soil was through burrows. Sewerage disposal was through open surface drains. In 1991, the number of toilets in Malegaon increased to 8,266 and the percentage of households with toilet facility increased to only 32 percent.¹⁵

In 1981 Malegaon had only 4 hospitals, 52 dispensaries

and 2 family planning centres and a total of 155 beds in medical institutions. In 1991, the number of hospitals reduced to 3, and dispensaries to 5. In addition, there were 6 health clinics and 2 family planning centres. The number of beds in medical institutions also reduced to 64. In Malegaon, 4.08 medical institution (excluding family planning centres) are available per lakh population¹⁶, whereas in Nasik (UA) 8.41 medical institutions are available per lakh population. Thus, comparatively the medical facilities are scarce in Malegaon city. Comparison of number of hospital beds (64) of Malegaon city with those of Nasik (UA) (1,936) also reveals that medical facilities are very poor in Malegaon.

In 1981, Malegaon had a literacy rate of 51 per cent. For males it was 60 per cent and for females 42 per cent. In 1991 the rate increased to 56 per cent for persons, 62 per cent for males and 49 per cent for females. The increase in female literacy is more pronounced. According to 1991 census, the literacy rates for urban Nasik were 78, 86 and 70 for total persons, males and females respectively. For urban Maharashtra the literacy rates were 79, 86 and 71 for total persons, males and females respectively. Thus, comparatively, the literacy rates in Malegaon were much lower.

Both in 1981 and 1991, Malegaon had one arts and science college, one arts & commerce college and a law college. In 1991 there were 4 typewriting and shorthand institutions and two polytechnics. Other educational facilities were as follows: junior college level institutions, 9; matriculation/higher

secondary, 10; Junior secondary/middle school, 10; primary schools 144 and adult literacy class one¹⁷. Recently a Unani Medical College has been established in Malegaon. Compared to Nasik UA (118) there are more primary schools (144) in Malegaon. Thus 4.2 primary schools per 10,000 population are available in Malegaon whereas 1.6 primary schools per 10,000 population are available in Nasik UA. This a positive feature of Malegaon city.

The number of cinema halls increased from eight in 1981 to 9 in 1991. Also there exists one public library, 20 reading rooms and 10 community halls in 1991. For the same year, in Nasik UA, there were 20 cinema halls, 21 public libraries, 2 reading rooms and 81 community halls.

3.2.4 Religious Composition

In addition to the above it would be appropriate for the present study to know the religious composition in the study area. According to 1991 census, Muslims formed around three-fourths of the total population of Malegaon. The next major community was Hindu (Table 3.5). In 1991 Malegaon had very small proportion of SC and ST population, 2.87 and 1.52 per cent respectively. Between 1981-91, the proportion of Muslims in the total population of Malegaon increased substantially while that of Hindus, Buddhists and Jains declined. It seems during this period, inmigration of Muslims and outmigration of other religious groups has taken place. Regarding sex ratio, Buddhists show most favourable sex ratio towards women. Next to Buddhists, Muslims show a better sex ratio than other religious groups.

Table 3.5
Percentage Distribution of Population, and Sex
Ratio by Religion for Malegaon City, 1971-1991

Religion	Percentage distribution of population			Sex ratio		
	1971	1981	1991	1971	1981	1991
Muslim	67.51	67.39	72.92	936	966	977
Hindu	27.45	27.65	23.31	901	901	931
Buddhist	3.66	3.35	2.70	1034	970	1002
Jain	1.31	1.43	0.98	902	902	922
Christian	0.05	0.13	0.05	-	-	-
Sikh	0.01	0.04	0.03	-	-	-
Not stated	0.01	0.01	0.01	-	-	-
All religions	100.00	100.00	100.00	929	946	961

Source: 1971, 1981 and 1991 census reports on religion

Note : For Christians, Sikhs and 'Not stated' sex ratio is not given as they form minute proportion of total population.

3.3 Profile of Malegaon Muslims

Since the major objective of this thesis is to study the Muslim community's demographic behaviour in detail, it is imperative to acquaint ourselves with the background of Malegaon Muslims.

Describing the numerical dominance of Muslim community in Malegaon a scholar writes : "It is one of the few towns which is believed to be dominated by Muslims, mostly from artisinal backgrounds, a town where Muslims, ... have lived with considerable dignity and authority and have found a safe haven in times of trouble."¹⁸ Further the culture of the town is distinctly Muslim. The large number of masjids, the dresses worn, the language spoken, all seem to distinguish the Muslim weavers of town from the surrounding country side which is predominantly Hindu.

3.3.1 Advent and growth of Muslim Community

There is hardly any literature available in English on Malegaon Muslims. However, there are a few books available in Urdu Muslim Biradari ki Tahzibi Tareekh by Momim Moiuddin, Naqush-e- Malegaon by Hafiz Malegawi and Majra-e-Vatan by Shabbir Hakim. Most of the material included in the review on Malegaon Muslims in the following sections has been borrowed from these books.

About 200 years back, Malegaon was a kasba (a small place) and was called Maliwadi (hamlet of gardeners). One of the Sardars of Bajirao Peshwa, Naroshankar, was given 18 villages including Maliwadi as a jagir by a Commander of Mughal forces Badshah Muhammad Aizuddin Gazi. Naroshankar made Maliwadi his residential quarters and started constructing a fort in 1740, the construction of which took around 20 years to be completed. For building the fort Naroshankar invited a number of engineers, stone cutters and artisans, who were mostly Muslim from the north, specially suburbs of Delhi. This was the first time a sizable number of Muslims came to settle in Maliwadi. These Muslim artisans also brought their language Urdu for the first time to Maliwadi. Some of the Muslim artisans came from Surat and Broach too. The artisans lived in a basti (settlement) opposite the fort, across the river which is today known as Sangmeshwar. After coming of Muslims, Maliwadi became Malegaon.

The Nasik District Gazeteer, 1975 of India mentions that there were 300 Arab soldiers in the army of Gopalrao Raje Bahadur, descendant of Naroshankar and they fought valiantly in the war against the British in 1881 till the end. After the

British won, the soldiers were deported from Malegaon. These soldiers included many Arabic words into the Marathi language like Vakil (advocate), Darkhast (request), Muddai (appellant) etc. and enriched it. The first Masjid (mosque) in Malegaon was built in 1798 by one of these Arab soldier Sayyad Mohammad Idris on a piece of land donated by Gopalrao (which is today known as Yasin Miya Ka Takiya).¹⁹

Besides Arab, there were some Egyptian soldiers in the army of Malegaon. Gopalrao also had a few Rohilla Sepoys serving him. Both Egyptian and Rohilla soldiers were Muslims. The first Idgah (where Idd prayers are performed) in Malegaon was built by one of the Rohilla sepoy Dilawar Khan in 1816.²⁰ Gopalrao was a disciple of Bhikhan Shah, a Muslim saint, whose grave even today exists at the confluence of Mosam and Girna.

When the British captured the Malegaon fort in 1818, they invited Muslims of Hyderabad from Nizam's territory to Malegaon. Some Muslims migrated from Hyderabad to Malegaon, and most of them settled in the cantonment area. After the mutiny in 1857, many Momins, the largest number of Muslims ever to migrate to Malegaon, came from north India to Malegaon in search of security. In 1863, Muslims from Banaras who were mostly weavers, as there was a famine around this time, too migrated to Malegaon. Thus, it appears that the Muslim community in Malegaon grew from waves of migration particularly from north.

3.3.2 Industry in Malegaon

Malegaon was a traditional handloom weaving centre in Maharashtra. The Imperial Gazetteer of India, 1895 mentions that

Malegaon was known for the cheap and sturdy material it produced for everyday wear. The Census of India, 1931 described Malegaon as a primarily weaving town and also a town with 50 per cent Muslim population.²¹

Power came to Malegaon in 1935. Therefore the era of powerlooms in Malegaon emerged only after 1935. Earlier weaving was on handlooms. Most of the preparatory work before weaving like starching the yarn, transferring it over the tubes, preparing tanabana was done by the women. Even after the powerlooms were introduced, women continued to help their menfolk in the weaving procedure. As the women were working along with men, they could never practise purdah i.e. seclusion from men as was the case with Muslim women from Lucknow or Delhi. Yet a few women from certain economically prosperous families practised purda.

With the introduction of powerloom, the cloth industry in Malegaon flourished due to increased productivity. Many bought powerlooms and very few were left with handlooms. As a result many more Muslim weavers from U.P., Khandesh and Deccan migrated to Malegaon. These migrants created slums for the first time in Malegaon. Kamalpura, the first and the biggest slum area in Malegaon, was established in 1940s. Later many more slums were created as the political and social turmoil in Hyderabad in late 1940s and 50s and the riots in 1960s led to massive migration of Muslims into Malegaon. The influx was so large that three new wards of Municipality came into existence.²² Census figures too suggest such a rapid increase in population. During 1951-61, while the population of district headquarters town of Nashik increased at 35.09 per cent, the population of Malegaon increased

at 120.65 per cent. So also during 1961-71, the percentage of decadal growth for Malegaon was higher (58.01) than for Nashik (34.31).²²

In the 1950s, in order to encourage, Government reserved production of rangeen (coloured) saris for the handloom sector only. In 1952, powerloom industries suffered a major depression due to tremendous increase in the price of yarn. Many powerloom owners became pauper as they had to sell off their powerloom. This impact was so severe that the Muslim women were forced to work as agricultural labourers on farms. The migration of Muslims from other parts of India must have added to the miseries of the local weavers.

After the recession there was a major transformation in Malegaon powerloom industry. Only grey cloth started being produced. The agents of Bombay mill owners came to Malegaon, provided them with the beam and yarn. The condition of weavers was so precarious that they were forced to work as labourers without a return on their own looms. To counter the exploitation, sizing machines were introduced by concerned businessmen in Malegaon. In 1970s, spinning was also introduced and later Janata Sahakari Bank was established by the Muslims. Presently (1996), according to Powerloom Federation of Malegaon, about 1,10,000 registered and about 10,000 unregistered powerloom exist in Malegaon. Also there are more than 100 sizing units. Even now for a majority of the Muslims, weaving continues to be the main occupation. Women and children work on the loom or undertake associated operations. The weavers continue to suffer for several

reasons - the textile policy is unfavourable to them, they cannot afford buying of yarn and marketing of both is not in their hands. The middle men exploit the weavers as they lack organisation. Since no other economic opportunities exist, many of the weavers continue in the occupation even though it provides them only with a subsistence level of living.

In spite of their hardships, Malegaon Muslim weavers are simple, innocent and happy-go-lucky people. A typical Malegaon weaver would be someone who works 12 hours a day with brief breaks for prayers, tea and meals. He would have started working at the age of 15, learnt the basic skill of making grey cloth in a week or so and since then has been producing grey cloth and hopes to do the same in future too. His free time would be spent either at the 'akhada' (sports club) exercising, or more usually sipping tea and chatting with friends or playing a few rounds of carrom. The weekly wages would be collected on Thursday evening and on Friday, the weekly holiday, he would attend the congregational prayer at the local mosque, later buy provisions for the next week and watch film in the evening with his family and friends.²³

3.3.3 Political Aspects

Right from the beginning Muslims of Malegaon, including religious leaders, took keen interest in the political affairs of the country. The Khilafat movement and the non-cooperation movement in the 1920s provided opportunities to Malegaon Muslims to show their commitment to freedom struggle. Maulana Abdul Hamid Nomani, a columnist writing on Khilafat movement in Bombay, shifted to Malegaon and started publishing

his own paper for spreading the message of Khilafat and non-cooperation movements. The office bearers of Bait-ul-uloom, a religious group whole heartedly supported the freedom struggle. For their participation in the Khilafat and non-cooperation movements, many of the Maulvis were imprisoned. A number of other Muslims were also jailed and some were even awarded life imprisonment during which they died. The heroes of freedom struggle Munshi Shaban, Mohammad Abdul Gafoor, Tabib Hakim, Israel Allarakkha and Suleman Shah were hanged. Suleman Shah was a rich businessman whose property was confiscated and his family members were forced to migrate out of Malegaon. Abdur Rahim Khan, who was conferred the title of 'Khansaab' returned it to British during the non-cooperation movement. Old and young, rich and poor, Muslims from different walks of life in Malegaon, like their other Indian brothers, sacrificed equally for the cause of Independence.

The Momin community of Malegaon started working with Indian National Congress even before 1937 but since 1937 its involvement grew many fold. Pandit Nehru spoke highly to Cripps about the patriotic Momin community of Malegaon. Maulana Abdul Razzak, Moulana Mohammad Usman, Hafiz Mohammad Gufran, Khursheed Ahmad were some of the prominent Momin leaders who worked with Congress to attain freedom. There was a political party of Ulama known as Jamiat-ul-Ulama in Malegaon which always supported Congress. Jamiat-ul-Ulama was against the partition of the country. During partition, none of the Muslim families migrated to Pakistan as they considered India their home land. In fact

Malegaon Muslims think themselves to be more patriotic than their Hindu brethren.²⁴

After independence, there was a movement for the formation of Maharashtra State. A political party, Samyukta Maharashtra Samiti, was formed to achieve this goal. Malegaon Muslims enthusiastically participated in this movement. As a result Haroon Ansari, contesting elections to Legislative Assembly on this party ticket, won the election.

3.3.4 Education

Mainly after 1857, along with the Momins, many Alims and Hafizs (religious scholars) from north, specially Uttar Pradesh, migrated to Malegaon. These scholars established many educational institutions to teach Arabic, Urdu and Persian, some of which like Baitul-uloom (established in the 19th century) are flourishing even today. Anjuman-e-Hidayate-Islam, Faiz-ul-uloom, Chirag-ul-Uloom, Madarasa Hanifiya were all established in the early 20th century. Even today a number of institutions exist which impart religious education for boys and girls separately. Only a few well-known institutions are listed here. Maad-e-Millat is an autonomous institution which churns out Alims. Mansura is another institution which started as a Madarasa but later a Tibbia (Unani Medical) college was added. Jamiat-ul-Salehat and Tulliat-ul-Taherat are two autonomous institutions exclusively for ladies where Alims are churned out. Muslim girls not only from different states of India but also from foreign countries come to these institutions to study.

The first high school for Urdu medium students was established by the Municipality in 1935 which is today known as

ATT High School. Much later the first high school for Muslim girls, JAT High School was established by Haroon Ansari, Amir Ishrat and Mustafa Seth Bidiwale. Malegaon High School, another high school for Muslims was established in 1967. This was headed by an able headmistress Ayesha Hakim, the first Muslim lady to do M.A. in Malegaon. She also became the first lady MLA from Malegaon (in 1972). In 1980s, many more High schools for Urdu medium students were established.

In the 1960s, MSG College of Arts and Science was founded in the Camp area of Malegaon. In 1970, a branch of this college, City College of Arts and Commerce was established in the city area which is the concentration of Muslims. As a result Muslims started attaining college education within Malegaon. Earlier they had to go mostly to Bombay for higher education, which was expensive. In 1948, Malegaon Education Society was established in Bombay with the purpose of financing Muslim students from Malegaon studying in Bombay. Shaikh Mohammad Usman played an important role in the development of this society.

Till 1955, only one or two girls used to appear for S.S.C. as during the boom of rangeen sari production the girls used to work on charkha. Further, awareness about female education was lacking. When the grey cloth production started there was not much work on charkha and so parents started sending their daughters to school. Not only this but also as a result of growing awareness today, Muslim girls perhaps outnumber Muslim boys at S.S.C. level.

In the prepartition days, libraries played major role

in educating the public. The oldest library, the Urdu Library which is the main library today, was built in 1903. Jinna library, founded in 1940s was renamed Hindustan Library after partition. The Qaumi Library, established by a teacher Khaliq B.A. was another good library. Ulama too had established a library, called Ihrar Library.

3.3.5 Culture and Arts

Malegaon is known for its Urdu poets. This place has produced a greater number of poets than any other part in Maharashtra. Something unique about Malegaon Urdu poets is that many well-known poets like Hazrat Mustafa, Hazrat Shouk and Adeeb Malegawi, being primary school teachers inculcated love for Urdu poetry among their students. Some of the poets like Adeeb Malegawi and Hyder Ali Vaqar are of all India fame.

Nishat Shahedwi needs a special mention among the poets of Malegaon. He was the first progressive Urdu poet Maharashtra ever produced. Unfortunately he died at the young age of 33. His poetry, posthumously published in the form of a book Amar Bel (Immortal Creeper) has the foreward by well-known Urdu poets of India Sahir Ludhianwi and Kaifi Azmi who consider Nishat a better poet than them. After his death in 1950s, in his memory Nishat library was established. Nishat Day was also founded. On this day Mushairas (poetry recitations) are held. He was so famous that Nishat club for cultural activities was established and a road was also named after him. Sometime back Nishat Education Society was established which presently runs a high school for girls.

Malegaon is famous for arranging all India Mushairas.

Almost all the great Urdu poets from different parts of the country have visited this place. Famous Urdu poets Kaifi Azmi, Sahir Ludhianvi and Sardar Jafferey used to often visit Malegaon in their youth. Shakil Badayuni and Zoe Ansari too visited this place.

Malegaon Muslims are fond of music. The weavers sing while working. There are also music clubs which hold gazal and geet (lyrics) singing competition. Ramzanbhai, a famous Gazal singer from Malegaon has composed music for all the poems in Urdu school text books from Std. I - VII published by Balbharati, Maharashtra. Some of the music clubs here started presenting plays. With regard to the music and drama, the artists work within the limits of religion.

Malegaon Muslims enjoy wrestling as a sport. Many Pahelwans (wrestlers) hailed from Malegaon. Hakim Ustad had challenged Gama the world famous Pahelwan in the pre-partition days. His grandson Mushtaq was awarded the 'Zilla Kesari' award for his wrestling talent. Hakim Ustad's disciple Ayyub was another famous Pahelwan. Shakir Khalifa, Shamsudduha Karmulla were some of the well-known sports personalities from Malegaon.

Calligraphy in Urdu is a well developed art and industry in Malegaon. Overtime a number of small scale Urdu printing presses came into existence. As a result many Urdu books are published from Malegaon. A Urdu daily, Shamnama, a number of weeklies, fortnightlies and occasional papers are published. Two weeklies, Awami Awa and Hebak, have completed 25 years of publication.

Hotels have been playing an important role in the cultural history of Malegaon. They served as venues for developing leadership and solving personal problems by discussion. In the well off Muslim houses, a room is reserved as baithak (seating) where youngsters of the mohalla (street) meet and discuss various issues. There are also Shabeena (evening) madararas in each mohalla where in the evenings Quranic education is imparted. Once a year, Ulama are invited at these madararas to render religious addresses. Regular religious congregations are held by women every week or every month. In these congregations, mostly senior women who had no opportunity to go to school in their childhood participate.

3.3.6 Prominent Muslim Personalities

Malegaon has also produced quite a few prominent Muslim personalities who are briefly mentioned here. Maulana Abdul Hamid Numani was a multi-faceted personality. He was a great freedom fighter of all India fame who was jailed by British. His political party Majlis-e-Ahram did not support the formation of Pakistan. He was the editor of Azmal daily in Bombay. Later he started his own Urdu weekly Bedari (awareness) to spread the message of freedom struggle. He was dedicated to Swadeshi and always wore khadi right from 1930 up to his death in 1983. During the Emergency in the 1970s, he was jailed for his fearless criticism of the Emergency. He was a famous Arabic scholar whose books are prescribed as text books by Al Azhar University in Egypt. He translated a number of books of Taha Hussain, a well-known Egyptian scholar from Arabic into Urdu. He established the famous Maad-e-Millat which churns out Alims even

today. He had founded one Qilla Chap Pucca Rang company to help the women obtain yarn which was scarce during the Second World War. He was progressive minded and a social reformer. Due to his efforts, dancing of tawaifs (dancing girls) during Urs at the tomb of Bhikhan Shah, was stopped.

Maulana Qadri Mohammad Usman was an Arabic scholar from Deoband and an expert linguist. Maulana Qari Mohamaad Hussain was an expert Qari, who had mastered the art of Qirat (musical recitation of Quran) in all the seven styles. His disciples participated in the world competitions of Qirat. He wrote books on Qirat which are now treated as text books. He also gave fatwas. Maulana Mohamaad Yusuf Azeez was another Arabic and Persian scholar who participated in the freedom movement. Maulvi Abdul Razzak was the President of Malegaon Municipality for 12 years. He contested twice in general election to the Legislative Assembly prior to Independence. Hafiz Abdul Rahman, Hafiz Mohammad Amir, Hafiz Mohammad Ismail, Hafiz Mohammad Gufran were some of the famous Hafizs (who learn Quran by heart at the tender age of 10 or so) from Malegaon. Both Hafiz Abdul Rahman and Mohamaad Amir had Rajput ancestors and Hafiz Amir hailed from the Khandan of Hafizs. Hafiz Mohamaad Ismail established Faizal-uloom and his disciple Razzak established the madarasa Hanifiya Sunniya.

Hakim Mohamaad Ismail and Hakim Mohamaad Hasan were some of the famous Hakims (doctors) practising Unani system of medicine in Malegaon. For the last seven generations, Hakim Hasan's Khandan was producing Hakims. Besides being a famous

doctor Hakim Hasan was progressive minded. His family was the first family which gave English education to its daughters. Also his daughter Ayesha Hakim was the first Muslim woman in Malegaon who did her M.A. Among Malegaon Muslims, the first Muslim Ph.D. Dr. Mohamaad Farouqui and the first Muslim judge Mohamaad Husain Shaikh hailed from Hakim family. Hakim Hasan established Anglo-Urdu Madarasa the first institution to teach English to Muslim children in Malegaon.

Hakim Hasan's family also produced a number of politicians. Prominent among them was Abdur Rahim Khan who was twice elected MLA in the pre-Independence period. He was bestowed the title of Khansaheb by the British for his yeomen services. He first established Anglo-Urdu High School (present ATT High School) and later Malegaon High School. He also established Malegaon Weavers Co-operative Society, which is the only co-operative still functioning. He developed powerloom industry. He was a good agriculturist too. During Vasant Rao Naik's tenure as Chief Minister of Maharashtra, he was bestowed the "Ideal Agriculturist" award.

Some prominent businessmen too hailed from Malegaon. Annu Seth, Maddu Seth, Khalil Seth, Mohamaad Yusuf Agadi, Suleman Hafiz, Abdul Majeed Chamdawala, Mohamaad Sabir Abdul Sattar, Abdul Azeez Bluebird, Yasin Seth Diamondwala and Mustafa Nagchap were all well-known businessmen from Malegaon. Mohamaad Sattar's major contribution was that he took an agency of Gwalior Powerloom and expanded it. Due to his initiative a number of powerlooms came into existence in Malegaon. Besides being a good businessmen, he was a puritan nationalist Gandhian, who always

wore Khaddar and participated in freedom movement. After Independence he was the 1st MLA from Malegaon. Abdul Azeem Bluebird's sarees had market up to Calcutta. His brother Dr. Shaikh Saleem was the first M.B.B.S. from Malegaon. He was not only a famous doctor but also a well-known politician from Malegaon. Khalil Seth, besides being a successful businessmen, was an educationist. He established Mansura and the Tibbia College in Malegaon.

3.4 Conclusion

Malegaon is one of the important powerloom centres in western India where the majority community is Muslim. Though a class I industrial city, it is backward in terms of proportion of slum population, literacy levels, civic amenities and medical facilities. Compared to Nasik UA and urban Maharashtra it is less developed. However, whole of Malegaon city is provided with tap water and there exists a large number of primary schools. It is also an area in Maharashtra characterized by high fertility and low family planning practice.

Historically the Muslim community in Malegaon grew due to migration. Traditionally Muslims in Malegaon have been weavers. Most of these weavers exist at subsistence level and belong to the lower stratum of society. Their standard of living is low as they live in small one room tenements or slums. Their streets are narrow and congested, with uncleared garbage heaps after every three or four houses and open drains being a common sight. Water is supplied through common connections at street corners and the toilets are community toilets located at distant

corners of the Municipal wards.

The mother tongue of Malegaon Muslims is urdu. Malegaon has been a seat of Islamic religious learning which has produced a number of Muslim religious scholars. Thus, the Muslims of Malegaon are expected to be religious.

The next chapter presents a profile of demographic and socio-economic characteristics of households and individual respondents based on the survey findings.

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CHAPTER IV

HOUSEHOLD AND RESPONDENT BACKGROUND CHARACTERISTICS

4.1 Introduction

This chapter presents a profile of the demographic and socio-economic characteristics of households and individual respondents in the sample survey of Malegaon Muslims. Wherever possible and feasible, the results of our survey are compared with those of 1991 census and National Family Health Survey conducted in 1992-93 (NFHS).

4.2 Survey Findings

4.2.1 Age, Sex Distribution of Household Population

Age and sex are two of the most important demographic variables. So it is imperative to examine the age and sex distribution of the household population of Malegaon Muslims which is given in Table 4.1. In this survey all the usual residents and the guests in the household i.e. both de facto and de juro population were enumerated. Of the 6242 sample population 99.6 per cent were usual residents and only 0.4 per cent were guests. The total males and females were 3177 and 3065 respectively leading to a sex ratio of 965 females per 1000 males.

Age data in developing countries like India where literacy rates are low, are subject to misreporting and heaping at certain ages due to digit preference. Examination of single year age distribution (Appendix 4.1) of Malegaon Muslims does indicate distortion due to misreporting of age and preference for particular ages ending in digit 0 or 5 such as 10, 15, 20, 25 etc. Digital preference has occurred in spite of the fact that

Table 4.1
Percentage Distribution of Household Population
by Age and Sex among Malegaon Muslims, 1994-95

Age Group	Males	Females	Persons
0-4	15.3	15.5	15.4
5-9	17.5	16.0	16.8
10-14	15.7	15.7	15.7
15-19	10.2	9.9	10.1
20-24	7.3	8.6	8.0
25-29	5.8	7.1	6.4
30-34	6.7	6.5	6.6
35-39	5.4	5.6	5.5
40-44	4.3	3.7	4.0
45-49	3.4	2.1	2.8
50-54	2.4	3.4	2.9
55-59	2.0	2.0	2.0
60-64	1.8	2.1	1.9
65-69	0.9	0.9	0.9
70 +	1.3	0.9	1.1
Total %	100.0	100.0	100.0
Number	3177	3065	6242
Sex Ratio females/1000 males	-	-	965

the interviewers carefully collected information on the age of the household members from the head of the household or any responsible adult member of the household.

It is observed that age reporting for females is better than for males. This is because in the Household Questionnaire, the ages of the males and females were reported by the head of the household or some other responsible member of the household whereas for eligible women who were interviewed using the Women's Questionnaire, the age was reported by the woman herself. This age reporting by the woman replaced the age reported by the head and other member in the Household Questionnaire, if there was discrepancy. The age obtained from the woman's Questionnaire is based on her year of birth. As age is one of the most important

variables in any demographic survey, a variety of probing techniques were used to elicit accurate information from the respondents. For women who did not know their age or birth year, different methods were used. One method was based on the age of the woman at major events in her life-cycle such as menarche, marriage, birth of her first child, and the time gap between these events. English calendar months were translated into Urdu calendar months for the reference period. Reference calendars were also used to identify woman's birth year or her children's birth years with major national (Partition of India in 1947, destruction of Babri Masjid in December 1992) and local events (first communal riots in Malegaon in 1963 and floods of Mosam river for the first time in 1944 and for second time in 1979). This has helped in reducing the misreporting of age although age errors could not be eliminated totally. Misreporting of age was observed in NHFS too.

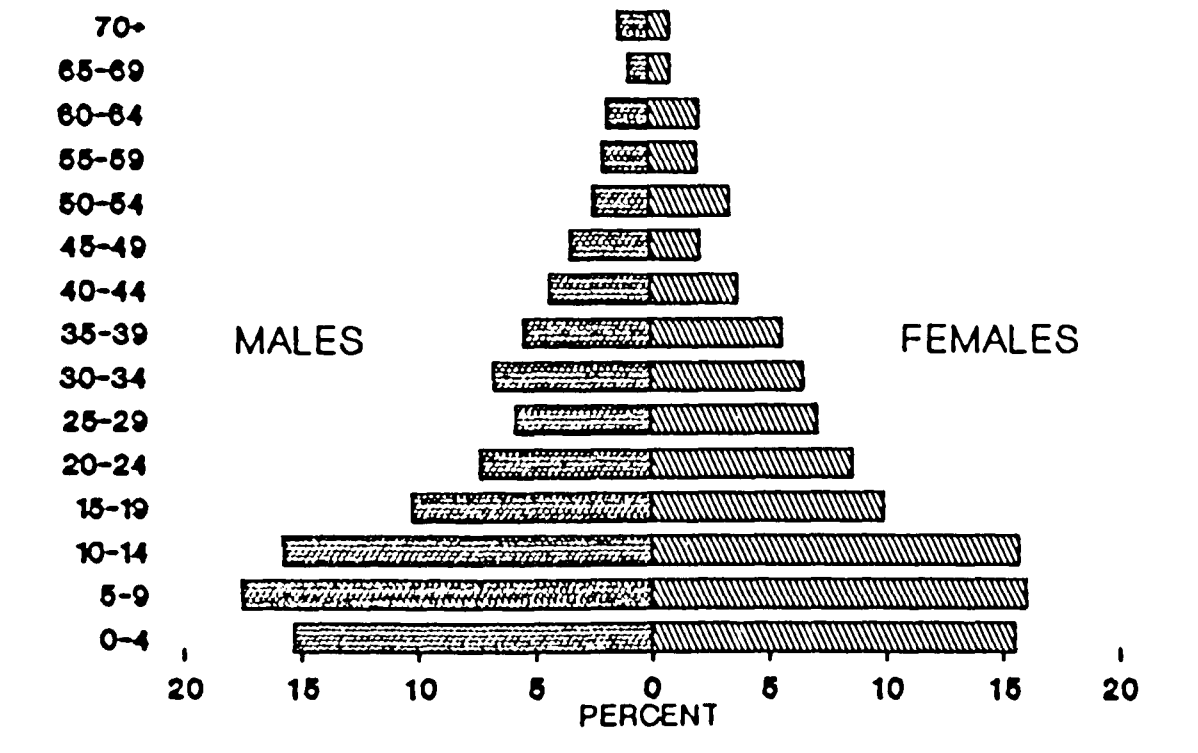
The age distribution of Malegaon Muslims is typical of high fertility population, with a very high proportion of the population in the younger age groups than in the older age groups. Fortyeight per cent of the population is below 15 years of age and 4 per cent is in age group of 60 years and above (Table 4.1). The age-sex histogram is given in Figure 4.1.

The age sex histogram is of the shape of a pyramid with broad base and tapering apex indicating a very highly fertile population. Another important aspect revealed in the histogram is the slight narrowing of the base at age 0-4 compared to the bar at age 5-9. This denotes that recently the birth rate in the

population has gone down. The distribution by five year age groups in the pyramid shows a bulge at age group 50-54.

The sex ratio for Malegaon Muslims is 965 females per 1000 males. According to 1991 census the sex ratio among Muslims for Malegaon city is 977 females per 1000 males, indicating a lower sex ratio in the present sample. The sex ratio for Muslims in urban areas in Maharashtra is 874. Thus it is observed that the sex ratio among Malegaon Muslims is more favourable to females.

FIGURE 4.1 AGE DISTRIBUTION OF MALEGAON MUSLIMS



4.2.2 Household Composition

Table 4.2 presents percentage distribution of households by different characteristics of the household head and the number of usual residents in the household. Eighty-five per cent of household heads are males while 15 per cent of the heads are females. The corresponding percentage for urban areas in NFHS, Maharashtra are 90 and 10.

Only 6 per cent of the household heads are below age 30. In the age group 30-59, 60 per cent of the household heads are concentrated. Eighty-two per cent of the household heads are currently married, 16 per cent widowed and 1 per cent divorced. A little more than one-third of the household heads are illiterate. Another one-third of the household heads have studied upto Secondary School Certificate (S.S.C.) but not completed. Ten per cent have passed SSC and above. One per cent of the heads have attained religious education.

More than one-third of the heads have reported loom as their occupation, while 16 per cent are working as labourers and 11 per cent are in business. Since Malegaon is known for its power-loom industry it is natural that a substantial proportion of the household heads are occupied in this industry.

Fifty-six per cent of the households had 6-10 members in the household and 13 per cent had 11-15 members. The average household size is 7.8. According to 1991 census the average household size in Malegaon (all communities) is 7.0. The household size for urban areas in Maharashtra in NFHS is 5.3. Thus, it is observed that the household size in the present study is quite high.

Table 4.2
Percentage Distribution of Households by Selected Characteristics
of Household Head, Household Size, Number of Eligible Women

Characteristic	Number	Percentage	
Household head	Male	678	84.8
	Female	122	15.3
Age	up to 30	47	5.9
	30-44	209	26.1
	45-59	267	33.4
	60 +	177	22.1
Marital status	Never married	3	0.4
	Currently Married	653	81.6
	Widowed	128	16.0
	Separated	5	0.6
	Divorced	11	1.4
Education	Illiterate	284	35.5
	Literate	14	1.8
	up to 4th	136	17.0
	5th to 9th	278	34.8
	SSC	35	4.4
	Above SSC	45	5.6
	Religious	8	1.00
Occupation	Professional	220	27.5
	Service	445	55.6
	Business	104	13.0
	Technical	19	2.4
	Loom	8	1.0
	Labourer	4	0.5
Household size	1-5	220	27.5
	6-10	445	55.6
	11-15	104	13.0
	16-20	19	2.4
	21 +	12	1.5
Number of eligible women	No eligible	45	5.6
	One	579	72.4
	Two	130	16.3
	Three	36	4.5
	Four and above	10	1.3
Total Families	800	100.0	

Three-fifths of the households are in nuclear family while two-fifths are in joint family. Around three-fourths of the

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	Four and above	10	1.3
Total Families		800	100.0

Three-fifths of the households are in nuclear family while two-fifths are in joint family. Around three-fourths of the

households had only one eligible ever-married woman age 15-49 years and 6 per cent had no eligible woman. One per cent of the households had more than four eligible women.

4.2.3 Dependency Ratio

Populations with a high percentage of young have high dependency ratios. For Malegaon Muslims, it is observed that in the age groups 0-14 and 60 and above the dependency ratios are high 99.5 per cent and 8 per cent respectively. The young dependency ratio is high due to a very high percentage of population in age group 0-14.

4.2.4 Income

Income is one of the variables associated with reproductive behaviour and contraception. In the present survey data were collected on monthly income of the household. Though it is difficult to collect reliable information on income, this variable has been included in this survey as the amount of income would provide a direction about the economic status of a household.

The findings about the monthly income among the Malegaon Muslim households are given in Table 4.3. Three-quarters of the households earn only upto Rs. 2000 per month. It would be more revealing to examine the per capita monthly income of the household by family size. It is observed that the per capita monthly income for the Muslim population in the survey is only Rs. 200/-. Further in the income group upto Rs. 1000/- the per capita monthly income is less than Rs. 100/-. As the per capita monthly income increases, the average family size also increases

indicating that there is no real increase in the welfare of the family.

Table 4.3
Distribution of Malegaon Muslim Households
by Per Capita Monthly Income

Income group (Rs.)	Number of households	Percentage of house- holds	Persons	Per- Capita income (Rs.)	Average household size
0 - 1000	295	36.9	1792	82.3	6.1
1000 - 1999	297	37.1	2382	187.0	8.0
2000 - 2999	129	16.1	1252	257.6	9.9
3000 +	79	9.9	816	446.7	10.4
Total	800	100.0	6242	201.1	7.8

Note : Since exact figures were not collected the per-capita income is computed at group level using midpoints of class intervals.

4.2.5 Housing Characteristics

In this survey information was collected on a number of housing characteristics - source of water, electricity and ownership of consumer durables with a view to determine the socio-economic status of households. This information is provided in Table 4.4.

About half of the households lived in one room and one-third lived in two room houses. Overall density works out to 4.5 persons per room. In the NFHS for urban Maharashtra density per room was observed to be 3.2. Thus in Malegaon Muslim households are over crowded indicating a poor quality of life.

About 60 per cent of the households had no separate kitchen, 63 per cent had no separate bathroom and 83 per cent were visiting community toilets. This presents a low level of development among the Muslims of Malegaon as far as housing conditions are concerned. It is surprising that though Malegaon

is a class I city, 83 per cent of the households in the survey do not have toilets within their premises.

Table 4.4
Percentage Distribution Of Households by
Housing Characteristics

Characteristic	Number of Households	Percent of Households
Number of rooms		
One	388	48.5
Two	281	35.1
Three	97	12.1
Four	28	3.5
Five	3	0.4
Six	3	0.4
Kitchen		
Separate	273	34.1
Not separate	527	65.9
Bathroom		
Separate	297	37.1
Not separate	503	62.9
Toilet		
Separate	134	16.7
Community	666	83.3
Source of water		
Public Tap	441	55.2
Own Tap	334	41.7
Public Hand pump	12	1.5
Own Hand pump	13	1.6
Electricity		
Yes	663	82.9
No	137	17.1
House ownership		
Owned house	706	88.3
Rented house	94	11.7
Type of House		
Kūcha	374	46.7
Semi Pucca	290	36.3
Pucca	136	17.0
Total	800	100.0

For 55 per cent of the households, public tap was the source of water and public hand pump provided water to 2 per cent of the households. It seems that all the households have access to safe drinking water. A little above four-fifths of the households had electricity.

Eighty-eight per cent of the households have reported that they own their houses. Though ownership of houses is as high as 88 per cent, it is surprising that housing amenities are not well provided.

According to 1991 census in Maharashtra the availability of housing is as follows: Ninety-one per cent had access to safe drinking water, 86 per cent had electricity and 65 per cent had toilet facility within their premises¹. In comparison with urban Maharashtra, Malegaon Muslims have poor facility with respect to toilet facility as only 17 per cent of the households have toilets within their premises. However, Muslim households in study area are slightly better placed regarding access to safe drinking water.

Data available from 1991 census pertaining to housing and other amenities, show that in Malegaon city 96 per cent of the households have access to safe drinking water, 76 per cent have electricity and 32 per cent have toilet facility within their premises.² The findings on household amenities of the present study are comparable with Malegaon city with respect to access to safe drinking water. Regarding availability of electricity the study area is better placed with 86 per cent of households having electricity as against 76 per cent in Malegaon city. However, as far as toilet facility is concerned the study

area is in poor shape with only 17 per cent of households having toilet facility within their premises whereas in Malegaon city 32 per cent of the households have toilet facility within their premises.

On the basis of information collected on the material of roof, wall and floor, the houses were grouped as kutchha, pucca and semi-pucca. Nearly half of the households (47 per cent) were living in kutchha houses while only 17 per cent lived in pucca houses. The rest (36 per cent) lived in semi-pucca houses. According to 1991 census, 38 per cent of the households in Malegaon city lived in pucca houses, 59 per cent lived in semi-pucca houses and 3 per cent in kutchha houses.³ Compared to Malegaon city, the households of present study are poorer with respect to housing structure.

The possession of consumer durables is one more indicator of household's socio-economic status. The distribution of households by ownership of consumer durables is presented in Table 4.5. The data reveal that most of the households are from the lower socio-economic strata. For example, 99 per cent of the households own a stove whereas only 13 per cent own cooking gas. Only 8 per cent own a scooter, 7 per cent own a refrigerator and less than 1 per cent own a car. The percentage of households owning a T.V. and radio are 17 and 33 respectively. Twenty-seven per cent of the households own a sewing machine. Eleven per cent of the households have a power-loom in their houses and 7 per cent have a charkha which is natural to a city known for its power-loom industry.

Table 4.5
Distribution of Households by Ownership of Consumer Durables

Consumer Durables	Percentage of households Owning
Stove	98.75
Cooker	87.13
Cooking gas	12.75
Cot	65.38
Chair	60.63
Cupboard	47.75
Sewing machine	27.37
Charkha	7.25
Powerloom	11.00
Cycle	72.50
Scooter	7.75
Car	0.88
Fan	46.00
Radio	32.75
T.V.	16.75
Fridge	6.63

The low percentage of ownership of T.V. and radio among Malegaon Muslims could be due to two reasons - lack of purchasing power and lack of interest in T.V. and radio as the orthodox Muslims consider T.V. viewing and listening to songs as sinful. The ownership of scooter, refrigerator and car is also much lower indicating a lower economic status of Muslims in Malegaon.

4.2.6 Standard of Living Index (SLI)

Standard of living has an important bearing on the fertility behaviour of a population. Hence, a standard of living index was constructed for all the households taking into consideration consumer durables, income and housing characteristics. The value of the index ranged from 1-35 (see Appendix 4.2).

In Table 4.6 standard of living index for Malegaon Muslim households is given. Half of the households scored low,

two-fifths medium and only 9 per cent scored high. The mean SLI for all the households is 13.4 which indicates that in general Malegaon Muslims have a low level of standard of living.

Table 4.6
Classification of Households by
Standard of Living Index

Index range	Households	Percentage
Low (upto 12)	406	50.8
Medium (13-24)	319	39.9
High (25-35)	75	9.4
Total	800	100.0

4.2.7 Educational Attainment

Educational level of household members is an important indicator of social development. Education is related with age at marriage, fertility, family planning practice and hygiene. In the present study information was collected on education, occupation and marital status of household members age five and above. The level of literacy by age and sex is given in Table 4.7. Eighty-three per cent of the males and 76 per cent of the females are literate among Malegaon Muslims. The overall literacy rate is 79 per cent. The literacy rate for Malegaon city in 1991 was 62 for males and 49 for females.⁴

Compared to those of Malegaon city (all communities), the literacy rates are much higher for Muslims in the present study. In the 1991 census the literacy rates were calculated for persons of age 7 and above. Increasing the age from 5 to 7 for calculating literacy rates for Malegaon Muslims reduces the Muslim literacy rates only marginally. The rates may be higher because of time effect. While the census was conducted in

Table 4.7
Percentage Literate among Malegaon Muslims
By Age and Sex

Age group	% Male	% Female	% Persons
5-9	72.9	75.4	73.8
10-14	95.8	97.7	96.7
15-19	92.6	92.8	92.6
20-24	90.2	84.8	87.3
25-29	83.6	76.1	79.6
30-34	83.0	70.9	77.2
35-39	76.6	64.3	70.5
40-44	81.0	64.6	73.6
45-49	72.0	60.0	67.4
50-54	81.8	35.6	55.2
55-59	74.2	34.4	54.5
60-+	64.1	30.1	48.2
Total 5+	82.6	76.0	79.4
Number	2690	2591	5281

February-March in 1991, the current survey was conducted in 1994-95. Further there might have been some over-reporting of literacy.

Table 4.7 also indicates that there has been an increase in literacy of males and females over time. For example, while 30 per cent of females age 60 years and above were literate, the percentage literate for females of age 40-44 was 65 per cent and that for females age 10-14, it was 98 per cent. In the age group 5-9 the literacy rate shows a sudden fall. For males, from age group 35-39 upto 10-14, a consistent trend of rising literacy rate is seen. In age group 5-9, there is a sudden drop in literacy rate among males also. This could be because a significant proportion of boys and girls are not sent to school at age 5 or 6 years. Literacy gap between males and females has narrowed over time and in age group 15-19, male and

female literacy rates are same (93 per cent). Further, in the age group 10-14, the female literacy rate is higher than male literacy rate.

School attendance rates for the school going population of age 5-14 by sex are given in Table 4.8. Age group 5-14 is selected because the Constitution of India has established a goal of providing a free and compulsory education for children in age group 5-14 years. In the age group 5-14 more than four-fifths of the female as well as male children are attending school. In both the age groups 5-9 and 10-14 it is observed that more female children than male children are attending school. Both literacy rates and school attendance rates in the age groups 5-10 and 10-14 are same as all those who are attending school are considered literates.

Table 4.8
Percentage of Population Attending School
in Age 5-14 among Malegaon Muslims

Age group	Percentage of		
	Males	Females	Total
5 - 9	72.9	75.4	73.8
10 - 14	95.8	97.7	96.7
5 - 14	83.7	86.4	84.9
Number	1056	973	2029

The educational levels of males and females age 5 years and above are given in Table 4.9. Only 9 per cent of males and 6 per cent of females are educated 10th standard and above. Majority of males and females have studied between 5th and 9th standard. A little less than one per cent of males and females have attained religious education. In general a slightly higher percentage of

males than females have completed each level of education. In both education and occupation religion is treated as a separate category because Malegaon Muslims are religious and as noted earlier a number of institutions impart religious education in this city.

Table 4.9
Percentage Distribution of Household Population
Age 5 years and Above by Sex and Level of Education

Level of education	Males	Females
Illiterate and literate without formal education	18.2	24.6
Upto 4th Std.	28.3	26.1
5th - 9th	43.6	42.7
S.S.C.	3.3	2.2
Above S.S.C.	5.7	3.7
Religious	0.9	0.7
Total Percentage	100.0	100.0
Number	2690	2591

4.2.8 Occupation

Occupation is an important indicator of demographic behaviour. In Table 4.10 occupational distribution of Malegaon Muslims by sex is given. Majority of the males (41 per cent) fall in the category of 'others' viz. students, retired persons, unemployed etc. The percentages engaged in loom and labour categories are 27 and 10. Thus, a little above one-third of the males are engaged in low income occupations. The percentages engaged in 'profession' and 'service' categories are too low (3 and 1 respectively). Majority of females (60 per cent) are not working outside house. Another 32 per cent come in the category of 'others' viz. students, handicapped, too old etc. Five per cent of females are working on loom. In general the female participation in important occupations is negligible. Both among

males and females, negligible percentages are engaged in religious occupation. An important finding is that no child worker below age 10 years was reported.

The work participation rate (percentage of total workers to total population) in the study area for males is 44 and for females 8. According to 1991 census the work participation rate in Malegaon city, (all communities) is 45 for males and 7 for females.⁵ These rates compare well with those of study area.

Table 4.10
Percentage Distribution of Household
Population by Sex and Occupation

Type of occupation	Male	Female
Profession	3.0	0.6
Service	1.3	0.5
Business	6.6	0.3
Technical	3.6	0.4
Loom	27.2	4.5
Labourer	10.3	1.3
House work	6.5	60.3
Religious	0.2	0.1
Others	41.3	32.0
Total Percentage	100.0	100.0
Number	2690	2591

4.2.9 Respondents' Background Characteristics

In the previous section the characteristics of households based on the results from the Household Questionnaire were discussed. In this section the background characteristics of prime respondents (ever married women of age 15-49) based on the information obtained in the woman's Questionnaire, i.e. women themselves, are examined.

The distribution of ever married women by selected

background characteristics is given in Table 4.11. Fortyfour per cent of the women interviewed are below age 30. The percentage in each age group increases upto age 25-29 reflecting the increase in the proportion married in each successive age group. The percentages decline after age 30-34 by which time most of the women are already married, reflecting the normal pyramidal shape of the age distribution.

Ninety-five per cent of the ever married women are currently married. The percentages of widowed and divorced women are similar (2.4 and 2.2 respectively). The percentage of separated women is negligible.

Twenty-nine per cent of the respondents are illiterate, 9 per cent have completed high school and 4 per cent have studied above high school. Less than half a per cent of the respondents have attained religious education. The overall illiteracy among Muslim women in urban areas according to NFHS, Maharashtra is 44 per cent, 10 per cent have completed high school and only 2 per cent above high school. Compared to urban Muslim women in Maharashtra, the literacy of women in present study is higher, so also the proportion who studied above high school.

More than four-fifths of the respondents are housewives. About 6 per cent have reported working on charkha as their occupation and 5 per cent are engaged in loom. Less than half per cent have reported as engaged in services related to religion. Thus, the proportion of women gainfully employed among married Muslim women in Malegaon is very low.

Ninety per cent of the respondents reported that they had been living in Malegaon since birth and 8 per cent upto 10

Table 4.11
Percentage Distribution of Evermarried Women Age 15-49
by Background Characteristics

Characteristics	Number of women	Percentage
Age		
15-19	39	4.1
20-24	187	19.4
25-29	199	20.7
30-34	192	19.9
35-39	169	17.6
40-44	112	11.7
45-49	63	6.6
Marital Status		
Married	914	95.1
Widow	23	2.4
Separated	3	0.3
Divorced	21	2.2
Education		
Illiterate	278	28.9
Up to 4th	149	15.5
5 th to 9th	404	42.0
SSC	88	9.2
Above SSC	39	4.1
Religious	3	0.3
Occupation		
Housework	809	84.2
Self employed	8	0.8
Loom-Owned	4	0.4
Loom-service	47	4.9
Service	22	2.3
Maid servant	12	1.3
Religious	4	0.4
Charkha	55	5.7
Migration status		
Since birth	866	90.1
Recently	5	0.5
Up to - 5 yrs	12	1.3
5 - 10 yrs	29	3.0
10-19 yrs	24	2.5
20 and more yrs	25	2.6
Total	961	100.0

years or more. Almost all the respondents stated that Malegaon was their native place (97 per cent). Women usually migrate after

their marriage to the place of their marital home. The Muslim women are largely married within Malegaon as here Muslims are in great numbers and so the parents of the brides need not search for bridegrooms outside Malegaon.

Husband's age, education, occupation and migration status are the other background characteristics on which information was collected from the eligible ever married women (Table 4.12). The percentages for husbands in each age group increase upto age 30-34 by which time most men have already been married. After 30-34 the percentage declines. It is observed that for both Muslim men and women, the percentages are lower in younger age groups indicating some what higher age at marriage.

Husbands are more educated than their spouses. Twenty-nine per cent of the respondents are illiterate while 23 per cent of the husbands are illiterate. Nine per cent of the respondents have completed S.S.C., whereas 13 per cent of the husbands have completed S.S.C.

Forty per cent of the husbands are engaged in loom while 7 per cent own loom. Thus, nearly half of the husbands are engaged in loom industry. Seventeen per cent are engaged in self-employment and same percentage of husbands fall in male-servant category. A little above 2 per cent of husbands are engaged in services related to religion. Six per cent of the husbands are unemployed.

Ninety-eight per cent of husbands have been living in Malegaon since their birth and one per cent for last 20 years or more. Similar to the respondents, almost all the husbands stated that Malegaon was their native place (99 per cent). Thus there

Table 4.12
 Percentage Distribution of the Husbands of
 the Respondents by Background Characteristics

Characteristic	Number of respondents	Percentage
Husband's age		
Up to 19	23	2.4
20-24	82	8.5
25-29	160	16.7
30-34	206	21.4
35-39	174	18.1
40-44	143	14.9
45-49	100	10.4
50-54	60	6.2
55 +	13	1.4
Education of Husband		
Illiterate	218	22.7
Up to 4th	162	16.9
5 th to 9 th	368	38.3
SSC	124	12.9
Above SSC	81	8.4
Religious	8	0.8
Husband's occupation		
House work	11	1.1
Self employed	160	16.7
Loom-Owned	63	6.6
Loom-service	386	40.2
Service	99	10.3
Male servant	160	16.7
Religious	23	2.4
Unemployed	59	6.0
Migration status of husband		
Since birth	943	98.1
Recently	2	0.2
Up to - 5 yrs	1	0.1
5 - 10 yrs	3	0.3
10-19	2	0.2
20 and more	10	1.0
Total	961	100.0

has been very little migration among respondents and almost no migration among respondent's husbands.

The differentials in respondent's education by age are given in Table 4.13. Overtime there is in general a decrease in

the percentage of illiterate women. For example, among women in age group 45-49, 40 per cent were illiterate while in age group 30-34, 30 per cent were illiterate and in age group 20-24, 18 per cent were illiterate. This pattern reflects improvement in education overtime.

Table 4.13
Percentage Distribution of Evermarried Women Age 15-49
by their Level of Education and Current Age

Age	Respondent's level of education						Total Percent	Number
	Illiter- ate	Up to -4 th	5 th -9th	SSC -	Above SSC	Religi- ous		
15-19	28.2	10.3	38.5	17.9	2.6	2.6	100.0	39
20-24	18.7	10.7	51.3	15.5	3.7	0.0	100.0	187
25-29	24.1	13.6	50.8	8.5	2.0	1.0	100.0	199
30-34	29.7	16.7	44.3	7.3	2.0	0.0	100.0	192
35-39	37.3	16.6	30.2	8.9	7.2	0.0	100.0	169
40-44	34.8	23.2	31.3	3.6	7.2	0.0	100.0	112
45-49	39.7	18.0	33.3	3.2	4.8	0.0	100.0	63
Total	278	149	404	88	39	3		961
%	28.9	15.5	42.0	9.2	4.1	0.3	100.0	

The differentials in respondents' education by level of husbands education are given in Table 4.14. A majority of women with illiterate husbands are illiterate themselves (60 per cent). Even among husbands who have studied upto 9th standard, 19 per cent of them have married illiterate women showing a tendency among men to marry women less educated than themselves.

Information on exposure of respondents to mass-media by age and education is given in Table 4.15. This information was collected under the heading 'general awareness' in sub-section 'status of woman' in the woman's Questionnaire.

Table 4.14
Percentage Distribution of Evermarried Women Age 15-49
by thier Level of Education and Husband's Level Of Education

Education Husband	Education of Woman						Total	
	Illiterate	up to 4 th	5 th to 9 th	SSC	Above SSC	Religious	Percent	Number
illiterate	59.6	11.9	21.1	1.8	0.9	0.0	100.0	218
up to 4th	35.8	24.1	35.2	3.7	0.6	0.6	100.0	162
5th to 9th	19.3	16.8	55.4	6.0	2.2	0.3	100.0	368
SSC	1.7	9.7	47.6	24.2	8.8	0.0	100.0	124
Above SSC	7.4	10.0	29.6	30.8	21.0	1.2	100.0	81
Religious	12.5	25.0	50.0	12.5	0.0	0.0	100.0	8
Total	278	149	404	88	393	3		961
%	28.9	15.5	42.0	9.2	4.1	0.3	100.0	

Table 4.15
Exposure of Evermarried Women Age 15-49 to Mass Media
by Age and Education

Characteristic	Percentage of women exposed to			Total Number
	Print media	Radio	TV	
Age				
15-19	82.0	61.5	69.2	39
20-24	83.9	58.3	66.8	187
25-29	82.9	42.2	55.3	199
30-34	77.6	46.8	51.6	192
35-39	82.2	55.6	55.6	169
40-44	71.4	43.7	54.5	112
45-49	71.4	40.0	42.8	63
Education				
Illiterate	0.0	34.2	34.0	278
Up to 4th	46.3	38.2	51.7	149
5 th to 9 th	85.1	54.7	66.1	405
SSC	97.7	73.8	77.3	88
Above SSC	94.9	69.2	82.0	39
Religious	100.0	33.3	66.7	3
Total	79.8	49.4	56.4	961

In general exposure to mass media is greater in younger age groups. Further, exposure to media increases with each level of education. With Malegaon Muslims print media is more popular than T.V. or radio. Four-fifths of the women read newspaper. Half of them listen to radio and a little above half watch T.V. Compared to the ownership of radio and T.V. among the households (33 and 17 per cent respectively), exposure to radio and T.V. is much higher.

4.3 Conclusion

The demographic and socio-economic characteristics of the surveyed population are as follows : The age distribution of Malegaon Muslims is typical of high fertility population with a high proportion of the population in the younger age groups than in the older age groups. More than four-fifths of the household heads are males. Three-fifths of the households live in nuclear families and the average household size is large (7.8 per cent per household). Three-fourths of the households earn Rs. 2000/- per month and the per capita monthly income is Rs. 200/- only. Housing conditions are poor. More than four-fifths had no toilets within their premises. Almost all the households have access to safe drinking water. Four-fifths of the households had electricity. The data on possession of consumer durables reveal that most of the households are from lower socio-economic strata. Standard of living index too indicates a low level of standard of living for Malegaon Muslims.

The data on education indicate that even though literacy levels are high (males, 83 per cent; females, 76 per cent), the education levels are very low as only 3 per cent of

the males and 2 per cent of the females have completed S.S.C. The data on occupation indicate that majority of the males are engaged in low income occupation of loom and labour while a majority of the females are housewives.

The background characteristics of eligible ever-married women age 15-49 are as follows : Twenty-two per cent of the eligible women are illiterate, more than four-fifths are housewives, half of their husbands are engaged in loom, four-fifths of them are exposed to print media and half of them listen to radio and watch T.V.

After ascertaining the household and respondent characteristics it would be appropriate to examine the religiosity in the study population because the intensity of religiosity is likely to affect fertility and family planning behaviour among Muslims. Therefore in the next chapter the religiosity among Malegaon Muslim Women in terms of their observance of religious practices is analysed.

Notes and References :

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2. Census of India 1991, Occasional Paper No. 5 of 1994 Housing and Amenities, office of the Registrar General and Census Commissioner, India.
3. Ibid.
4. Census of India 1991 Series-14 Maharashtra Paper II-B(1) Primary Census Abstract : General Population, Director of census operations, Maharashtra.
5. Census of India 1991 Series-I India Paper 3 of 1991. Provisional Population Totals : Workers and Their Distribution, Registrar General and Census Commissioner of India, New Delhi.

CHAPTER V

RELIGIOSITY

5.1 Introduction

This chapter briefly defines religion, religiosity and states the fundamentals of Islam. Effect of religion on fertility and family planning behaviour, in light of the available literature, is reviewed. Later, findings of the present study on the religiosity of Muslim women in Malegaon city are examined.

5.2 Religion, Religiosity and Fundamentals of Islam

Religion can be defined as "a system of beliefs and practices by which a group of people interprets and responds to what they feel is supernatural and sacred".¹ Religion offers people a world view and gives answers for puzzling questions. It inspires one to rise above selfish interests and involve oneself with the needs of others.

Religious institutions are a society's important systems of religious beliefs and practices which are standardized and formulated and which are widely shared and viewed as necessary and true. Religious associations are the organized groups of people who share the beliefs and follow the practices of a religion.²

The functions performed by a religion are both manifest and latent. The manifest functions of a religion cluster about three types of concerns: a pattern of beliefs called doctrines which define the nature of the relationship of human beings to one another and to God; rituals which symbolizes these doctrines and remind people of them; and a series of behaviour norms consistent with the doctrines. The latent functions

include providing sociability, aiding upward social mobility, encouraging several kinds of social stratification and promoting a set of economic values.³

In brief religion is a "system of beliefs about the nature of force(s) ultimately shaping man's destiny, and the practices associated therewith shared by the members of a group".⁴ Describing the influence, the religion holds over human beings, Lenski states "God is concerned with the whole of men's lives, their work, their play, their politics and their family life".⁵

Within a religious group there can be considerable individual variation in the degree of formal and informal religious observances and values associated with a particular religion. People vary in degree of religiousness. For example, some Catholics attend religious service more than others, some Protestants take religion more seriously than others and for some Jews religion imposes a powerful focus on their daily activities while for others it is only a weak cultural identification. Thus, the degree of participation of a believer in religious rituals or the sum of various types of behaviour and attitudes considered to be religious within a group or society can be defined as religiosity.

Westoff et. al. measured religiosity :(a) by regularity of attendance at religious services outside the home; (b) a measure of informal orientation combining the frequency of religious observances within the home with a self-rating on the degree of religious-mindedness; (c) by index of religiosity reflecting the importance of religious symbols compared with a

number of secular values; and (d) extent of education in schools and colleges under formal church auspices.⁶

Islam means the 'surrender to the will of God'. Islam preaches Tauheed i.e. oneness of God. Islam is uncompromisingly monotheistic. There are five pillars of Islam. The first pillar is the fundamental belief of Islam (Kalima) which is: 'there is no God but Allah and Mohammad is His Messenger'. Allah is the creator and sustainer of all creation. The second pillar is offering Salat or Namaz (prayer) five times a day. The third pillar is to observe Saum i.e. fasting during the holy month of Ramzan. The fourth is giving of Zakat (poor tax) to the poor. In the holy Quran, the believers have been commanded a number of times to 'offer Salat and give Zakat'. The fifth pillar is that every Muslim who can afford is expected to perform Haj (holy pilgrimage to Mecca) at least once in lifetime.

Islam exhorts its followers to be patient. At the same time it commands them to exert themselves in the way of Allah so as to establish justice and truth on this earth. Muslims believe in life after death. The life on the earth is only a trial. Those who obey the commands of Allah and do good deeds here will be rewarded with Jannat (paradise) and those who are rebels, unjust and cause mischief on the earth will be punished in Dozak (hell) on the day of the Qayamat (the Day of Judgement and Resurrection). For a Muslim, religion is a way of life.

Effect of Religion on Fertility and Family Planning Behaviour

In the past a number of studies have been conducted in the west to ascertain the effect of religion on fertility and

family planning behaviour because compared to Protestant and Jews, Catholics exhibited higher fertility.⁷ It was thought that the religiosity of the Catholics was the cause for their higher fertility. A few demographers tried to explain this relationship as follows:

Religious beliefs, practices and values are an important factor in family life. They tend to encourage reproduction via several routes: (a) by imposing sanctions on the practices of birth control or legitimizing the practice of less effective methods only; or (b) by indoctrinating its members with a moral and social philosophy of marriage and family which emphasizes the virtues of reproduction. To these effects can be added others of a more subtle nature, such as the greater solidarity of the family which characterizes certain religious cultures more than others and the degree of 'other worldliness' associated with the particular religion.⁸

According to Westoff et.al., the association between religion and fertility can be divided into two specific aspects, one the effects of religious preference or affiliation and two the effects of degree of religious interest independent of religious affiliation.⁹ After studying the fertility differentials between Catholics, Protestants and Jews, they concluded that some part of the variation of fertility within each major religious category may be associated with its degree of religiosity.

It has been observed in majority of the studies conducted in India and abroad that the Muslims have shown significantly higher fertility than other religious groups.^{10,11}

The most recent study NEHS, India 1992-93, too has noted that Indian Muslims have higher fertility than other religious groups and even after controlling for education the differences persist.¹² Therefore, it was felt necessary to examine the factors associated with higher Muslim fertility. Religiosity could be one of them.

5.3 Survey Findings

One of the objectives of the survey has been to find the degree of religiosity among Muslims in Malegaon as it affects fertility and family planning behaviour. Therefore, in this chapter an attempt has been made to measure the religiosity of Muslims in terms of religious practices viz. Namaz (prayer), Roza (fasting), paying of Fitra (charity) and participation in Waaz (religious congregation). The rationale for including above practices alone to measure religiosity among Muslim women in Malegaon will be explained in the later sections of this chapter.

5.3.1 Religious Practices among Malegaon Muslims

The questions on religious practices were put to all the eligible ever married women (961). The questions were exhaustive enough to include almost all the religious practices observed by the Muslims. They can be broadly divided into 6 categories: (i) Namaz, (ii) Roza, (iii) Zakat and Fitra, (iv) recitation of the Quran, the holy book of Islam, (v) Waaz (participation in religious congregation, (vi) reading of religious books and (vii) visit to Dargah of a saint (tomb worship). Each respondent was asked whether she observed a particular practice. If reported yes, she was further probed into

the details of the practice and the regularity of the practice observed. If reported no, she was asked to state the reasons for non-observance of a particular practice.

The details and the regularity with which the religious practices were observed by the Malegaon Muslim women are presented in the Table 5.1. It is found that almost all the Muslim women in Malegaon offer Namaz (99 per cent). Of the 952 women offering namaz, 635 (67 per cent) offer Namaz daily. Of those, 414 women (65 per cent) offer namaz five times a day.

Table 5.1
Percentage Distribution of Ever married women, Age 15-49
by Religious practices among Malegaon Muslims

Religious practice	Number	Percentage
1. Offering Namaz (Prayer)		
Daily :		
once	8	0.8
twice	61	6.4
thrice	90	9.4
four times	62	6.5
five times	414	43.1
once a week (Friday)	307	31.9
once a month	4	0.4
on Idd	6	0.6
Total respondents offering Namaz	952	99.1
Not offering Namaz	9	0.1
2. Observing Roza (Fasting)		
Full one month	918	95.5
few days only	42	4.4
never	1	0.1
3. Giving Zakat & Fitra (charity)		
i) Giving Zakat	458	47.7
Not giving Zakat	503	52.3
ii) Giving Fitra	717	74.6
Not giving Fitra	244	25.4
4. Recitation of Quran		
Daily	315	32.8
Weekly (Friday)	193	20.1
During Ramzan	19	2.0
Sometimes	79	8.2
Total respondents reciting Quran	606	63.1
Not reciting Quran	355	36.9

.....table contd.

Religious practice	Number	Percentage
5. Attendance at Waaz (Religious Congregation)		
Yes	809	84.2
No	152	15.8
6. Reading of religious books		
Daily	202	21.0
Weekly	86	9.0
Monthly	2	0.2
Ramzan	5	0.5
Sometimes	297	30.9
Total respondents reading religious books	592	61.6
Not reading	369	38.4
7. Visit to Dargah (Tomb-worship)		
Weekly	23	2.4
Monthly	7	0.7
Sometimes	402	41.8
Total respondents visiting Dargah	432	44.9
Not visiting	529	55.1
Total	961	100.0

The second most important ritual after Namaz is Roza (fasting). Almost all the respondents observe fasting during the holy month of Ramzan. Ninety-four per cent observe Roza for the entire month (Table 5.1).

The third most important manifestation of Islam among Muslims is giving of charity in the form of Zakat and Fitra. Nearly half of them give Zakat which is applicable only to those Muslims who are well off. "Zakat is obligatory on all Muslims who have in their possession for one complete year gold of the minimum weight of seven and a half tolas or silver of the minimum weight of fifty two and a half tolas".¹³ It is to be paid at the

annual rate of 2.5 per cent of the value of the gold or silver. Of the total 961 women 48 per cent reported that they or their families paid Zakat. When asked about the reason for non-payment of Zakat from remaining 52 per cent of the women, they stated that zakat is not applicable to them as they are poor. This is in conformity with the survey in Chapter IV where it was noted that 51 per cent of Muslim households belong to low socio-economic strata (Table 4.6).

Three-fourths of the respondents in Malegaon give Fitra, another form of charity which is obligatory on all Muslims (even on the poor). The idea behind Fitra is to inculcate the spirit of charity among Muslims. Nearly one and three-fourth kilograms of wheat or its equivalent value per head is the minimum amount that a Muslim is enjoined to pay as Fitra during Ramzan. Fitra is to be paid by a Muslim for himself/herself and for his/her minor children.¹⁴ Those respondents who were not paying Fitra stated that though they had intentions to pay Fitra, severe poverty does not allow them to do so.

A religious Muslim is expected to recite Quran. Sixty-three per cent (606) of the 961 women were reciting Quran. Of these, 52 per cent (315) were reciting daily. Of the 355 women who were not reciting Quran, 354 could not recite as they did not learn reading of Quran. Only one reported that she had no time for reading Quran.

Those who were reading Quran (606) were further asked whether their children were being taught Quran. Seventy-one per cent of the 89 women were teaching Quran to their children. Six per cent reported that they had no children. Another 23 per cent

said that their children were too young to learn Quran.

A religious person is expected to participate in religious congregation and to read religious books. In Malegaon, the city being a centre of religious schools, the chances for participation in religious congregation would be even higher. No wonder that as much as 84 per cent of the women (809) reported that they participate in Waaz. So also 62 per cent of the women (592) were found to be reading religious books. Of these, 21 per cent (202) were reading the books on religion daily. Ninety-three per cent (342) of the women who were not reading religious books (369) stated that they did not learn reading of religious books. The other (24) reported 'lack of time' for not reading the religious books.

According to some religious commentators like Maulana Maududi, strictly speaking, visiting Dargah (tomb-worship) is unIslamic. It is said that tomb-worship is akin to idol-worship. But in folk Islam, Muslim saints hold an important place in India. Many Indian Muslims who have not read Quran and Hadees, offering Namaz rarely, would visit a Dargah regularly. So tomb-worship can be taken as a symbol of religiosity at least among Indian Muslims, in general.

When the respondents were asked whether they visit a Dargah, 45 per cent (432) of the total respondents (961) reported in the positive. Of those who were visiting a Dargah (432), majority (402) visited only 'sometimes' whereas the remaining respondents visited a Dargah weekly or monthly. Out of 432 respondents visiting a Dargah 234 (54 per cent) visited a

particular Dargah regularly and the rest were visiting any Dargah.

Sixty-one per cent (263) of those visiting a Dargah (432), were also asking for a Mannat (making a vow) at the Dargah. A majority of the vows were made for the welfare of the respondents or their children, husband and other family members. Those respondents making vow were probed about the contents of their last Mannat. Twenty-three per cent of them reported that they had made a vow for bettering their economic condition, 19 per cent to beget a child, and 17 per cent for improving their health condition. For remaining 41 per cent of the respondents, the contents differed.

Among the Muslims there has been a movement called Tabligh. The followers of Tabligh are peace loving and preach strict adherence to the Islamic religious rituals like Namaz, Roza and Zakat and simplicity in daily life. They exhort the Muslims to always remember the Ressurrection Day and avoid sin. According to them, Muslims have to go back to pure Islam to attain salvation. A striking feature about Tabligh is that it preaches against tomb worship as tomb worship would amount to associating partners with the one and only deity i.e. 'Allah' who is the creator and sustainer of the whole universe. In Islam associating partners with Allah is the gravest and unpardonable sin. Those who ever join Tabligh would ultimately stop tomb worship.

In the present study, as many as 529 women out of 961 (55 per cent) respondents reported that they do not visit a Dargha. When asked about reasons for not visiting a Dargah, 529

respondents reported that they did not believe in tomb worship. Another 18 per cent (94) stated that they were opposed to visiting Dargah. Only 8 per cent (44) gave the reason 'no time' for visiting Dargah. Thus, a majority of the Malegaon Muslim women want to practice Islam in its pure form by rejecting tomb worship.

In sum, it is observed that in Malegaon Muslim women are religious whichever religious practice one may consider. It would not be wrong if the Muslim women are considered highly religious as they practice all the rituals with regularity and in sincerity.

5.3.2 Index of Religiosity

To get a more concise and clear picture of religiosity an index has been constructed. Though number of variables have been included in the questionnaire, to construct the index of religiosity, only four variables are selected: (i) Namaz, (ii) Roza, (iii) Fitra and (iv) Waaz. Namaz, Roza and Fitra are obligatory on all Muslims irrespective of a rank and economic position. Again all Muslims, irrespective of being literate or illiterate, can participate in a religious congregation. Thus, only those variables have been chosen which can be applied to all Muslims. All other variables are excluded as they are neither obligatory nor applicable to all. For example, Zakat is obligatory only on well-off Muslims. Quran and religious books can be read only by literate Muslims.

The above four variables were internally scaled (Appendix 5.1). A score of 6 was given when the respondent

offered Namaz five times a day as this is the maximum number of times a highly religious Muslim has to offer the obligatory prayers. The score of 5 was given to those offering Namaz 4 times a day, 4 for 3 times a day and 2 for only once a day. When the respondents offered Namaz not daily but some times i.e. once a week, once a month or on Idd day, she was given the score of 1.

Similarly for strictness of fasting, a score of 3 was given when the woman fasted during the entire month of Ramzan and 1 for fasting for few days only. The observation of Roza is obligatory on all Muslims excepting the infants, the insane and the invalid. Observation of fast is so obligatory that if a Muslim has fallen sick in Ramzan and missed a few days of fasting, as soon as he recovers, he is ordained to fast for the number of days he has missed. Thus, a highly religious Muslim would be fasting for the entire month of Ramzan because fasting is obligatory in Ramzan.

As noted earlier, Fitra (charity) is obligatory even on poor Muslims. To those who were offering Fitra, a score of 2 was given. Those who reported that they wanted to give Fitra but could not give due to poverty, were given a score of 1. All those who were participating in religious congregation were given a score of 1.

After adding all the above scores, each woman was given a total score. The score ranged from zero when the respondent observed none of the four religious practices to 12 the maximum score when the woman was conforming to all the four religious practices at the maximum required level.

Depending upon the score, all the respondents were

categorized into three groups - low, medium and high religiosity (Table 5.2). From the analysis of the data, it was found that 62 per cent of the women exhibited high religiosity and 36 per cent exhibited medium religiosity. Only 3 per cent could be categorized as having low religiosity. As many as 315 respondents (33 per cent) scored the highest score (12). Another 212 respondents (22 per cent) scored between 10 and 11 (Appendix 5.2).

Table 5.2
Percentage Distribution of Ever married
Women by Index of Religiosity

Score	Group	Number of women	Per cent
0 - 4	Low	27	2.8
5 - 8	Medium	342	35.6
9 - 12	High	592	61.6
Total respondents		961	100.0

It would be interesting to know the self-perception of a woman regarding her religiousness. So a question was included in the questionnaire: "How do you perceive yourself - more religious, religious or less religious"¹² Twenty-seven per cent of the respondents perceived themselves to be more religious and 10 per cent as less religious (Table 5.3). It was observed that the respondents have a fairly good idea about their religiousness as among 27 women who were in the range of low score on the index of religiosity, a majority also stated that they were less religious. Similarly, those who have scored medium or high on religiosity index also stated that they are either religious or more religious. The value of chi square was 127.26 with degree of

freedom being equal to 3 and the table value was 7.81. Thus, chi square was highly significant.

Table 5.3
Distribution of Ever married Women by
Index of Religiosity and Respondents
Self Perception about Religiousness

Index	More Religious	Religious	Less Religious	Don't Know	Total percent	Number
Low	3.7	44.4	48.1	3.7	100.0	27
Medium	12.0	65.2	18.4	4.4	100.0	342
High	37.2	57.6	3.7	1.5	100.0	592
Total number	262	576	98	25		961
Percent	27.3	59.9	10.2	2.6	100.0	

5.3.3. Differentials in Religiosity

Differentials in religiosity measured in terms of the index of religiosity of the woman by age and education are given in the Table 5.4. Agewise, no trend is found. The value of chi square was 9.00 with degree of freedom being equal to 6 and table value was 12.59 at 5 per cent and 16.64 at 10 per cent levels. Thus, chi square was insignificant indicating that age and religiosity have no specific relationship. This would imply that the Muslim women in Malegaon continue to be as religious as their mothers used to be and tradition has a strong bearing on the attitudes and practices of the respondents.

By education a trend is perceived. With each level of education, religiosity increases. Value of chi square was 102.29 with degree of freedom being equal to 3 and table value was 7.81 at 5 per cent levels. Thus the chi square was highly significant indicating that highly educated are also highly religious.

Table 5.4
Differentials in Religiosity of Ever-married
Women by Age and Education

Variable	Index of Religiosity			Total	
	Low	Medium	High	Percent	Number
Age					
15 - 19	7.7	30.8	61.5	100.0	39
20 - 24	1.6	34.8	63.6	100.0	187
25 - 29	2.5	34.2	63.3	100.0	199
30 - 34	2.6	43.2	54.2	100.0	192
35 - 39	2.4	38.5	59.2	100.0	169
40 - 44	5.4	28.6	66.1	100.0	112
45 - 49	1.6	27.0	71.4	100.0	63
Education					
Illiterate	6.1	54.7	39.2	100.0	278
Upto 4th	1.3	36.2	62.4	100.0	149
5th - 9th	2.0	29.7	68.3	100.0	404
SSC and above	0.0	12.6	87.4	100.0	127
Religious	0.0	0.0	100.0	100.0	3
Total	27	342	592		961
Percent	2.8	35.6	61.6	100.0	

5.4 Conclusion

In this chapter an attempt was made to study the religiosity of Muslim women in Malegaon city. For measuring religiosity an index was prepared. This was based on the scores of each woman depending upon the observance of different religious practices. The scores ranged between 0 and 12. The respondents were divided into three groups of religiosity: low (0-4), medium (5-8) and high (9-12).

Majority of the Muslim women in Malegaon are found to be highly religious (62 per cent). By cohort, the religiosity of the respondents shows no trend whereas with each level of education religiosity increases.

The next chapter presents the level of modernization and status of woman among Muslims in Malegaon and an examination of the relationship between religiosity, modernization and status of woman.

Notes and References :

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3. Ibid., pp. 271 and 285
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5. Ibid., p.1
6. Westoff, Potter, Sagi and Mishler, 1961. p.209
7. Freedman and Whelpton, 1961; Westoff, Potter and Sagi. 1963, William Petersen, 1964, Zimmer and Gold Sneider, 1966; Day, 1968; Weiler and Bouvier, 1972; Jansen and Hauser, 1981; Goldsneider, C., and W. Mosher, 1988; and "Roman Catholic Fertility", Studies in Family Planning, 1968.
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9. Ibid.
10. Davis, K., 1951; The Mysore Population Study, 1961, UN, New Delhi; El Badry, M.S., 1967, "A study of Differential Fertility in Bombay", Demography vol.4, No., pp. 626-640; Visia, L., 1974(b); Rele and Kanitkar 1980, Birth, Death and Contraception Acceptance Rates in Cannanore District of Kerala, 1987; Srikantan and Bhate 1989; Balasubramanian K., 1984; Mistry, 1990; and Shariff, A., 1995.
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13. Diniyat, New Delhi. p.57.
14. Ibid.
15. A similar question was asked in their study by Westoff et. al., op.cit.

CHAPTER VI

MODERNIZATION AND STATUS OF WOMAN

6.1 Introduction

One of the objectives of this study has been to ascertain the level of modernization and status of woman among Muslims in Malegaon and to examine the relationship between modernization and status of woman and family planning practices. Therefore, in this chapter, the concepts of modernization and status of woman are briefly defined, selected and important literature is reviewed and the survey findings are presented.

6.2 Modernization

According to Easterlin "modernization may be defined as a transformation in economic, social, and political organization and in human personality observed in a growing number of nations since the mid-eighteenth century. On the economic side, this transformation involves a sustained rise in real output per capita. On the social and demographic side, modernization involves significant alterations in fertility, mortality and migration, in place of residence, in family size and structure, in the educational system, and in public health services. Its influence extends into the areas of income distribution, class structure, government organization, and political structure¹.

According to Inkeles, for the human personality, modernization brings about tremendous psychological changes from traditionalism. The personal qualities of a modern man would be, "(1) openness to new experience both with people and with new ways of doing things such as attempting to control births, (2)

the assertion of increasing independence from the authority of additional figures like parents and priests and a shift of allegiance to leaders of government, public affairs, trade unions, cooperatives and the like, (3) belief in the efficacy of science and medicine, and a general abandonment of passivity and fatalism in the face of life's difficulties, and (4) ambition for oneself and one's children to achieve high occupational and educational goals. Men who manifest these characteristics, (5) like people to be on time and show an interest in carefully planning their affairs in advance, (6) show a strong interest and take an active part in civic and community affairs and local politics, and (7) strive energetically to keep up with the news, and within this effort prefer news of national and international import over items dealing with sports, religion, or purely local affairs".² Inkeles found that in different developing countries from three different continents, the men from different occupational categories of cultivators, craftsmen and industrial workers exhibited the similar qualities of a modern man, and concluded that education is the most powerful factor in making men modern, but occupational experience in large scale organizations and especially in factory work, makes a significant contribution in "schooling" men in modern attitudes and in enabling them to act like modern men. Those who come from very traditional backgrounds and receive little formal schooling can, under the right circumstances, still become modern in adulthood.³

The process of modernization brings about changes in reproductive behaviour by affecting nuptiality, fertility and

fertility control. Historical evidence shows that in modernized societies there was a shift from high to low fertility as a result of individual couples consciously limiting their family size (by using contraception).

6.2.1 Modernization among Malegaon Muslims

A study conducted by Rajeevlochan on the Muslim weavers of Malegaon in 1993 reveals that they are characterized by the following characteristics: (i) Their major industry in Malegaon viz. powerloom weaving industry is decentralized and unorganized; (ii) For their credit requirements, the weavers borrow from the yarn and cloth merchants who exploit them rather than from the banks; (iii) They do not realize the power of collective bargaining and are unwilling to form co-operatives; (iv) They are oblivious to the connection between economics and politics; (v) They are fearful and resentful of government and try to maintain maximum distance from it; (vi) They prefer traditional channels of justice, (vii) The gap between the weavers and the state level politicians is striking; (viii) They seem to ignore the numerous public spirited campaigns that occupy provincial polity of Maharashtra from time to time; and (ix) Social interaction in Malegaon is mainly restricted to the city itself which excludes not only the immediate surroundings but also the larger world outside. Further, they seem to lack awareness about civil liberties that an individual can enjoy in a modern democratic society.⁴

Thus, conceptually, the author of the study observes that the Muslims in Malegaon exist "in a frame work where the

scale of society has not expanded beyond the confines of a small town or village" and the "behavioural patterns and habits and the attitudes of the weavers resemble those of the small time 19th century peasant much more closely than those of the middle class trader, small industrialist or entrepreneur. They see no need to participate competitively in a democratic polity and do not see that this is necessary to secure scarce funds and help. Thereby they have also closed off important avenues for improvement.⁵

Thus, it is clear from the study of Rajeevlochan that the society of Muslim weavers in Malegaon is far away from modernization as defined by Inkeles or Easterlin.

6.3 Status of Woman

The status of woman is an important determinant of fertility level. World-wide data reveal that high fertility prevails in areas where the status of woman is low. According to Weeks, "Revisions of the theory of the demographic transition have taken into account the fact that the rising status of woman can generally be an effective spur to economic development and growth, partly by generating motivations for smaller families. Women tend to gain status by engaging in activities formerly reserved for men and especially obtaining an education, engaging in non-agricultural labor force activities and becoming involved in social and political organizations. These activities generally compete with child bearing and child rearing and the motivation to limit family size becomes well entrenched, even though pronatalist measures continue everywhere to encourage having children.⁶ This is a typical statement about the relationship between status of woman and fertility. Hence it is necessary to

understand the meaning of 'status of woman' before the relationship between status of woman and fertility is perused.

Despite several attempts to define the concept of status of woman, it is still considered an "elusive concept" whose meaning remains unclear. With the growth of literature on status of woman, many definitions of status of woman have proliferated. In demographic literature, besides the term 'status of woman', other terms used are 'female autonomy' (Dyson and Moore),⁷ patriarchy (Cain et.al)⁸, women's rights (Dixon)⁹ and men's situational advantage (Caldwell).¹⁰ All these terms in part refer to some aspect of gender inequality. Implicit in most definitions of status of woman is the comparison with the status of man.

Most definitions of 'status of woman' "focus on one of the three basic dimensions of gender inequality namely (1) inequality in prestige, (2) inequality in power or (3) inequality in access to or control over resources¹¹. At the same time this does not clarify the confusion about the meaning of woman's status or gender inequality. Therefore, Dixon calls status of woman an 'elusive concept',¹² and Mason calls it a poorly defined concept.

According to Mason, the confusion arises on the one hand due to multidimensionality, multilocationality of the complexity of gender stratification, and on the other hand due to the confounding of class and gender and confusion between the access to versus control of resources in defining the concept of woman.

6.3.1 Measurement of Status of Woman

Since the concept of status of woman lacks unambiguous definition, it creates problems while measuring the status of woman. There is another problem which the researchers face while trying to measure status of woman in various societies is the importance of the social context. A particular social practice may enhance woman's status in one society but it can also have the opposite effect in another. For e.g. purdah practice.^{13,14}

A number of empirical indicators ranging from aggregate demographic pattern argued to reflect the differential value placed on male versus female lives, (differential mortality level of males and females) to inheritance, marriage and household formation rules considered to influence woman's autonomy or power have been used in the socio-demographic literature to measure the status of woman. A list of indicators as prepared by Mason is presented in Table 6.1. Some of these indicators are controversial while others are widely agreed upon.

However, some micro level studies in the Indian subcontinent have tried to measure the status of woman by taking different indicators. Recently Basu conducted a study on status of woman among North Indian and South Indian women settled in Delhi and its impact on demographic behaviour.¹⁵ She used three aspects of status of woman viz. the extent of woman's exposure to outside world, the extent of their active interaction (especially economic) with the extra-domestic world, and their level of autonomy in decision making. She used purdah and employment outside home as indicators of status of woman and concluded that norms of female seclusion and limited economic independence for

Table 6.1
Indicators of Female Status Commonly Used or
Mentioned in the Social Demographic Literature

Indicator of Female Status	Relationship to Female Status
DEMOGRAPHIC INDICATORS	
Female Minus Male Mortality Rates	-
Female Age at Marriage	+
Average Husband-Wife Age Difference	-
Parents' Preference for Male Children	-
KINSHIP-FAMILY INDICATORS	
Purdah (Female Seclusion)	- (?)
Levirate (Enforced Marriage of Widows to Husband's Brother)	- (?)
Polygyny (Multiple Wives)	?
Conjugal Family Households	+ (?)
Emphasis on Lineage	- (?)
Female Property Inheritance	+
Village Exogamy of Female (Out-Marrying)	-
Patrilocal Post-Marital Residence	-
Dowry	-
Arranged Marriages	-
Cross-Cousin Marriages	+
Emphasis on Virginity of Brides	-
Pre or Post-Marital Double Standard	-
Emphasis on Women's Sexuality, Youthfulness	-
Male Right to Divorce Wife Without Her Consent	-
Egalitarianism of the Husband-Wife Relationship	+
Male Feeding Priority	-
Extended-Kin Support for Widows and Divorcees	+
ECONOMIC INDICATORS	
Female Employment "Opportunities"	+
Female Labor Force Participation	+
Exclusion of Women from Extra Domestic Activities	-
Concentration of Women vs Men in Informal Economic Sector	-
Occupational Segregation of the Sexes	-
Sex Differences in Wages or Earnings	-
Sex Differences in the Amount of Leisure Time	-
Female Education	+
Female Underemployment or Employment Rates	-
Women's Work "Commitment" (Measured Variously)	+
Women's Access to Credit	+
Women's Access to Non-Familial Supports	+

Source : Mason, 1984, p. 26

women have far reaching effects on woman's ability to acquire and use information on fertility and health maintenance and in the North Indian case can intensify existing gender inequalities within the home.¹⁶

Visaria in her recent study on female autonomy in Kerala and Gujarat used income autonomy, personal autonomy, contact with natal kin and female education as the indicators of status of woman and found that Keralite women had higher status than the Gujarati women.¹⁷ In a U.N. study published in 1994, education, employment, health and legal status were used as indicators to measure status of woman in Pakistan.¹⁸

6.3.2. Status of Woman in Muslim Countries

In 1988, Population Crisis Committee conducted a study of 99 countries for which data were available to measure the status of woman.¹⁹ Even though this study seems to suffer from problems Mason has pointed out, it is worth while to know its findings. It studied 99 countries representing 2.3 billion women (92 per cent of the world's population) using 20 indicators which measure woman's well being in five sectors - health, marriage and children, education, employment and social equality. From the list of 99 countries, Muslim countries were identified and the status of woman in them is presented in Table 6.2. Some of these Muslim countries like Sudan and Bangladesh are the poorest in the world while oil rich countries like Kuwait and Saudi Arabia are among the richest in the world. But women in all these countries have been given the status ranging from Extremely Poor to Poor. In the 19 Muslim countries (including Malaysia), the status of woman is Extremely Poor in 9 countries and Very Poor in 7

Table 6.2
Status of Woman in Muslim Countries

No.	Country	Status	Percent of Muslim Population
1	Egypt	Extremely Poor	91
2	Libya	Extremely Poor	98
3	Morocco	Extremely Poor	99
4	Sudan	Extremely Poor	72
5	Saudi Arabia	Extremely Poor	99
6	North Yemen	Extremely Poor	99
7	Afganistan	Extremely Poor	99
8	Pakistan	Extremely Poor	97
9	Bangladesh	Extremely Poor	85
10	Algeria	Very Poor	99
11	Tunisia	Very Poor	99
12	Syria	Very Poor	87
13	Iraq	Very Poor	96
14	Kuwait	Very Poor	96
15	UAE	Very Poor	90
16	Indonesia	Very Poor	88
17	Turkey	Poor	99
18	Jordan	Poor	93
19	Malaysia	Poor	49
20	India	Very Poor	12

Source : 1. Population Crisis Committee, 1988
 2. For percentage of Muslim population
 in each country, Weeks, 1988, pp. 8, 9
 and for India, 1991 Census.

countries and Poor in 3 countries. India is included here for the purpose of comparison. The status of woman in India is Very Poor similar to that of Algeria, Tunisia, Indonesia, Syria, Iraq, Kuwait and U.A.E.

From the findings on status of woman by Population Crisis Committee, it can be concluded that in some respects, the status of woman in Muslim countries is similar to that in other developing countries, but in many respects, it is worse especially in case of education, employment and social equality. In most Muslim countries, the low level of economic development can be an explanatory factor for the low level of status of woman

but at the same time even in rich countries like U.A.E. or Kuwait, the status of woman is low significantly due to the cultural norms.

6.4 Survey Findings

In the present study an attempt has been made to combine modernization and status of woman, as it is observed that, in general highly modernized countries are also the countries with high levels of status of woman and vice versa. In this study by modernization the modern attitudes of the respondents are referred to. It is argued that it is more important for women to be more modern than men, to reduce fertility and increase contraceptive practice. "A modern mother may be the central figure in bringing about societal modernization²⁰. The mother is chiefly responsible for the socialization of the child and her decisions may be important in matters of child bearing. Therefore, Fawcett and Bornstein observe that making women "modern may be one of the effective routes to a reduction in societal fertility²¹. Also modernization creates favourable attitudes towards contraceptive practice. A study of fertility, socio-economic status and modernity, conducted in Egypt found that opinions of wives were important than those of their husbands in influencing contraceptive practice. The wives, who were modern, tended to use contraception regardless of their husbands approval. The majority of the modern women considered the matters related to contraception as within their responsibility rather than matters for joint decision.²² Hence, the present study tries to measure the extent of modernization among women.

Table 6.3
Indicators of Modernization and Status of Woman
Used in the Present Study

Variable	Expected relationship with	
	Modernization	Status of woman
I. Demographic variables		
Ideal age at marriage	+	+
Ideal age difference between husband and wife	-	-
Son preference	-	-
II. Kinship family and social variables		
Purdah (female seclusion)	-	-
Polygyny (multiple wives)	-	-
Arranged marriages	-	-
Marriage between relatives	-	-
Dowry	-	-
Dower	+	+
Unilateral divorce	-	-
Female property inheritance	+	+
Discrimination against girl child	-	-
III. Economic variables		
Female labour force participation	+	+
Female education	+	+
IV. Other variables		
Decision making	+	+
Freedom of movement	+	+
Exposure to media	+	+

and status of woman and ideal age at marriage is positive. Thus, positive sign indicates favourable modernization and higher status while negative sign indicates unfavourable modernization and lower status in Table 6.3. It was observed that almost all the variables are affected in the same direction with increasing modernization and improving status of woman except purdah, polygyny and marriages among blood relatives. According to Mason, purdah may increase or decrease the status of woman depending

upon the setting, so also polygyny may improve or deteriorate the position of woman. In the present study, it is assumed that while purdah prevents women's participation outside home, polygyny worsens the position of woman and therefore the sign given for both is negative. In case of modernization, the effect of purdah is clear cut. Modernization leads to decreased incidence or a total abandonment of purdah. No liberated woman would approve purdah system and herself observe purdah. In like manner, modernization makes the norm of monogamy popular and polygyny is looked down upon. In case of consanguine marriages, the relationship is ambiguous. In sociological literature, marriages among blood relatives especially among cross-cousins or parallel-cousins will lead to a higher status of woman by bringing her into a house she is already familiar with and by increasing her confidence in communication. But from health point of view, marriages among blood relatives are undesirable as they can create health complications during pregnancy, delivery and growth and development of offsprings. So it is assumed that marriages among blood relatives reduce the status of woman. Modernization is generally supposed to reduce incidence of marriages among blood relatives as a modern person would prefer a healthy wife and children and also would like to marry outside his/her own family circle.

6.4.1 Questionnaire

The woman's questionnaire had a separate section on modernization and status of woman which was administered to all the 961 ever married women in the sample. This section had nine sub-sections among Muslims. These are purdah, female education,

female labour force participation, marriage, discrimination against girl child, female property rights, son preference, decision making and exposure to mass media. Each sub-section contained number of questions on the attitudes and the practices related to that particular variable. For example, in case of education, the respondent's attitudes towards female education were ascertained first and later whether she was educating her own daughter was found out briefly. The women not having a daughter as well as those whose daughters were married were excluded. In the following sections the questions on each variable are described and later the responses of the ever married women to each question are presented.

Shibani Roy conducted a study on status of women in the cities of Lucknow and Delhi with a sample of 150 families from each city in 1970-72 which was published in 1979. Another important study on status of Muslim women based on stratified sample of Muslim women in nine major Indian cities in different states with a sample covering 1332 women was conducted by Shahida Lateef in 1977 which was published in 1990. The findings of the present study, wherever necessary, are compared with the above two studies.

6.4.2 Purdah

The purdah system amongst Muslim is specifically meant to protect and seclude women from men and men from women. In a Muslim society, respectability and prestige are attached to purdah. In a modern society purdah can be regarded as coming in the way of normal life of a woman arresting her natural

development because a modern woman has to keep pace with the fast changing world. Further in a purdah practising society the interaction pattern between men and women is so considerably affected that men are no less the loser in terms of the company of woman. According to Roy amongst the Muslims the institution of purdah helps to maintain man/woman relationship and its detailed study contributes to the understanding of the muslim social structure. Purdah becomes closely associated with distinct destinies and roles of both men and women since it affects them differently.²³ Purdah can greatly debilitate a woman. It "affects a large area of a woman's life and precludes her from many areas of participation. This vitiates her life and produces a limited perspective and has a dementing influence on her entire personality. These suppressed characters feel protected and safe behind the purdah and consider that they are fortunate to have the means to secure themselves from the vicious world. Thus, a large part of the world remains a mystery to them."²⁴

It is necessary to make a distinction between purdah and Burqa or veil. The scope of purdah is broader while that of Burqa is limited. Purdah refers to total seclusion of women from men while Burqa refers to covering oneself fully from head to toe when moving among the stranger men. Some Muslim women instead of wearing Burqa, a long over-coat covering the body from head to toe and sometimes even the face, wear just a Chadar which simply covers their head and upper part of the body. Here the face always remains open. While purdah deprives women of freedom of movement, Burqa or Chadar does not do so. Muslim women in Burqa or Chadar are sometimes seen driving vehicles, studying in

colleges and working in offices.

In the present study Purdah has been defined as wearing Burqa or Chadar. No reference at all is made to the type of purdah described by Roy above. In Malegaon there is great degree of freedom of movement for purdah observing women. Muslim women clad in Burqa with covered faces are seen walking on the streets, shopping and visiting relatives or going to schools to teach. However, it has to be pointed out that veiling does restrict women's choice of employment. Veiled women mostly work in those areas in which the contact between the two sexes is the least, for example, teaching in girls schools and colleges. Some educated Muslim men in Malegaon reported that they do not want their daughters to wear Burqa but in order to be considered respectable in the eyes of the Muslims in the streets, their daughters have to wear Burqa. It was also observed that these Muslim women, who are Burqa clad with veiled faces in Malegaon, when go out of station remove their Burqa and just cover their heads with the Dupatta or scarves. This suggests that Muslims wear Burqa among fellow Muslims in their own town more due to community pressure and the moment they come out of their immediate surroundings, discard Burqa. Similar behaviour was reported by both Roy and Lateef.

In the questionnaire, each ever married woman was asked whether she approved the practice of Burqa among Muslims, if so what are the reasons for her approval. She was further asked whether Burqa can hinder the progress of a woman in today's world. These questions related to the attitudes of Muslim woman

which would reflect her modernity. As the incidence of Burqa was to be found to determine her status, each woman was further asked whether she was wearing Burqa currently and before marriage, and if she was wearing, was it due to pressure from family members or voluntarily.

Ninety-nine per cent of the women approved Burqa while only 1 per cent did not approve. Ninety-three per cent of the respondents approved Burqa because religion commands Muslims to observe purdah, 4 per cent favoured it as a defence against men and 3 per cent approved as it is a custom among Muslims. Again 65 per cent of the total women opined that Burqa is not a hindrance to women's progress in today's world while only 13 per cent thought Burqa to be a hindrance and the rest could not decide. In Roy sample, 46 per cent of the total respondents had opined that purdha was socially disadvantageous and the younger women thought that purdah was "responsible for the subordinate role of the Muslim women in the family and in general. Purdah is the root cause of the backwardness of Muslim community."²⁵

All the respondents in the survey wore Burqa that too which covered their faces. Among those wearing Burqa, 16 per cent of the women wore it before marriage, 3 per cent after marriage and 71 per cent were wearing Burqa before as well as after marriage. Thus, percentage of women currently wearing Burqa was as high as 74. Only 10 per cent of the women never wore Burqa. In other Muslim majority areas too, a high incidence of purdah was observed. For example, study conducted by Shah and Bulatao in Pakistan in 1981, revealed that 82 per cent of the women in urban areas and 47 per cent of the women in rural areas observed

purdah.²⁶ In Kapoor's sample, all the respondents observed purdah.²⁷

Some Muslim women indulge in discriminatory practice of Burqa. Among the total respondents in the survey, 70 per cent were found to be wearing Burqa at all times and at all places while only 4 per cent were wearing the veil at special places. Among those wearing Burqa, 78 per cent wore the veil voluntarily while 4 per cent wore due to the pressure from the husband or other family members. From the observations with regard to attitudes towards and practice of Burqa, it can be safely concluded that even though Malegaon Muslims do not practise the debilitating total seclusion or segregation of women from men, the modernisation among the Muslim women is of low level with respect to approval of Purdah and status of woman too is low, as they wear Burqa.

6.4.3 Female Education

A modern woman would consider education for girls necessary, favour girls obtaining modern education in schools and colleges up to any level. She would also consider education of girls as necessary as that of boys, would have no inhibitions about co-educational institutions and taking education outside home town. A modern woman would further favour girls' participation in sports. Not only would she hold the above attitudes but also would like to put them into practice. Therefore, in the present survey, all the ever married women were asked: whether education was necessary for girls, if yes, what type of education should be imparted and up to what level. The

respondents were further asked if education of girls is as important as that of boys and whether girls can be sent to co-educational institutions and outside Malegaon for acquiring higher education. In order to know the practices related to female education among Malegaon Muslims, the respondents were asked as to what were their plans regarding education of their youngest daughter. Few other questions included in this subsection are: "Can girls take part in sports? If yes, would you like to send your daughter outside Malegaon to take part in sports and if not why?"

All the respondents reported that education is necessary for girls. In Roy's as well as Lateef's samples, almost all the women stated modern education to be a necessity of life. Of the 961 respondents in the present study, 97 per cent favoured both types of education - modern as well as religious. Only 2 per cent favoured exclusively religious education while 1 per cent favoured exclusively modern education. Of the total respondents, 30 per cent felt that girls should complete S.S.C., while 25 per cent opined that girls should be educated at least up to S.S.C. Another 18 per cent thought that girls should take college education whereas 19 per cent favoured completion of graduation. Five per cent stated that the girls should attain education to the maximum possible level. Three per cent answered 'don't know'.

Also as much as 91 per cent of the respondents reported that education for girls is as important as for boys and a majority of them approved co-educational institutions (58 per cent) and going outside home town for attaining higher education (55 per cent). Of these respondents whose youngest daughter was of

school going age and those who answered the question (525), the desired level of education for their youngest daughter is as follows: completion of S.S.C. (44 per cent), completion of graduation (23 per cent), up to college level (17 per cent), up to S.S.C. (10 per cent), maximum possible limit (4 per cent). Only one per cent desired to give religious education to their daughters. Thus, Malegaon Muslim women seem to have high educational aspirations for their daughters.

A large majority of the respondents approved girls participation in sports (89 per cent). In a study conducted in 1988 by Khan on modernization among Muslims in Bangalore city, 92 per cent of the women respondents favoured girls participation in sports.²⁸ In the present study respondents who had a young daughter and approved girl participation in sports (567), 79 per cent favoured sending their daughters outside Malegaon to participate in sports whereas 21 per cent did not want to send their daughters outside Malegaon as they were concerned about the chastity of their daughter and faced opposition from the family members. Overall, the Muslim women in Malegaon seem to be modernized in their attitudes towards education and sports participation for girls.

6.4.4 Female Labour Force Participation

The questions were formed in the questionnaire, with the assumption that a modern woman would like to be economically independent and therefore participate in labour force and if she is working, her family members too would be in favour of her work participation and would help her in the household chores. Each

respondent was asked whether every woman should be economically independent. Further to know her commitment to work, she was asked an indirect question: "Suppose a woman is working. She is about to get married. Her fiance puts a condition that she should leave her job after marriage. What advice would you give her?" Later each respondent was asked whether she would like to work, if yes, whether her family members would be in favour of her working, and if not, why. Those respondents who were already working/worked in the past, were asked as to what sort of work they were doing, and for how many hours per day and whether their husbands were helping in the household chores. Thus, the earlier questions were related to her modernity while the later questions related to her status in the house.

Almost all the respondents (98 per cent) opined that each woman should be economically independent. Both in Roy's and Lateef's samples, majority of the Muslim women were favourably disposed towards economic independence for women. Among the Malegaon survey respondents, again as high as 85 per cent advised that a working woman should not leave her job despite her fiance being against it. The Muslims in Malegaon hail from the lower socio-economic stratum and so it is natural for their women to be aware of the importance of economic independence and jobs for women. But contrastingly, only 48 per cent of the women reported that they would like to work whereas 45 per cent did not want to work. About 5 per cent of the women were already working. Three per cent reported 'don't know'. Of those desiring to work (456), 83 per cent reported that their husband and family members were in favour of their working, 12 per cent reported 'don't know'

whereas only 5 per cent reported that their husbands and family members disapproved their working. Among those not desiring to work (433), the main reason was opposition from husband (47 per cent). Of the 43 working women, very few were in organized sector (nurses, 2 and teachers, 13). The rest were in unorganized sector. The length of the working hours varied between two and eight hours. Further the husbands of 30 respondents were helping in the household chores. Even though the attitude of women towards economic independence for woman are modern, the status of woman among them does not seem to be high as only about 5 per cent of the women were working. However, it must be stated that to a great extent, the economic conditions in Malegaon seem to be responsible for the low work participation among Muslim women as generation of jobs is scarce.

6.4.5 Marriage practices

Marriage practices have an important bearing upon the status of woman. With increasing modernization, some of the marriage practices change. A modern woman may opine marriage to be unnecessary as against in a traditional society. If she considers marriage to be necessary for every woman, she would advocate a higher age at marriage, lower age difference between husband and wife, and her knowledge about minimum legal age at marriage for girls would be correct. Also a modern woman would oppose dowry and polygyny, approve love marriages and Mehr or dower. Moreover she would condemn unilateral divorce practised among Muslims. Accordingly, the following questions were included in the questionnaire: "Should every woman marry? In your view,

what is the age at which a girl should marry and what is the ideal age difference between spouses? Are you aware of the legal age at marriage for girls?" Later there were a number of questions on attitudes towards polygyny, dowry, Mehr and unilateral divorce in Muslim society. Further, the women were asked about the practices related to dowry, Mehr and marriages among relatives.

The responses to the above questions are presented in Table 6.4. All the women responded that marriage is a must for every woman. While 48 per cent of the women thought that ideally a girl should marry at age 18 or above, the rest opined that the ideal age at marriage should be below 18. However, only 40 per cent of the women were correctly aware of the legal age at marriage for females i.e. 18. As high as 52 per cent of the respondents thought that the legal age at marriage for girls was above 18. Almost all the women thought that the age difference between husband and wife should be between 3 to 6 years. A majority of the women have spoken against polygyny among Muslims (68 per cent). Surprisingly about one-fourth of the respondents have approved polygyny. The rest reported "don't know". Of those approving polygyny, half of them reported that since Islam permits polygyny, they approve it. Almost all the women (98 per cent) were in favour of arranged marriages.

Majority of the women (76 per cent) reported that the dowry should be minimum, while the rest disapproved it. Contrastingly among Malegaon Muslims the custom of dowry doesn't exist. No dowry was given in case of 95 per cent of the respondents. In 5 per cent of the cases, the dowry was a meagre

Table 6.4
Percentage Distribution of Ever married Women by their Attitudes
Towards Marriage and Related Practices

Variable	Number of Women	Percent
1. Ideal age at marriage		
below 18	500	52.0
18	322	33.5
above 18	137	14.3
Don't know	2	0.2
2. Knowledge of legal age at marriage		
above 18	503	52.3
18	379	39.5
below 18	20	2.1
Don't know	69	6.1
3. Ideal age difference between Husband and Wife		
Up to 3 years	559	58.2
4 - 6 years	393	40.9
7 and more	3	0.3
don't know	6	0.6
4. Polygyny among Muslims		
disapprove	651	67.8
approve	246	25.6
don't know	64	6.6
5. Arranged marriages		
approve	943	98.1
don't know	18	1.9
6. Dowry		
minimum	728	75.8
disapprove	233	24.2
7. Amount of Mehr		
maximum	592	61.6
according to status	14	1.5
minimum	48	5.0
approves - amount		
not indicated	274	28.5
don't know	33	3.4
8. Unilateral divorce (Talaq)		
disapprove	921	95.8
approve	6	0.6
don't know	34	3.6
9. Marriage among blood relatives		
close blood relatives	45	4.7
distant blood relatives	76	7.9
no relatives	840	87.4
Total	961	100.0

amount. In this respect, position of Muslim women in Malegaon seems to be better.

According to Flavia Agnes, a noted feminist-lawyer working for the upliftment of women, Mehr unique to Muslim society is an economic right of Muslim woman over her husband's or matrimonial resources, which should be used to empower her.²⁹ In the present survey, 62 per cent of the women opined that Mehr should be maximum. Another 29 per cent approved without specifying the extent of Mehr. The potential of Mehr as an economic right, can be observed from the practice of it. For 47 per cent of the respondents, the amount of Mehr was fixed between Rs. 101 and 500, for 43 per cent between Rs. 501-1000, for 5 per cent between Rs. 1001-5000, for 3 per cent the Mehr was as meagre as Rs. 100/- or less. Only for less than one per cent of the respondents Mehr was fixed above Rs. 5000/-. For another one per cent of the respondents, no amount was fixed as it was 'Fatimi Mehr' in which nothing needs to be paid. Obviously Mehr amount is too meagre to empower the Muslim woman, at least among Malegaon Muslims. The importance of Mehr as an instrument to empower Muslim woman becomes more clear when the actual payment of Mehr to the wives by their husbands is examined. Eleven per cent of the respondents received Mehr at the time of marriage, 9 per cent either before or after marriage whereas as many as 80 per cent of the respondents were yet to receive the Mehr payment. Thus, Mehr is an economic right only on paper.

Roy's study supports above conclusion. In her study the Mehr amounts fixed were substantial ranging between Rs. 25000/- and Rs. 75000/- among the Muslim women in Delhi and Lucknow. Even though most of the respondents in the above study were educated and aware, only for 10 per cent of the respondents, Mehr was

actually paid. Thirty per cent of the respondents gave up their right to Mehr and 60 per cent were yet to receive it. Among those who freed their husbands from the payment of Mehr, half of them were tricked by their husbands to free them, and the other half freed their husbands at the time of their husbands' death.³⁰

The triple Talaq or oral divorce in Muslim society is much despised among Muslims as well as non-Muslims. This practice puts a Muslim woman in a pitiable position. Naturally 96 per cent of the respondents have disapproved this custom. Only about half a per cent of the respondents have approved this despicable practice. The rest reported 'don't know.'

The consanguine marriages among Malegaon Muslims are on the lower side. Only 5 per cent of the respondents have married close blood relatives. Another 8 per cent have married distant blood relatives. In case of 87 per cent of the respondents, the spouses were unrelated to them before marriage.

The above findings reveal that Muslim women in Malegaon are modern and have higher status with regard to certain attitudes and practices related to marriage. For example, their modernity is revealed in their condemning of polygyny, oral Talaq and favouring maximum amount of Mehr. Non-practice of dowry and low per centage of consanguine marriages improve their status. At the same time, universal approval of arranged marriages, and acceptance of non-payment of Mehr for majority of the respondents show that the Muslim women in Malegaon are still traditional and have a low status.

6.4.6 Discrimination against girl child

In traditional societies where man is the bread winner woman is the house keeper, the girls while being brought up, are discriminated against.³¹ Even though Islam asks its followers to give best of the treatment to their daughters, there is enough documentation of discriminatory practices against girls because, due to the practice of purdah, girls are not perceived as potential earners. With modernization this discrimination against girls would reduce and in societies where status of woman is good enough, the discriminatory practices will not exist.

In order to know the discriminatory attitudes and practices against female children, the ever married women were asked: "In your view, is it necessary to treat equally boys and girls, in respect of food-sharing, clothing, education, medical care and sharing of household work and property?" Later they were asked whether they treated their sons and daughters equally or did they discriminate. Further they were questioned, whether they faced discrimination in childhood at their parental home. Almost all the women reported that boys and girls should be treated equally in food-sharing, clothing and medical care. Some amount of discrimination was found in the attitudes of women in respect of education, sharing of property and household work. Eight per cent of the women thought that boys should be given better education than girls, 17 per cent opined that girls should get less share in property than boys and 25 per cent felt that boys should not be taught household work. Sixty-five per cent of the women affirmed that they do not discriminate between their sons and daughters in all the above matters. Thirty-three per cent

stated that they 'don't know'. Only 2 per cent of the women reported that they discriminate against girls with respect to education and household work.

Regarding discrimination against the respondents in their childhood by their parents, as high as 85 per cent of the women reported that they were not discriminated against their brothers. Five per cent of the respondents had no brother. Another 5 per cent answered 'don't know'. Only 5 per cent of the women affirmed that they faced discrimination against their brothers in food-sharing, medical care or sharing of household work.

Both the statements of the respondents viz. "we do not discriminate between our sons and daughters" and "we did not face discrimination in our childhood" need clarification. Even though it is a common practice that household work is given only to girls, the Muslims in Malegaon like other communities, do not perceive making girls alone do household work as discrimination. It's an alien concept for them. Since the respondents hail from lower socio-economic stratum where very few own property and very few are educated, there is not much to discriminate against. However, property sharing in Malegaon is done, according to Shariat which gives one-half share of brother to sister. Thus, as far as the attitudes are concerned, the women do seem to be modern, but as far as the practice is concerned, even though the status of Muslim woman seems to be good because discrimination has not been reported, it cannot be a reliable conclusion.

6.4.7 Son Preference

One obvious manifestation of discrimination against girl child is preference for sons. Even though Prophet Muhammad did not have a son and Quran states both men and women are of equal human status, the preference for son in Muslim society has been reported. For example, Nafisa Shah from Pakistan reports that the Muslim woman in Pakistan "must be able to bear a number of male children" and the greater the number of sons, the higher would be her status and male preference in Pakistan society is one reason why the women are pressurised into having more children.³² A gynaecologist from Pakistan narrates: "A man had six sons. He wanted one more to make him a father of seven sons and, therefore, to acquire a high status in society, he said, he would give his wife an armful of gold bangles if she bore him the seventh son".³³ In some tribal societies of Pathans, girls are not included in the number of children that are announced. If the Pathan of this tribe says "do danna" - meaning two pieces - he is referring to the number of sons he has.³⁴

To ascertain son-preference, each respondent in the survey was asked: "(i) Suppose, you wanted two children only. Both children you begot are sons. Then would you like to have one more child, a daughter?". If the answer to this question is yes, it was assumed that the woman has daughter preference. There was another question included on this variable: "(ii) Suppose, you want two children only. Both children you begot are daughters. Then would you like to have one more child, a son?" If the answer is yes, it was assumed that the woman has son preference. To the first question 83 per cent of the women answered "Yes, I would

like to have a daughter" 5 per cent "no" and 12 per cent were uncertain. To the second question, again 83 per cent of the women answered "yes, I would like to have a son", 5 per cent "no" and 12 per cent were unsure. Thus, it establishes that Malegaon Muslims have equal sex preference. In this respect Muslim women seem to be modern as they expressed no preference for son.

6.4.8 Property Rights

In traditional societies, women may legally have no right to property or even if they have, the female property rights may not be implemented. According to Muslim law, a woman's inheritance share is less than that of a man. This itself, some scholars argue, is a symbol of low status of Muslim woman. Here this issue is not dealt with. It is assumed that a modern woman would be aware of her getting a share in property, and implementation of female property rights in Muslim society would indicate a high status for her. Therefore, each woman was asked: "Did you get a share in the property of your parents, husband or relatives?" If she said no, she was probed: "Do you expect to get a share in future?" She was further questioned whether she owned any assets. Sixty-one per cent of the women stated that their parents, husband or relatives had no property, as such there was no question of inheritance. Thirty-five per cent of them reported that they did not get any share and only 4 per cent reported that they got a share in property. Of those respondents who did not get a share (336), 80 per cent did not expect to inherit property. Of the 961 respondents, only 11 per cent owned some assets like house, land or loom. As far as implementation of

property rights and ownership of assets are concerned, the status of Muslim woman in Malegaon seems to be low.

6.4.9 Decision Making

A modern woman would be assertive about herself and so would like to have her say on matters related to her life. When her say is put into practice, it may be said that her status is high. So each ever married woman was asked whether (i) a woman should have a say; (ii) if yes, whether she had her say; and (iii) if yes, whether her say was put into practice on the decisions related to following issues in her life - acquiring skills, attaining education, getting a job, marriage, family planning, number of children, sex composition of the children, children's education and marriage.

The responses to the above questions are presented in Table 6.5. Overall, 80 per cent of the women opined that women should have their say on decisions related to above issues in their lives, 15 per cent thought that women should not have a say and 5 per cent said they did not know. Of those respondents who opined that women should have their say (768), half of them could declare their say while the other half could not. Among those who declared their say (385), for 82 per cent, their say became effective. On the contrary, if the total respondents (961) are considered, only for 33 per cent of the women, their say had become effective.

In individual sectors, the percentage of the respondents reporting that women should not have their say is the highest (48 per cent) in respect to marriage. In case of family planning, family size, sex composition of children, one-fifth of

Table 6.5
Percentage Distribution of Evermarried Women by thier Attitudes and Practices Regarding Decision Making on Important Issues

Variable	Dont know		Should not have a say		Should have a say but not declared		Say was declared but not effective		Say was declared and effective	
	women	%	women	%	women	%	women	%	women	%
1 Acquiring skills	34	3.5	15	1.6	340	35.4	29	3.0	543	56.5
2 Education	36	3.7	21	2.2	483	50.3	87	9.0	334	34.7
3 Job Selection	56	5.8	153	15.9	598	62.3	94	9.8	60	6.2
4 Marriage	36	3.7	464	48.3	286	29.8	3	0.3	172	17.9
5 Family Planning	71	7.4	197	20.5	249	25.9	133	13.8	311	32.4
6 Family size	72	7.5	201	20.9	249	25.9	132	13.7	307	32.0
7 sex composition	71	7.4	203	21.1	249	25.9	134	13.9	304	31.7
8 Children's education	29	3.0	9	0.9	244	25.4	13	1.4	666	69.3
9 Children's marriage	27	2.8	8	0.8	741	77.2	9	0.9	176	18.3
Number/percent	48	5.0	144	14.7	384	39.8	68	7.3	317	33.2

Total respondents 961 (100 %) under each variable 1-9
-Overall percentage is based on equal weights to all nine questions

the respondents and in case of job selection, 16 per cent of the respondents have opined that women should not have their say. Of those respondents who wanted to have a say but could not declare it, the percentages are the highest in case of children's marriages (77), job selection (62), education (51), acquiring

skills (35) and marriage (30). In other sectors, one fourth of the women could not express their say. As Lateef has pointed out in her study,³⁵ Muslim women in Malegaon in the present study too seem to desire to have education and employment. These women need to be emboldened and provided with education and employment to improve their status. In the category 'say was declared but not effective', the percentage was the highest (14 per cent) in the sectors of family planning, family size and sex composition. In the last category 'say was declared and effective' the order of the percentages is as follows: children's education (69 per cent), acquiring skills (57 per cent), education (35 per cent), family planning, family size and sex composition (32 per cent).

6.4.10 Freedom of Movement

Freedom of movement is essential for a woman to have exposure to the outside world and have interaction with the non-familial world in order to lead a fulfilling life. Therefore, a modern woman would strongly feel that woman should have the freedom of movement and in the society where the status of woman is good, she will have the freedom of movement. Accordingly, in the survey, the women were asked: "Do you think a woman can go out alone? and "Do you go out alone for marketing etc.?" Majority of the women (70 per cent) have opined that a woman can go out alone. Thirty per cent of the women thought that a woman cannot go out alone. Sixty-five per cent of the women reported that they go out alone for shopping etc., while 35 per cent reported that they do not go out alone.

6.4.11 Exposure to Media

One of the powerful factors making women modern is the media. Even secluded women can become modern by their exposure to media. Usually in societies with a good status of women, the exposure to media is substantial. Therefore, the women were asked whether they read newspapers, magazines and books and how often they listened to radio and watch T.V. Twenty-nine per cent of the respondents reported that they could not read. Of those respondents who could read (682), 80 per cent reported that they read newspapers, magazines and books while 20 per cent reported that they read nothing. Of the total respondents (961), 51 per cent reported that they never listened to radio and 35 per cent rarely listened to radio. Only 14 per cent listened to radio quite often. Of the total ever married women (961), again 44 per cent watched T.V. rarely. Only 16 per cent of the respondents watched T.V. quite often. Of the total respondents (961), 71 per cent were exposed to print media and about one-sixth watched T.V. or listened to radio quite often. Thus, as far as exposure to electronic media is concerned, the Muslim women in Malegaon are less modernized.

6.4.12 Index of Modernization and Status of Woman (IMSW)

In order to peruse whether there existed correlations among the different variables of modernization and status of woman, included in this study, indices were constructed separately for each variable. For constructing the indices the frequencies of the responses to each question under each variable were examined. Only those questions for which some variation was found in the responses, were selected for constructing the

indices. Thus, after choosing the questions, scores were assigned to responses to each question in such a way that the higher scores would indicate higher levels of modernization and status of woman among Muslim women in Malegaon. Depending upon these scores, different indices were prepared for different variables. The questions included under each variable and the scores assigned to each response are given in Appendix 6.1. In the above described manner, nine indices were constructed which are as follows:

1. Index of Purdah
2. Index of education
3. Index of labour force participation
4. Index of marriage - I
5. Index of marriage - II
6. Index of discrimination against girl child
7. Index of decision making
8. Index of freedom of movement
9. Index of exposure to mass media

For marriage practices, it was felt that there should be two separate indices, one on ideal age at marriage, legal age at marriage, polygyny and the other on Mehr, oral divorce and marriage among relatives. No indices were constructed for son-preference and property rights as son preference is non-existent and more than 50 per cent of the Muslims in Malegaon do not possess property. Later adding these indices, aggregate index was prepared. While constructing this, equal weights were assigned to all indices and care was taken to see that the scores

of different indices moved in unison. Later the correlations between different indices were tested. As the correlations between the indices were of small values, all the variables were retained.

The index of purdha showed a negative correlation with all other indices while rest of the indices showed positive correlations with each other. Purdah was dropped from this analysis due to its negative correlation and small value which would mean that the variable purdah does not explain variation in modernization and status of woman as the practice of purdah itself is high and most of the respondents irrespective of educational and economic differentials, practise it. The index of marriage-I too shows a negative correlation with the index of freedom of movement but the value is small. All the individual indices show significant correlation ranging between .2 to .7 with the aggregate index (Appendix 6.2).

On the basis of the scores, each woman was scored on different variables. All the ever married women were divided into three categories. The minimum score was 16 and the maximum was 64. Even though the maximum possible score was 71, no woman could reach it. On the basis of the scores in the total index and the maximum variation between the groups, the women were divided into three categories of low, medium and high levels of modernization and status of woman. Table 6.6 indicates that 30 per cent of the respondents belong to the category 'high', 44 per cent to 'medium' and 26 per cent to 'low' category of index of modernization and status of woman.

Table 6.6
Percentage Distribution of Ever married Women by IMSW.

Index value	Women	Percentage	Group mean
Low (16-39)	246	25.6	34.3
Medium (40-49)	427	44.4	44.7
High (50-64)	288	30.0	54.0
Total	961	100.0	44.8

The ever married women classified by age and the IMSW are presented in Table 6.7. It shows that in the high IMSW category, the percentage of respondents increases steadily upto age 25-29 and then declines. The chi square value was 23.4 at 5 per cent with 12 degrees of freedom indicating that there is variation in IMSW by age.

Table 6.7
Percentage Distribution of Ever Married Women
by Age and IMSW

Age	IMSW			Number of women
	Low	Medium	High	
15-19	4.9	4.2	3.1	39
20-24	18.3	17.6	23.3	187
25-29	18.7	18.7	25.4	199
30-34	18.7	20.8	19.8	192
35-39	17.4	18.1	17.0	169
40-44	11.8	13.8	8.3	112
45-49	10.2	6.8	3.1	63
Total number	246	427	288	961
Percent	100.0	100.0	100.0	

The relationship between education and IMSW for the ever married women is given in Table 6.8. The chi square value is 222.79 with 10 degrees of freedom indicating that there is significant variation in the level of modernization and status of woman by level of education.

Table 6.8
Percentage Distribution of Ever married
Women by Education and IMSW

Level of education	IMSW			Number of women
	Low	Medium	High	
Illiterate	51.6	32.6	4.2	278
upto 4th	16.9	18.3	10.4	149
5th - 9th	26.8	40.9	56.6	404
S.S.C.	3.3	6.8	17.7	88
Above S.S.C.	1.2	1.2	10.7	39
Religious*	-	-	-	3
Total Number	246	427	288	961
Per cent	100.0	100.0	100.0	

*No analysis was done for this group due to small cell frequency.

6.4.13 Relationship between Index of religiosity and IMSW

With increasing modernization, a person is expected to become less religious due to increasing ability to solve one's problem by oneself rather than depending upon supernatural forces. Further, feminists argue that most of the religions give an inferior position to woman by making her subservient to man. So with increasing modernization, if religion is relegated to secondary position, the status of woman may improve. Keeping the above relationships in mind, the association between index of religiosity and the IMSW was examined which is given in Table 6.9. Surprisingly, in the category of women with high IMSW majority (81 per cent) exhibit high religiosity. Similar association is observed between the categories^{of} women belonging to low level of IMSW and low index of religiosity. The chi square value is 111.9 with 4 degrees of freedom. Thus, association between religiosity and modernization and status of woman is not strong which implies that the variables modernization and status

Table 6.9
Percentage Distribution of Ever-married Woman
by Index of Religiosity and IMSW

Index of Religiosity	IMSW			Percent	Number
	Low	Medium	High		
Low	55.6	40.7	3.7	100.0	27
	6.1	2.6	0.3	2.8	
Medium	40.9	43.3	15.8	100.0	342
	56.9	34.7	18.8	35.6	
High	15.4	45.3	39.4	100.0	592
	37.0	62.8	80.9	61.6	
Total Number	246	427	288		961
Per cent	25.6	44.4	30.0	100.0	
	100.0	100.0	100.0	100.0	

of woman do not adversely affect the religiosity among Malegaon Muslim women.

6.5 Conclusion

In the present study modernization and status of woman are combined as it is observed that in general highly modernized societies are also the societies with high levels of status of woman and vice versa. Here certain variables - purdah, female education, female labour force participation, marriage, discrimination against girl child, female property rights, son preference, decision making, freedom of movement and exposure to media have been used as indicators of status of women and modernization among Malegaon Muslim women. These have been measured in a crude way. On each variable a number of questions were framed on both attitudes and practices.

Among the respondents 99 per cent approved purdah and 65 per cent of the women thought that purdah is not a hindrance to progress of women in modern world. Ninety per cent of the women had ever practised purdah while 74 per cent were currently

practising purdah. On female education, all the respondents reported that education is necessary for girls and 91 per cent felt that education for girls is as important as for boys. Ninety-seven per cent of the respondents favoured both types of education, viz. modern and religious. Seventy-two per cent of the respondents felt that girls should complete at least S.S.C. or above. Also a majority (89 per cent) approved girls participation in sports.

Regarding attitudes towards gainful employment, almost all the respondents (98 per cent) opined that each woman should be economically independent. Again 85 per cent of the women felt that a woman should not leave her job for the sake of her husband. Ironically only 5 per cent of them were working and only 45 per cent alone expressed a desire to work.

On marriage, the respondents universally opined that marriage is a must for women and almost all the women were in favour of arranged marriages. A majority of the women (68 per cent) disapproved polygyny among Muslims, Also almost all the women (96 per cent) have disapproved the triple Talaq. The custom of dowry is not prevalent among Malegaon Muslims. Mehr, though theoretically an institution to empower Muslim woman, in practice, fails to do so.

Almost all the women reported that there should be no discrimination in respect of feeding, clothing and medical care between boys and girls whereas some women thought that boys should be given better education (8 per cent), a greater share in property (17 per cent) and household work should not be taught to

boys (26 per cent). Further, 65 per cent of the respondents affirmed that they do not discriminate between boys and girls. It was also observed that Malegaon Muslims do not have preference for son.

Regarding property rights, only 4 per cent of the women got a share in property. However, 11 per cent of the respondents stated that they owned some asset like a house, land or loom.

On decision-making, 80 per cent of the women felt that women should have a say in important matters in her life like acquiring education, marriage, family planning, family size etc. Overall, only for 33 per cent of the women, the say had become effective.

On freedom of movement, 70 per cent of the women opined that women can go out alone and 65 per cent of the women reported that they go out alone for shopping etc. With regard to exposure to electronic media, the Muslim women in Malegaon have poor exposure as 51 per cent never listen to radio and 44 per cent never watch T.V.

In order to peruse whether there existed correlations among the different variables of modernization and status of woman included in this study, indices were constructed separately for each variable. Later adding these indices an aggregate index was prepared. Even though the individual indices show small correlations among themselves, they show significant correlation ranging between .2 and .7 with the aggregate index.

On the basis of the scores in the aggregate index and the maximum variation between the groups, the women were divided into three groups of low, medium and high levels of modernization

and status of woman. Thirty per cent of the respondents fell in the category of high, 44 per cent in medium and 26 per cent in the low category.

Even though the Muslims in Malegaon as a whole are characterized by low levels of modernization and their women have lower status than women in other communities, it was found that education does make Muslim women modern and improve their status.

Some variation was found between age and IMSW. The index of religiosity does not vary much with IMSW and status of woman implying that no strong association exists between religiosity and modernization and status of woman among Malegaon Muslim women.

Marriage is one of the proximate determinants of fertility and population growth. Therefore, in the next chapter nuptiality patterns among Malegaon Muslims are examined.

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CHAPTER VII

MARRIAGE

7.1 Introduction

This chapter presents the survey findings on marriage patterns among Muslims in Malegaon. Marriage is one of the proximate determinants of fertility and population growth. Marriage is also important as it is one of the factors determining the status of woman in society. A brief description of marriage patterns of Muslims in India based on available literature is provided before presenting the findings from the present survey.

7.2 Marriage Patterns Among Muslims

Muslims in India are not a monolithic entity as they have caste-like categories. The origin of caste-like stratification among Muslims can be traced to the past when Muslims as foreigners invaded India. All descendants of the foreign Muslim settlers in India are known as Ashrafs. They are subdivided into Sayyads, Sheikh, Mughal and Pathan. The descendants of converted Muslims of Indian origin are known as Ajlafs. Ajlafs are subdivided into clean and unclean categories. The clean categories include artisans and other professional people while the unclean include scavengers and those who do unclean work. Islam is an egalitarian religion which does not recognize distinctions among human beings on the basis of caste, creed and colour. Yet this caste-like structure has come into existence, as the converted Indian Muslims adopted the social structure then prevalent in the country¹. This background is essential to understand the marriage patterns found among Indian

Muslims.

The Quran prohibits a man from marrying his mother, daughter, sister, father's sister, mother's sister, brother's daughter, sister's daughter, son's wife or wife's daughter. Further a man may not be married to two sisters at the same time nor may he wed a foster mother who has suckled him or others nursed by the woman who nursed him.²

(i) Endogamy: Cousin marriage, both parallel and cross cousin, are the most preferred type of marriage among Muslims all over the world. Islam exhibits a strong preference for father's brother's daughter so much so that she virtually appears to be an obligatory mate. According to 1988 Population and Health Survey of Hacettepe Institute of Population Studies, Turkey, the proportion of consanguineous marriages was 21 percent and inbreeding coefficient was 0.01049. Among consanguineous marriages, 83.3 percent were arranged between first and second cousins.³ Various reasons are given for the popularity of cousin marriages among Muslims; consolidation of property and status; retention of family property and family harmony; successful adjustment of the bride, conservation of economic resources, cooperation between relatives are some of them.⁴

Besides cousin endogamy, Indian Muslims practise group endogamy. For example, Gujarkarwals of Kashmir,⁵ Surati Vohras⁶ of Gujarat and Shaikhs of Uttar Pradesh practise group endogamy but intermarriage occurs rarely between different groups. Occasionally marriages between two social divisions are allowed, especially at higher socio-economic levels, but the

evidence presented clearly suggests that such marriages are greatly restricted and occur mostly between groups of more or less equal status.⁷ Shias and Sunnis generally observe endogamy within their sects.

(ii) Exogamy: Among Meos (Muslims) of Rajasthan, exogamy including village exogamy, is practised. The Meos are subdivided into a large number of exogamous groups. The marriage between a man and a woman belonging to the same group is considered to be incestuous. They avoid both cross cousin and parallel cousin marriages⁸. Also some Assamese Muslims practise village level and patrikin exogamy.⁹

(iii) Hypergamy: Hypergamy is practised among some sects of Indian Muslims. Sayyads, who are supposed to have the highest social status as they are considered to be the direct descendants of the Prophet, marry women from Shaikh and other groups but their women are not allowed to marry males from other than Sayyads. Shaikh Siddiques, a Muslim subgroup of Allahabad, who were Kayasthas (Hindus) before their conversion, in the past used hypergamy to raise their social standing within the hierarchy of Muslim groups.¹⁰ In Lakshdweepa, Koyamen (who are like Brahmins) marry Malumi women but a Malumi man cannot marry a Koya woman.¹¹ Among Moplahs of Kerala too, hypergamy is observed.¹²

(iv) Other Types of Unions: Levirate exists among Meos of Rajasthan. Moplahs of Kerala, Surati Vohras of Gujarat too practise levirate. Even though Islam allows levirate, it is practised rarely among north Indian Muslims particularly those of Uttar Pradesh, Bihar and Rajasthan. Islam does not allow

sororate while the first wife is alive. After her death, her husband may marry her sister. This practice is found among Meos of Rajasthan and Surati Vohras of Gujarat. Islam allows its male followers to contract up to four marriages at a time provided they could do equal justice to each wife. In practice very few muslims contract more than one marriage. A few sociological studies done in India in different parts of the country suggest so. "... the evidence presented in these contributions does not lend much support to the suggestion often made that this practice is... widespread among Muslims"¹³. Islam gives no sanction for polyandry.

(v) Child Marriages: Child marriages exist among Muslims in India. They exist especially among Muslims of the less progressive States of Uttar Pradesh, Bihar and Rajasthan. Among Meos of Rajasthan child marriages of females are quite common.¹⁴ In Kerala among Moplahs, pre-puberty marriage was the rule. Among Gujar Bakarwals of Kashmir, betrothal of a female child takes place at the age of seven or eight while the consummation of marriage takes place much later.¹⁵ Also there seems to exist the practice of Gavna among them. In this group child marriages take place but consummation takes place after Ruksati ceremony is performed. The marriage of a girl is performed around 12-16 years, but the consummation takes place around 20-22 as this age is considered by parents to be a proper age for their daughters to undergo the strains of child-bearing in the conditions of a transhumant way of life of Gujar Bakarwals.¹⁶ Among Muslims of Bihar, Uttar Pradesh and Rajasthan

too, a ceremony similar to Gauna among Hindus, may exist as many of the marriage customs were adopted by Indian Muslims when they converted from Hinduism.¹⁷

(vi) Divorce and remarriage of widows and divorcees: Islam does not allow a Muslim woman to give talaq (divorce) on her own. She can secure a divorce only if she can persuade her husband to agree to a divorce. A Muslim man can easily divorce his wife by pronouncing talaq three times.¹⁸ As such it is supposed that divorce is the easy and so widely prevalent among Muslims in India. But the evidence proves to the contrary. "... the evidence provided... indicates that divorce is disapproved socially among most groups and results in the loss of social prestige not only for the parties involved but for their families as well and is consequently an occurrence of considerable rarity".¹⁹ Islam prescribes that widows and divorcees should be married as early as possible, after the Iddat i.e, three to four months period immediately following the divorce or death of the husband. Remarriage of widows and divorcees may take the form of polygyny.

7.2.1 Implications for Fertility

The above review of literature reveals that there are some regional variations in the patterns of marriage behaviour among Muslims in India. Different marriage patterns have different implications for fertility. Usually in an endogamous marriage, the woman goes into a familiar family, i.e., she does not find herself a stranger after marriage. She will have more freedom with her in-laws and also with her husband as compared to an exogamous marriage. Also inter-spouse communication may be

greater and the couple may discuss about their family size and contraception. In short the status of a woman in an endogamous marriage may be higher than that of a woman in an exogamous marriage.

When child marriages occur, the fertility may be higher as compared to adult marriages. A child marriage may tend to increase the woman's reproductive life span and the possibilities of child bearing in comparison with that of an adult marriage. The effect of polygyny on fertility, however, is indeterminate. Seal and Talwar argue that in polygynous marriages, fertility rates are expected to be lower as compared to monogamous marriages for the following reasons: The number of coiti which a man can have remain almost unchanged whether he has one wife or more than one; If the coiti are randomly distributed over the menstrual cycle of a woman, a fixed number of coiti per man are likely to lead to higher chance of fertilizing a woman in case of one wife compared to the case of more than one wife, depending on their ovulatory cycles; Death of a man in polygynous marriage prevents reproduction among more than one woman for a period.²⁰ To know the effect of polygyny on fertility, a study was conducted in sub-Saharan Africa, where the incidence of polygyny is substantially high (20 to 50 per cent). The finding is that the fertility of women in polygynous marriages is little different from that of women in monogamous marriages in most countries, once selection factors are adequately accounted for.²¹ From a study of fertility of polygynous marriages in urban India, Pakrasi observed that the polygynous couples in general had lower

rate of live births than what is shown by the total couples surveyed in urban India.²² From the point of view of fertility differentials, polygyny is not important because the proportion of women marrying into polygynous marriages is minute.²³ "In polygynous societies in Eurasia, the proportion of marriages with multiple wives is usually no more than three to four per cent, evidencing either the husband's unusual wealth or position or the infecundity of the first wife."²⁴

Divorce, widowhood and remarriage affect fertility by affecting the amount of reproductive period available to woman within a marriage. In a society if the rate of divorce is less it will not affect fertility. A high rate of divorce may reduce fertility by reducing the reproductive period within a union but if divorce is followed by remarriage and no time is lost between them, it will not affect fertility adversely. However widowhood, if not accompanied by remarriage, will have a depressing effect on fertility.

7.3 Survey Findings

In the present study information relating to nuptiality was collected on current marital status, age at marriage, knowledge about legal age at marriage, age difference between the spouses and marriage among relatives. The nuptiality variables are examined by age and education. The findings are in the form of marriage indicators as no information was specifically collected on endogamy, exogamy, hypergamy, etc.

7.3.1 Current Marital Status

By marital status we mean that the woman is either currently married or single or widowed or divorced/separated.

Current marital status of the female population in the study area by age is given in Table 7.1. Information on marital status comes from the Household Questionnaire. Marriage is virtually universal among Malegaon Muslim women. At age 15-19, only 13 per cent of the females are ever married. At ages 35-39 and 40-44, 99 per cent and 100 per cent of the females respectively are ever-married. The percentage of separated women is negligible while the percentage of divorced is small. Less than half a per cent of the women in age 15-49 are separated and about 2 per cent are divorced. Another 2 per cent are widowed.

Table 7.1
Percentage Distribution of Females Age
15-49 by Current Marital Status and Age

Current Age	Never married	Currently Married	Widowed	Separated	Divorced	Total Number
15-19	86.7	13.0	0.0	0.0	0.3	293
20-24	25.5	72.1	0.0	0.4	2.0	251
25-29	5.3	91.9	0.9	0.0	1.9	210
30-34	2.5	94.5	2.0	0.0	1.0	197
35-39	0.6	91.2	4.1	0.0	4.1	170
40-44	0.0	90.2	7.1	0.9	1.8	112
45-49	0.0	95.2	3.2	1.6	0.0	63
Number	335	914	23	3	21	1296
Total %	25.8	70.6	1.8	0.2	1.6	100

7.3.2 Age at Marriage

Age at marriage is an important variable that affects fertility directly. Usually a low age at marriage is associated with high fertility. Median age at marriage by age cohort of women is presented in Table 7.2. Median age at marriage is not computed for age group 15-19 as less than 50 per cent of women in that age group are married. Median age at first marriage remains stable at 18 throughout the age cohort. It is rather surprising

to note that there has been no change over time in the median age at first marriage for females among Malegaon Muslims.

Table 7.2
Distribution of Females Age 15-49
by Median Age at First Marriage
and Current Age.

Current age	Median age at first marriage	Percent of women never married	Number of women
15-19	-	86.7	293
20-24	18	25.5	251
25-29	18	5.3	210
30-34	18	2.5	197
35-39	18	0.6	170
40-44	18	0.0	112
45-49	18	0.0	63
Total		25.8	1296

Note: 10 women have married after the age of 25.
38 Eligible women whose data are not available are excluded from above table

Median age at first marriage for Muslim women for India and major states is given in Table 7.3. Only those states with significant proportion of Muslim population (at least above 5 per cent) have been selected for the purpose of comparison here as well as in the following chapters. Compared to the Muslim women in the NFHS in India, Maharashtra and other major states excluding Gujarat, at all age groups (except 15-19) the median age at first marriage is higher for Malegaon Muslim women (Table 7.3). Compared to Malegaon Muslim women, Muslim women in Gujarat show a higher median age at first marriage.

The distribution of ever-married eligible women age 15-49 years in the study area by current age and age at marriage is given in Table 7.4. More than three-fifths of the ever-married

Table 7.3
Median Age at First Marriage Among Muslim Women Age
20-49 by Current Age, India and States, 1992-93

India/ State	20-24	25-29	30-34	35-39	40-49	20-49	25-49
India	17.2	16.4	16.0	15.8	15.5	16.2	15.9
Andhra Pradesh	16.9	15.6	15.8	16.0	16.2	16.2	15.9
Assam	15.6	15.1	14.9	14.3	14.0	14.9	14.7
Bihar	16.0	16.0	15.8	14.8	14.3	15.5	15.3
Gujarat	19.2	19.9	19.0	18.7	18.5	19.0	18.9
Karnataka	17.6	16.2	17.1	16.3	16.0	16.8	16.4
Kerala	17.7	17.1	16.9	16.2	16.5	17.0	16.7
Maharashtra	17.3	16.9	16.4	15.6	15.9	16.4	16.2
Rajasthan	15.3	15.3	13.7	15.3	14.8	15.1	15.1
Uttar Pradesh	17.9	17.0	16.2	16.3	15.7	16.7	16.3
West Bengal	15.6	15.2	14.9	14.1	13.6	14.9	14.6
Malegaon Muslim Women	18.0	18.0	18.0	18.0	18.0	18.0	18.0

Source : NFHS 1992-93 reports for India and States

Table 7.4
Percentage Distribution of Ever-married Women
by Age at First Marriage and Current Age.

Age at Marriage	Current age							Total	
	15-19	20-24	25-29	30-34	35-39	40-44	45-49	%	No.
12-13	0.0	0.0	4.5	1.0	0.6	2.7	1.6	1.7	16
14-15	28.2	10.2	14.1	10.4	13.0	12.5	20.6	13.2	127
16-17	38.5	35.8	24.6	36.5	27.2	27.7	22.2	30.4	292
18-19	33.3	40.6	36.2	33.3	32.5	29.5	23.8	34.1	328
20-21	0.0	10.7	15.1	15.1	16.0	19.6	14.3	14.3	137
22-23	0.0	2.1	3.0	2.1	5.3	6.3	7.9	3.6	35
24-25	0.0	0.5	1.0	1.0	2.4	0.9	4.8	1.4	13
26-27	0.0	0.0	1.0	0.5	0.0	0.9	4.8	0.7	7
28 +	0.0	0.0	0.6	0.0	3.0	0.0	0.0	0.6	6
Total	39	187	199	192	169	112	63	961	
Percent	100.0	100.0	100.0	100.0	100.0	100.0	100.00	100.0	

women have married between ages 16-19. About 15 per cent married when they were between 20 and 21 years. Another 15 per cent of the respondents married when they were 15 years or less. Thus, more than 90 per cent of the ever-married women married at age 21 or below.

Religiosity and Age at Marriage : Religiosity could be one of the background variables that affects age at marriage. Therefore, the average age at marriage was examined by index of religiosity in Table 7.5. It is found that there is almost no difference in the average age at marriage among the three groups of respondents: low, medium and high religiosity which implies that religiosity and age at marriage are not related. This may be because the average age at marriage by itself does not vary among Malegaon Muslim women.

Table 7.5
Percentage Distribution of Ever-married
Women by Age at marriage and
Index of Religiosity

Index of religiosity	Average age at marriage (years)	Percentage of women	Number of women
Low	17.8	2.8	27
Medium	18.1	35.6	342
High	17.9	61.6	592
Total	18.0	100.0	961

Modernization and Status of Woman and Age at Marriage :

To ascertain whether modernization and status of woman affect age at marriage, the average age at marriage was perused by index of modernization and status of woman in Table 7.6. It is found that average age at marriage is almost same among the three

groups of respondents belonging to low, medium and high level of modernization and status of woman. Thus, modernization and status of woman are not related with age at marriage among Malegaon Muslim women. This may be because the average age at marriage by itself does not vary among Malegaon Muslim women.

Table 7.6
Percentage Distribution of Ever-married
Women by Age at Marriage and Index
of Modernization and Status of Woman

Index of modernization and status of woman	Average age at marriage	Percentage of women	Number of women
Low	17.8	25.6	246
Medium	17.8	44.4	427
High	18.1	30.0	288
Total	18.0	100.0	961

7.3.3 Age Difference between the Spouses

Age difference in marriage between the spouses is an important indicator of status of woman. Usually a large age difference between husband and wife indicates a low status of woman which may be linked with high fertility. Age difference between the ever-married women and their husbands by current age is given in Table 7.7. For one-fourth of the respondents, one to 2 years is the age difference between the spouses. For 30 per cent respondents, 3-4 years is the age difference. For one-third of the respondents 5-6 years is the age difference. Thus, for 82 per cent of the respondents, the age difference between the spouses varies between one and 6 years. By age cohort it is found that the percentage of women with smaller age difference is in general higher in the younger age groups than in the older age groups indicating that over time the proportion of married women

with large age difference between husband and wife in general is declining. For example, the percentage of women with 2 years or less as the age difference between the spouses increases from 10 per cent in the cohort 45-49 to 17 per cent in the cohort 35-39 to 36 per cent in the cohort 15-19.

Table 7.7
Percentage Distribution of Ever-married Women by
Age Difference between the Spouses and Current Age

Age Diffe- rence (Years)	Current age							Total
	15-19	20-24	25-29	30-34	35-39	40-44	45-49	
1-2	35.9	35.3	33.2	25.2	16.6	14.3	9.5	25.5
3-4	38.5	31.5	27.1	32.9	33.1	24.1	27.0	30.3
5-6	15.3	20.3	29.6	31.8	36.1	49.1	52.3	32.6
7-8	10.3	4.2	4.5	4.7	5.9	3.6	4.8	4.9
Above 8	0.0	7.3	4.5	3.7	6.0	8.1	4.8	5.3
Not given	0.0	1.4	1.1	1.4	2.3	0.8	1.6	1.4
Total Number	39	187	199	192	169	112	63	961
%	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

Quite a few studies have found that the age difference between the spouses is not important in explaining high fertility among Muslims. For example, Kapoor in her study of Muslim Chikan workers of Lucknow conducted in 1994, found that age difference between the spouses had no relation with fertility.²⁶ Therefore, in the present study no further analysis of this variable is undertaken.

7.3.4 Minimum Legal Age at Marriage

Knowledge about the minimum legal age at marriage (MLAM) for females can be an indicator of the general awareness of a woman. Also a strict enforcement of MLAM for females, can in

the long run reduce the fertility of a population by reducing the length of the reproductive period of married women, and favourably affect child health and child survival.

The Child Marriage Restraint Act of 1978 stipulates 18 years as the MLAM for girls. In the present study the evermarried women were asked about the MLAM for females. The percentage of women who correctly reported the MLAM for females by current age and education, is presented in Table 7.8. Overall 39 per cent of the respondents could correctly identify age 18 as the MLAM for females.

Table 7.8
Per cent of Ever Married Women Age 15-49
Who Correctly Know the Minimum Legal
Age at Marriage for Females by Current Age
and Education

Charac- teristic of women	Percentage	Number of women
Age		
15-19	53.8	39
20-24	35.8	187
25-29	35.2	199
30-34	44.3	192
35-39	40.2	169
40-44	38.4	112
45-49	39.7	63
Education		
Illiterate	43.6	278
Up to 4th	36.9	149
5t to 9th	35.6	404
SSC	40.9	88
Above SSC	56.4	39
Religious	*	3
Total	379	961
%	39.4	100.0

* No analysis was done for the category of Religious education due to small cell frequency.

Percentage of ever-married Muslim women age 15-49 who correctly know the MLAM for females at all India level and major states is given in Table 7.9. Compared to the Muslim women at all India level (31 per cent) a higher proportion of Muslim women in Malegaon could correctly identify the MLAM for females. Compared to Muslim women in major states, the proportion of Muslim women who correctly reported the MLAM is higher for Malegaon Muslim women except in Kerala (66 per cent), Andhra Pradesh (53 per cent) and Maharashtra (47 per cent).

Table 7.9
Per cent of Ever-married Muslim Women Age 15-49 Who Correctly Know the Minimum Legal Age at Marriage for Females, India and States, 1992-93

India/state	Percentage of ever-married women
India	31.4
Andhra Pradesh	52.7
Assam	10.1
Bihar	10.1
Gujarat	31.6
Karnataka	34.1
Kerala	65.9
Maharashtra	47.4
Rajasthan	28.9
Uttar Pradesh	26.3
West Bengal	23.7
Malegaon Muslim	39.4

Source: Same as for Table 7.3

Accurate knowledge of MLAM is expected to vary by age and educational attainment. The relationship between the level of knowledge of MLAM for females, age and educational attainment is given in Table 7.8. Although no regular relationship is observed between the age of the women and her knowledge about MLAM for girls, the data indicate that more than half of young women age 15-19 have correct knowledge. In general over time the knowledge

about MLAM has increased. For example in the cohort 40-44, 38 per cent while in the cohort 30-34, 44 per cent and in the cohort 15-19, 54 per cent have correctly reported the MLAM for females. No regular relationship between awareness about MLAM for girls and education of women is observed, although higher percentage of the women who are educated beyond S.S.C (56 per cent) report correct knowledge about MLAM for girls. Surprisingly, even 44 per cent of the illiterate women have correct knowledge about the MLAM for girls.

7.3.5 Marriage among Blood Relatives

Marriage among relatives is a form of inbreeding which has implications for mortality, morbidity and fertility. For example, Bittles et. al. found a positive association between consanguinity and fertility in 19 out of 20 populations. They also found that postnatal mortality is significantly higher among children born in marriages between blood relatives.²⁵

In the present study information was collected on marriage among relatives. In Table 7.10 data on consanguine marriages by age and education are presented. Overall 12 per cent of the respondents have married among their blood relatives. Out of these 5 per cent are consanguine marriages between the first cousins or uncle and niece and 7 per cent are among the other blood relatives.

Percentage of Muslim women in consanguine marriages at all India level and in major states is given in Table 7.11. Compared to the proportion of Muslim women in consanguine marriages at all India level, Maharashtra and other major states, the proportion of consanguine marriages among the Muslim women

Table 7.10
Percent of Ever-married Women by Relationship to
Husband by Current Age and Education

Charac- teristic	Fathers side	Mothers side	Uncle	Other blood rela- rela- tive	Dist. rela- tive	No rela- tive	Total 100 %
Age							
15-19	5.1	2.6	0.0	5.1	2.6	84.6	39
20-24	2.1	0.0	0.0	7.5	0.5	89.8	187
25-29	5.5	0.0	0.5	7.0	0.0	86.9	199
30-34	4.7	1.0	0.5	8.9	0.5	84.4	192
35-39	4.7	0.6	0.0	7.7	0.0	87.0	162
44-45	1.8	1.8	0.0	8.0	0.0	88.4	112
45-49	1.6	0.0	0.0	3.2	0.0	95.2	63
Education							
Illiterate	1.8	0.7	0.0	10.9	0.4	85.2	278
up to 4th	6.0	0.7	0.0	2.0	0.7	90.6	149
5th - 9th	4.0	0.5	0.5	6.9	0.2	87.9	404
SSC	6.8	1.1	0.0	9.1	0.0	83.0	88
Above SSC	2.7	0.0	0.0	5.2	0.0	92.1	39
Religious	0.0	0.0	0.0	0.0	0.0	100.0	3
Total	37	6	2	71	3	842	961
Percent	3.9	0.6	0.2	7.4	0.3	87.6	100.00

Table 7.11
Percentage of Muslim Women^m in Consanguinine Marriages,
India and States, 1992-93

India/state	Percentage of consanguinine marriages
India	27.4
Andhra Pradesh	33.6
Assam	4.8
Bihar	30.6
Gujarat	39.5
Karnataka	30.8
Kerala	10.8
Maharashtra	40.9
Rajasthan	19.2
Uttar Pradesh	31.5
West Bengal	18.5
Malegaon Muslim women	12.4

Source : Same as for Table 7.3

in Malegaon is substantially lower except in Assam and Kerala. In Kerala, the percentage of Muslim women in consanguine marriages is only marginally less (11 per cent) and in Assam substantially lower (5 per cent) than that among Malegaon Muslims.

The percentages marrying a close relative do not vary much by age excepting in the age group 45-49 indicating that the propensity to marry a close relative has not changed much over time (Table 7.10). In the age group 45-49, only 5 per cent are in consanguine marriages. However, in the category 'father's side', over time the consanguine marriages seem to have increased generally. Further the percentage of consanguine marriages do not vary much by level of education.

7.4 Conclusion

In the present chapter information on current marital status, age at marriage, age difference between the spouses, knowledge on legal age at marriage and marriage among relatives was analysed. Marriage among Malegaon Muslims is universal and by age 30, almost all the women are married. No child marriages and polygynous unions were reported. The median age at first marriage for females has remained stable at 18 years. No association was found between average age at marriage, index of religiosity, index of modernization and status of woman. This may be because the variable age at marriage by itself does not vary among Malegaon Muslim women. The age difference between the spouses is declining over time. About two-fifths of the ever-married women could correctly identify the minimum legal age at marriage for females. The incidence of consanguine marriages is not high.

The nuptiality patterns among Malegaon Muslim women may seem to be favourable to high fertility.

Contraception is a major proximate determinant of fertility among Muslims. Therefore, in the next chapter a detailed discussion on contraception in terms of knowledge, attitudes and practice among Malegaon Muslims is presented.

Notes and References

1. This hypothesis is further strengthened when we observe that Muslim social stratification elsewhere (leaving Pakistan and Bangladesh) "does not approximate even remotely to the Indian model". (Ahmad, I., 1973 (a), p. xxxi.)
2. Levy, R., 1957, The Social Structure of Islam, Cambridge University Press, p. 104
3. Tuncbilek and Ulusoy, 1989, p. 35.
4. Same are the reasons stated for preferential marriages among relatives in South India (Karve, 1968).
5. Khatana, 1976, p. 95.
6. Lambat, I.A., 1976, p. 58
7. Ahmad, I., op.cit., p. xxi.
8. Agarwal, P.C., 1973
9. Irshad Ali, A.N.M., 1976, p. 18.
10. Ahmad, I., 1973 (b), p. 158.
11. Dube, Leela, 1973, p. 210.
12. D'Souza, 1973, p. 51.
13. Ahmad, I., 1976 (a), p. xxvi.
14. Agarwal, P.C., op.cit.
15. Khatana, R.P., op.cit., p. 100.
16. Ibid.
17. Sayyad and Sayyad, 1988, p. 119.

18. Some Islamic scholars argue that Islam does not allow this form of oral talaq as it was an evil practice which existed in pre-Islamic Arabia.
19. Ahmad, I., 1976 (a), p. xxvii.
20. Seal and Talwar, 1974 (a), p. 113
21. Pebley Ann, et.al., 1988, "Polygyny and Fertility in Sub-Saharan Africa", Research Notes, No. 21, Population Council.
22. Pakrasi, K., 1983, p. 360
23. Seal and Talwar, op.cit., p. 114.
24. Caldwell, et.al., 1989. "The Social Context of AIDS in Sub-Saharan Africa", Population and Development Review, Vol.15, No. 2, June, p. 201.
25. Bittles, Alan H., A.T. Eaton and L.B. Jorde, 1992, "consanguinity and fertility : A global perspective" American Journal of Physical Anthropology, Vol. 87, No.50 (supplement 14) quoted by NFHS, Maharashtra, 1992-93 p.2.
26. Kapoor, 1994.

CHAPTER VIII
FAMILY PLANNING

8.1 Introduction

One of the objectives of this study has been to find the level of family planning practice and to examine its relationship with religiosity, and modernization and status of woman among Malegaon Muslims. Therefore, in this chapter, family planning among Malegaon Muslims in terms of their knowledge, attitudes and practice, is studied. Later on the relationship between family planning, religiosity, modernization and status of woman is examined.

8.2 Survey Findings

The respondents knowledge on contraceptive methods is ascertained before moving to current use and past use of family planning. Special attention is paid to never users, reasons for never use and intentions for future use of contraception. The respondents to the questions on family planning were currently married women in the age group of 15-49.

8.2.1 Knowledge of Contraceptive Methods and Sources

8.2.1.1 Knowledge of Family Planning Methods

Each respondent was asked the following questions about her knowledge of family planning: "Some couples use different methods to avoid pregnancy. Are you aware of them?" She would answer "Yes" or "No". If "Yes", she was further asked "Which methods have you heard?. The woman first named all the methods she knew or had heard of, without any prompting. Then the interviewer read out the names of each method not known to her

and asked if she knew of the method. Thus, the woman's knowledge of contraceptive methods is measured at three levels : a) methods the woman mentions on her own (spontaneously without probing); b) methods she has not heard of but says she knows when asked specifically about them (with probing); and c) methods she has not heard of. Five modern methods - condom, IUD, pill, male sterilization and female sterilization as well as two traditional methods, safe period and coitus interruptus, were included. For each method known to the respondent, either spontaneously or after probing, she was further asked about the source of knowledge about the method.

Table 8.1.
Percentage of Currently Married Women Age 15-49
Knowing Any Contraceptive Method

Method	Without probe (percent)	With probe (percent)	Total (percent)	No knowledge	Total (percent)
Any method	88.1	11.9	100.0
Any Modern					
Condom	17.7	63.8	81.5	18.5	100.0
Copper T	19.9	61.1	81.0	19.0	100.0
Pill	22.9	59.6	82.5	17.5	100.0
Male sterilization	13.3	51.0	64.3	35.7	100.0
Female sterilization	21.2	64.9	86.1	13.9	100.0
Any traditional					
Coitus interruptus (withdrawal)	3.2	5.6	8.8	91.2	100.0
Rhythm	4.4	7.6	12.0	88.0	100.0
Number of Women	-	-	815	99	914

In Table 8.1 the extent of knowledge as assessed by spontaneous and probed responses is presented. The awareness about family planning methods is widespread among Malegaon Muslim

women with 88 per cent of currently married women reporting the knowledge of at least one method of family planning. Compared to Muslims in India and major states including Maharashtra, the level of knowledge of any family planning method among Malegaon Muslims is lower.

Table 8.2
Percentage of Currently Married Muslim Women
Age 13-49 Knowing Any Contraceptive Method
India and States, 1992-93

India/State	Knowledge of contraceptive method (per cent)
India	96.8
Andhra Pradesh	97.3
Assam	98.5
Bihar	94.9
Gujarat	94.2
Karnataka	97.8
Kerala	99.1
Maharashtra	98.1
Rajasthan	90.1
Uttar Pradesh	95.7
West Bengal	98.4
Malegaon Muslims	88.1

Source : NFHS 1992-93 reports for India and states 1992-93

There exists considerable variation in knowledge by method of contraception. The most widely known method is female sterilization (86 per cent) followed by pill (83 per cent), condom and copper-T (82 and 81 per cent respectively) and male sterilization (64 per cent). Level of knowledge of modern methods exceeds knowledge of traditional methods by a wide margin. Coitus interruptus is known to only 9 percent of the currently married women and rhythm is known to only 12 per cent. The fact that female sterilization dominates the list implies that the level of knowledge is closely linked to the emphasis of Government of Maharashtra's Family Welfare Programme on female sterilization.

It is observed that the percentages of the level of knowledge for different methods are considerably higher 'with probe' than 'without probe' (Table 8.1.) because Muslims are generally known to shy while discussing on family planning due to traditional inhibitions.

In Table 8.3 differentials in the level of knowledge of contraceptive methods by age and education are given. By age no trend is perceived. The same is true with the level of educational attainment.

Table 8.3
Level of Knowledge of Contraceptive Methods Among
Currently Married Women by Age and Education

	Knows any method (percent)	Knows modern method (percent)	Number of women
Age			
15-19	89.5	81.6	38
20-24	90.1	79.0	181
25-29	90.6	79.2	193
30-34	88.2	76.8	186
35-39	91.0	81.3	155
40-44	90.1	72.3	101
45-49	78.3	63.3	60
Education			
Illiterate	85.2	78.7	263
Up to 4th	84.8	71.0	138
5th-9th	91.8	81.2	388
SSC	92.9	69.4	85
Above SSC	92.3	61.4	339
Religious	-	-	3*
Total	89.2	77.3	914

*No analysis was done due to small cell frequency.

8.2.1.2 Source of Knowledge of Family Planning Methods

In Table 8.4. information on the sources from where the respondents have acquired knowledge about family planning methods is provided. Among different sources of knowledge on

contraception, health professionals viz. doctors, para-medical staff, Anganwadi Workers and friends seem to be the main source for acquiring knowledge on family planning methods. For the two traditional methods friends are the the most important source of knowledge and for all other modern methods health professionals seem to have contributed to spread the knowledge. Media seems to have imparted very little knowledge to the Muslim women in Malegaon.

Table 8.4
Source of Knowledge of Contraception by Method

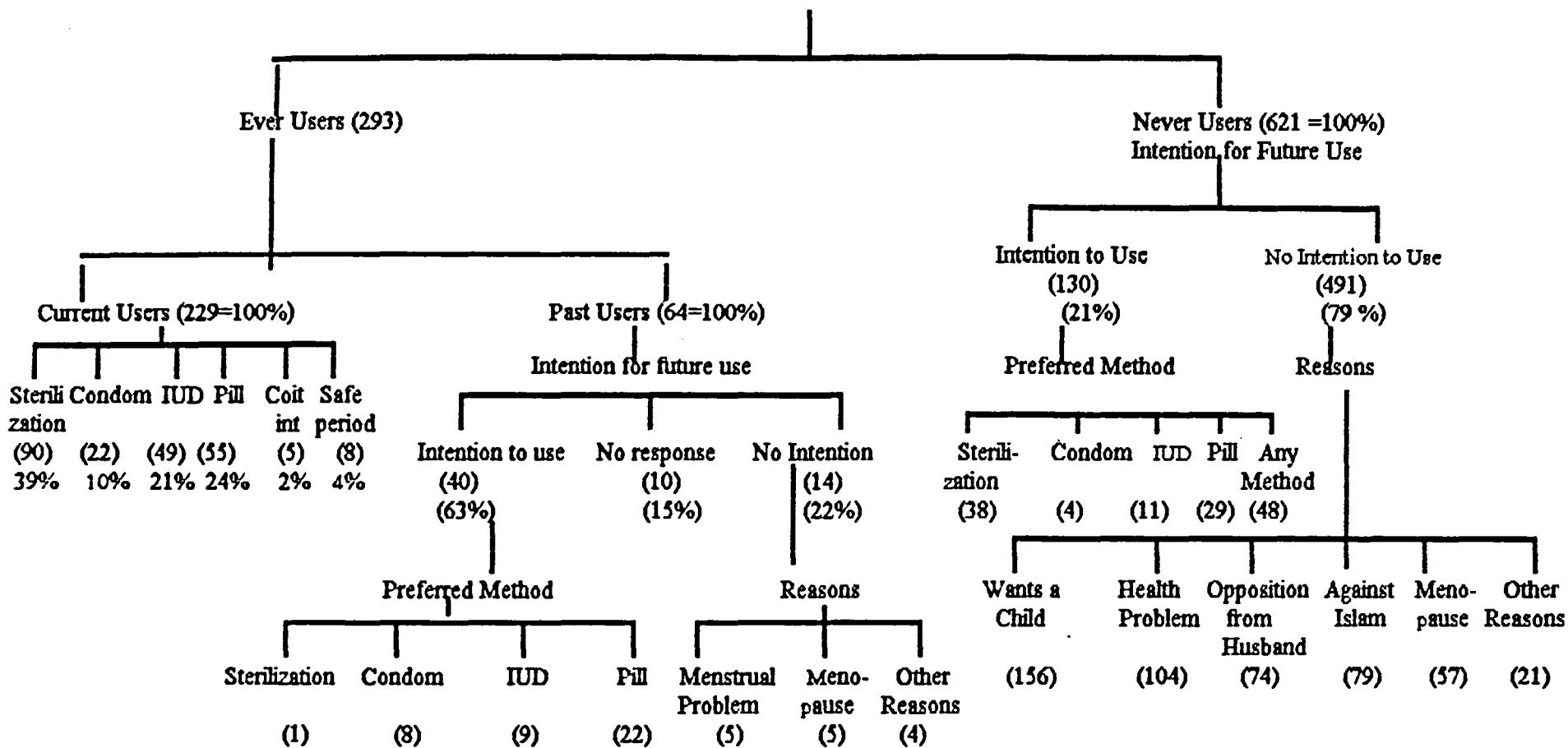
Source	Method						
	Condom	IUD	Pill	Male steri- liza- tion	Female steri- liza- tion	Coitus intur- ruptus	Rhythm
	%	%	%	%	%	%	%
Friends	26.2	22.9	21.6	17.7	25.6	5.2	7.6
Health profess- ionals	49.2	54.3	54.8	41.9	55.2	2.5	3.0
Media	5.3	3.1	5.5	4.1	4.5	0.5	0.8
Source Not given	0.8	0.7	0.6	0.6	0.8	0.6	0.6
Total	81.5	81.0	82.5	64.3	86.1	8.8	12.0

8.2.2 Contraceptive Use

All the currently married women were asked whether they ever used each of the methods they know. Of the 914 currently married women, 32 per cent were found to be ever users and 68 per cent were never users. Among the ever users 25 per cent were current users and 7 per cent were past users i.e. who had used some contraceptive method in the past but currently not using. In Figure 8.1., flow chart for the ever users and never users among currently married Muslim women in Malegaon is given.

Figure 8.1
Flow Chart For Ever Users and Never Users.

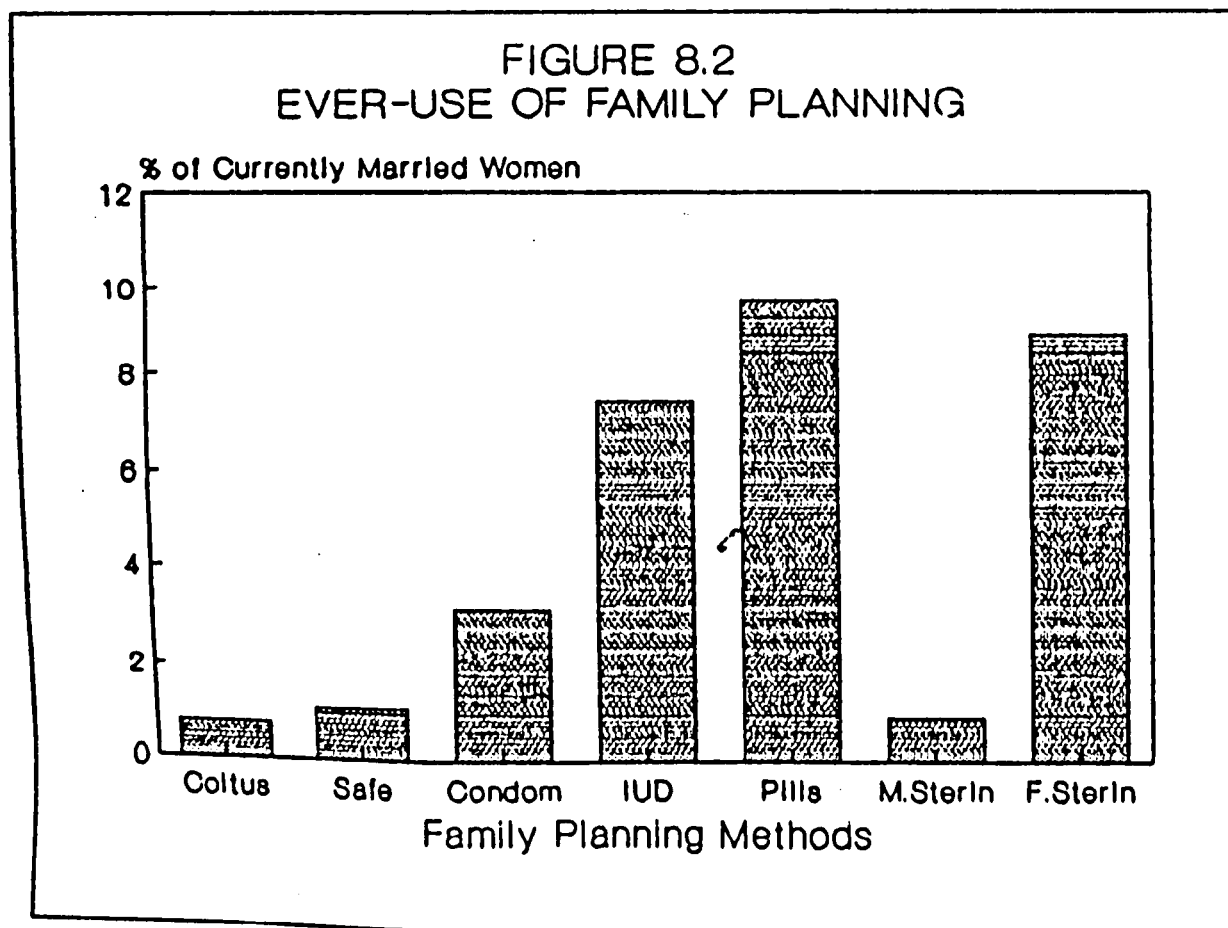
All Currently Married Women (914).



A baseline survey was conducted by Roy et. al. in Malegaon city in 1990.¹ According to this survey, among Muslims in Malegaon the ever use was found to be 38 per cent and the current use 30 per cent. Compared to the knowledge of the present study, the use percentages of the baseline survey are on the higher side which may be because of the biased sampling. In the baseline survey only those households with at least one currently married women were selected.

8.2.2.1 Ever Use

Ever use of any modern method is higher (30 per cent) than any traditional method (2 per cent). Ever use is diagrammatically presented in Figure 8.2. Pill is the most common



modern method ever used (10 per cent) followed by female sterilization (9 per cent), IUD (7 per cent), condom (3 per cent) and male sterilization (1 per cent).

Table 8.5 presents the pattern of ever use by age and specific method among Malegaon Muslims. An observation of ever use by method and age reveals that the use of modern spacing methods decreases in general with age while that of female sterilization shows an inverted U shape pattern. In the age group 35-39, female sterilization is the most used method indicating that the women opt for sterilization after they achieve the desired number of children. In the younger age groups, pill and IUD are the most used methods.

Table 8.5
Ever Use of Contraception by Specific Method and Current age

Current Age	Modern Method					Traditional methods		Total Number of Women 100%
	Condom	IUD	Pill	Sterilization		Coitus Int.	Rhythm	
				Male	Female			
20-24	15.8	34.2	38.8	0.0	8.0	2.6	2.6	38
25-29	15.7	32.9	35.7	1.4	12.9	0.0	1.4	70
30-34	10.0	22.9	32.9	1.4	30.0	0.0	2.8	70
35-39	6.0	19.8	24.2	1.5	45.5	1.5	1.5	66
40-44	2.8	2.9	22.9	11.4	40.0	8.6	11.4	35
45-49	0.0	14.3	21.4	7.1	35.8	14.3	7.1	14
Total ever users	29	68	89	8	82	7	10	293
Percent	9.9	23.2	30.4	2.7	28.0	2.4	3.4	100

In the age group 15-19, no users of contraception are found. It could be that all of them would like to have children at the earliest as the Muslim society in Malegaon is a traditional society in which the pressures to get a child at the earliest after the marriage are severe.

8.2.2.2 Current Use

The current use among Malegaon Muslim women is only 25 per cent which is nearer to that of Muslims at all India level (28 per cent) and significantly higher than that in Bihar (7.5 per cent), Uttar Pradesh (10.5 per cent) and Rajasthan (18.4 per cent), as can be seen from the Table 8.6. In all other states, the current use among Muslims is higher than that among Malegaon Muslims.

Table 8.6
Percentage of Currently Married Muslim Women Age 13-49
Currently Using Contraceptives, India and States, 1992-93

India/state	Current use of contraception (per cent)
India	27.7
Andhra Pradesh	44.7
Assam	32.3
Bihar	7.5
Gujarat	35.0
Karnataka	36.8
Kerala	37.8
Maharashtra	36.1
Rajasthan	18.4
Uttar Pradesh	10.5
West Bengal	43.0
Malegaon Muslim Women	25.1

Source : Same as for Table 8.2

Of the 229 current users among Malegaon Muslims, 24 per cent were users of modern methods while one per cent were users of traditional methods. The breakup of contraceptive use by spacing methods and sterilization reveals that spacing methods are more used than sterilization. Roy et. al.'s baseline survey too found that among Malegaon Muslims, spacing methods were more used than sterilization.² In the present study while 10 per cent were using permanent methods (sterilization), 15 per cent were

using spacing methods. This is in contrast with the findings of NFHS. Maharashtra and India which are given in Table 8.7 Among Muslims in Maharashtra 27 per cent were sterilized and 10 per cent were currently using spacing methods. Among Muslims at all India level 16 per cent were sterilized while 12 per cent were using spacing methods. Table 8.7 also shows that the use of pill and IUD among Malegaon Muslims as compared with Muslims at all India level is substantially higher.

Table 8.7
Current Use by Method among Muslim Women in
Malegaon, Maharashtra and India

Method	Muslims in Malegaon	Muslims in Maharashtra	Muslims in India
Pill	6.0	3.6	1.9
IUD	5.4	2.3	1.7
Condom	2.4	2.7	2.4
Female sterilization	9.0	23.6	14.4
Male sterilization	0.9	3.0	1.6
Rhythm/Periodic			
Abstinence	0.9	0.4	3.7
Coitus Interruptus	0.6	0.2	1.6
Other methods	-	0.2	0.4
Any method	25.1	36.0	27.7

Source : NFHS 1992-93 reports for Maharashtra and India.

It is very encouraging to note that there is a fair amount of method mix in the current use of family planning among Malegaon Muslims. Among the total current users only 39 per cent of the women or their husbands are sterilized, and thus sterilization is not the mainstay among the users. It is again very satisfying to note that the use of spacing methods is higher than the use of sterilization (although the overall use is only 25 per cent). This is very much in keeping with the reproductive health approach the government is now introducing which

propagates a balanced method mix.

8.2.2.2.1 Differentials in Current Use

Table 8.8 shows differentials in current use of contraception among the currently married women (914) by socio-economic variables. The relationship between current use and age is typically curvilinear. The current use increases with age and peaks at age 35-39 and then declines for the subsequent age groups. The relationship between current use and education is weak. By husband's occupation the differentials are not found and so this variable is not included in the table.

Table 8.8.
Current Use by Background Variables

Variable	Current use (percent)	Total currently married women
Age		
15-19	0.0	38
20-24	13.8	181
25-29	25.9	193
30-34	29.6	186
35-39	39.4	155
40-44	30.7	101
45-49	11.7	60
Education		
Illiterate	20.9	263
4th std	27.5	138
5th - 9th	26.3	388
SSC	27.1	85
Above SSC	24.3	37
Religious	-	3*
Family Type		
Nuclear	29.2	421
Joint	21.5	493
Index of SL.		
Low	24.0	337
Medium	22.8	451
High	35.7	126
Total	229	914
Percentage	25.1	100

*No analysis was done due to small cell frequency.

The use is higher in nuclear families than in joint families. In the joint families, the percentage of younger women is greater. As these women are yet to complete their family size, fewer of them would use contraception. By index of standard of living, the use rate does not vary for low and medium category couples while it is higher for couples with higher standard of living.

Table 8.9 provides differentials in current use by method and background variables. With education, use of condom and IUD increases while use of pill doesn't show such consistent relationship. Female sterilization in general show a negative relation with educational attainment. In joint families, the use of modern spacing methods is higher whereas in nuclear families sterilization is higher. This implies that the older women in nuclear families want to limit their child bearing while the younger woman in joint families would like to space their births.

The use of spacing methods generally increases with rise in standard of living while there is clear negative relationship between standard of living and female as well as male sterilization. For example, while 46 per cent of the women with low standard of living are sterilized, this percentage drops to 32 for women with medium standard of living and further drops to 27 per cent among women of high standard of living. This may be because in the low standard of living, women prefer terminal methods which require a one time motivation and have little side-effects.

Table 8.9
Current use by Specific Method and Background Variables

Variables	Condom	IUD	Pill	Sterilization		Coitus int.	Safe period	Total 100%
				Male	Female			
Education								
Illiterate	3.7	16.7	27.8	3.7	44.4	0.0	3.7	55
4th Std	7.9	13.2	26.3	5.3	47.4	0.0	0.0	38
5th - 9th	11.8	21.6	21.6	3.9	31.3	3.9	2.0	102
SSC	17.4	30.4	30.4	0.0	13.0	0.0	8.7	23
Above SSC	10.0	50.0	10.0	0.0	0.0	10.0	20.0	10
Religious	-	-	-	-	-	-	-	1*
Family Type								
Nuclear	5.7	17.9	22.0	1.6	44.7	3.2	4.9	123
Joint	14.1	24.5	26.4	5.7	25.5	0.9	1.9	106
Index of SL.								
Low	6.1	14.8	25.9	7.4	45.6	0.0	1.2	81
Medium	12.6	22.3	25.2	1.9	32.0	1.9	3.9	103
High	11.1	31.1	17.8	0.0	26.8	6.7	6.7	45
Total	22	49	55	8	82	5	8	229
Percent	9.6	27.4	24.0	3.5	35.8	2.2	3.5	100

*No analysis was done due to small cell frequency.

8.2.2.3 Past Use

Of the 64 past users using a spacing method, 53 per cent were using pill, 30 per cent were using IUD and 11 per cent were using condom. Six per cent of the past users were using traditional methods.

The past users were asked the reasons for discontinuation. Four per cent did not give a reason. Thirty-nine per cent of the respondents discontinued use of the method because they wanted a child. Eleven per cent discontinued due to some health problem and 13 per cent developed menstrual problem. Thirty-three per cent of the past users stopped using as they

conceived because of improper use. These women or their husbands were using either pill or condom which require strong motivation. The methods must have failed as a result of poor motivation on the part of the user or poor counselling on the part of the person who explained the use of the method. Therefore, it is suggested that strong motivational programme and good counselling for Malegaon Muslims need to be undertaken for preventing the improper use of modern spacing methods mainly condom and pill. Attending to the health and menstrual problems caused due to the use of pill and condom may bring back these women under the programme.

The past users were asked about their intentions for future use of contraception. Forty of the 64 respondents (64 per cent) reported that they would like to use some method in future. Of the 40 women who intended to use a method in future, 22 were opting for pill, 9 for IUD and 8 for condom. Only one wanted to opt for sterilization.

Fourteen of the 64 past users stated that they had no intentions for future use of contraception as 5 of them were suffering from menstrual problem and another 5 reached menopause. Four of the non-intending past users gave other reason. There was no response from 10 of the 64 past users.

8.2.2.4 Never Use

The 621 never married women who had never used any method of contraception, were asked about their intentions to use any family planning method in future. A large majority of the women (80 per cent) said that they did not intend to use any method in future. They were further asked the main reason for

their intention not to use any method in future. This information is very crucial for designing successful information programme and understanding the obstacles to further increase contraceptive prevalence among the followers of Islam.

An analysis of the reasons given by the non-intending women is presented in the Table 8.10. The largest proportion of these women said that they did not intend to use contraception because they wanted more children (25 per cent). Five per cent were recently married and as such they wanted to have children and 2 per cent wanted a male child. As many as 19 per cent said they do not intend to use because of health problems. Next important groups of women who had no intention to use any method in future were those who said that contraception was 'against Islam' (16 per cent) and 'husband opposes' (15 per cent). This analysis shows that there is still substantial scope for furthering contraceptive use among Muslim women in Malegaon through providing proper contraceptive information and education.

Table 8.10
Reasons for Intended Non-use of Contraception in Future

Sr. No.	Reason	Per cent	Number of Women
1	Wants more children	24.9	122
2	Wants a male child	1.6	8
3	Recently married	5.3	26
4	Health problems	21.1	104
5	Against Islam	16.1	79
6	Husband opposes	15.1	74
7	Menopause	11.6	57
8	Other reasons	4.3	21
Total		100.0	491

Only 20 percent of the never users showed an intention to use a method in future. Those who intended to use were asked about their method preference for future use. Twenty-nine per cent of the women intended to go for female sterilization followed by pill (22 per cent), IUD (9 per cent) and condom (3 per cent). A majority of them (37 per cent) had no preferred method. Preference for spacing (34 per cent) is higher than for sterilization (29 per cent). The contraceptive method-mix that the intended future users said they would prefer, is same as the method-mix selected by current users. This again shows that there is a strong desire to use spacing methods which the programme planners definitely approve.

8.2.2.5 Attitudes towards Family Planning Message on Radio and T.V.

For quite a few years the family welfare programme has been using radio and television to promote family planning. It is usually thought that Muslims do not approve family planning messages on electronic media as they are conservative. In order to know the attitudes of Muslims towards publicising the methods of family planning on electronic media, in the last sub-section of the questionnaire 'General Awareness', all the ever married women were asked whether they approved the family planning messages being telecast or broadcast on T.V. and radio. The responses of the women are presented in Table 8.11. Overall, 48 per cent of the respondents approved family planning messages on radio and T.V., 45 per cent disapproved and 7 per cent of the respondents said that the messages should be broadcast at late

night as family planning is a matter to be kept away from children.

A perusal of the differentials by age and education in their attitudes towards messages on family planning on radio and T.V. reveals that with age in general the disapproval increases. By education the disapproval decreases with increasing level of education.

Table 8.11
Attitudes towards Family Planning Messages on Radio and T.V.

Variable	Disapprove	Approve		Number of Women
		Late night	Prime time	
Age				
15-19	48.7	0.0	51.3	39
20-24	36.4	9.6	54.0	187
25-29	43.8	8.0	48.2	199
30-34	43.7	6.3	50.0	192
35-39	44.4	6.5	49.1	169
40-44	50.9	5.4	43.8	112
45-49	63.5	9.5	27.0	63
Education				
Illiterate	63.3	6.5	30.2	278
Up to 4th	52.4	2.0	45.6	149
5th - 9th	35.6	8.2	56.2	404
SSC	25.0	12.5	62.5	88
Above SSC	20.5	10.3	69.2	39
Religious	-	-	-	3*
Number	430	69	462	961
Percent	44.7	7.2	48.1	100.0

*No analysis was done due to small cell frequency

8.2.3 Factors Affecting Contraceptive use

The relationship between contraceptive use and factors affecting contraceptive use viz. education, socio-economic status and family type have already been analysed in the previous sections. The relationship between contraceptive use and two

important variables religiosity, modernization and status of woman are being analysed in the following sections.

8.2.3.1 Religiosity and Contraceptive Use

It is already shown in Chapter I, by quoting from various sources, that Islam is not against family planning. However many Muslims in their ignorance still believe that Islam does not allow use of contraception. As the study group comprised of all Muslim women, no question of comparing the contraceptive behaviour of Muslims with other religious groups arose. However, among the homogeneous Muslim group, some women were found to be highly religious and some were moderately religious (vide Chapter V). Hence an attempt was made to find whether extent of religiosity among Muslim women has an effect on their contraceptive use.

An analysis of the relationship between index of religiosity and contraceptive use is presented in Table 8.12. Among all 914 currently married women, it was observed that the percentage of women who had ever used any family planning method increases with the intensity of religiosity. For example, only 9 per cent of the women with low religiosity were ever users of family planning methods. This percentage rose to 30 for those having medium religiosity and further increased to 35 per cent for those who were highly religious. The chi square value was 8.32 which was significant at 5% level with 2 degrees of freedom. The chi square was obtained by taking the relevant number of the ever users and never users in the Table 8.12.

Table 8.12

Use of Contraception among Currently Married Women by Index of Religiosity

Religiosity Index	Ever use	Never use	Total percent	Number of Women
Low	8.7	91.3	100.0	23
Medium	29.5	70.5	100.0	329
High	34.5	65.5	100.0	562
All women	32.1	67.9		914

According to some Muslim religious scholars, Islam prohibits sterilization. So use of sterilization and spacing methods was tested against the score of religiosity which is presented in Table 8.13. It is observed that the percentage of users of spacing methods increases with an increase in their intensity of religiosity while no such consistent relationship was found between users of sterilization and index of religiosity.

Table 8.13
Methodwise Contraceptive Use among Currently Married Women by Index of Religiosity

Index of Religiosity	Percentage of women using		Number of women
	Sterilization	Spacing methods	
Low	4.4	4.4	23
Medium	10.6	18.8	329
High	9.6	24.9	562
Total ever use	9.9	22.2	914

8.2.3.1.1 Command against Family Planning in Quran

and Hadees

It was noted that a significant percentage of never users in the present study gave 'against Islam' as the reason for not intending to use family planning in future. Although there is

no clear cut ban on contraception in the Quran and Hadees (traditions of the Prohphet), it was intended to find from the women whether, according to them, there is anything in the Quran and Hadees prohibiting contraception. So all the ever-married women were asked whether the Quran and Hadees contain a command against family planning. This question was put to only those women who reported that they were reading the Quran and books on Hadees. If the respondent answered 'yes' then she was asked to state the command and it was recorded verbatim. This information would be highly useful to the planners and administrators of family planning programme among Muslims.

More than one-third of 961 respondents (354) reported that they had not read the Quran and Hadees. Of the 607 respondents who have read the Quran and Hadees, 64 per cent said that there is no command against family planning in the Quran. Thirty-four per cent answered that they "don't know". Only 2 per cent positively stated that there is a command in Quran which is against the use of family planning.

Regarding Hadees, again a majority of the respondents (63 per cent) reported that there is no command against family planning while 32 per cent stated "don't know". Only 5 per cent of the respondents affirmed that the Hadees contain a command against family planning.

Of the 13 respondents and 32 respondents who affirmed that there is a command against family planning in Quran and Hadees respectively, only 3 of them could actually report the command.

According to one respondent, it is written in Quran that children are gifts of Allah. She could not specify the Hadees containing the command on contraception. She just said: "It's a tradition of the Prophet". This woman is a never user who intends to use IUD in future.

The second respondent stated that the Quran contains the command - "To kill children is a sin". This lady too could not quote a Hadees. She is also never user but intends to get sterilized in future.

The third respondent said that the Quran advocates its followers to "have a strong desire for children". This respondent further stated "In Hadees it (contraceptive use) is equivalent to one murder" probably implying that the use of contraception is like murdering children. The lady could not specify the Hadees which contained the above statement. This woman, a past user, intends to use some method in future.

From the above analysis it can be concluded that very few Muslim women believe that there is a command against family planning in the Quran and Hadees. Again among those who believe, only a miniscule percentage could really state the actual command as they perceived. Therefore, it is strongly recommended that information and education on family planning and the concept of responsible parenthood should be imparted to the Muslims to remove the misconception that Islam is against family planning.

8.2.3.1.2 Respondents' Perception on Muslims Opposition to Family Planning

Since the family planning acceptance among Muslims is low, it is generally believed that the Muslims oppose family

planning. It would be interesting and useful to know the perception of Muslims regarding their community's opposition to family planning. So all the 961 respondents were asked: "It is observed that Muslims in general oppose family planning. Do you agree with the statement?"

To the above question, overall, 44 per cent of the ever married women agreed with the statement while 42 per cent disagreed with the statement. Fourteen per cent of the respondents did not answer. Of the respondents agreeing with the statement that the Muslims oppose family planning, 35 per cent did not give the reason. Four per cent specified that according to Islam the Muslims are required to oppose family planning. Another 5 per cent stated "elders' opposition" and "children are God's gift" as reasons for Muslims' opposition to family planning.

Of those respondents disagreeing with the statement, 7 per cent did not give the reason for their disagreement. It is important to note that a majority of the respondents disagreeing with the statement (32 per cent) stated that even if the religion does not permit contraception, the Muslims have to practise family planning for the welfare of the family. For another 3 per cent of the respondents, family planning is a must for Muslims. This implies that the awareness about the benefits of family planning is developing among Muslims.

8.2.3.2 Modernization, Status of Woman and Contraceptive Use

With modernization and increasing status of woman,

contraceptive practice is expected to increase. A cross-classification of contraceptive use by index of modernization and status of woman (IMSW) is presented in Table 8.14. A clear-cut relationship is observed between the two variables. Ever use is much lower at 10 per cent for currently married women in 'low' category. It increases substantially to 34 per cent in the 'medium' category and then to 49 per cent in 'high' category of IMSW. Chi square value was obtained by taking the relevant numbers of ever users and never users in the Table 8.14. The chi square value was found to be 87.3 at 1% level with 2 degrees of freedom. Thus modernization and status of woman seem to have a definite and positive relationship with contraceptive practice among Muslim women in Malegaon.

Table 8.14
Use of Contraception among Currently Married
Women by IMSW

IMSW	Ever use	Never use	Total percent	Number of women
Low	10.1	89.9	100.0	237
Medium	33.7	66.3	100.0	401
High	48.5	51.5	100.0	276
All women	32.1	67.9	100.0	914

8.3 Multivariate Analysis

The preceding discussion is mainly based on cross tabulations and shows only gross associations between ever use of contraception and socio-economic, demographic and cultural factors. The effect of independent variables on contraceptive practice can be measured more precisely after controlling for the effects of socio-demographic variables in multivariate regression analysis. Therefore, regression analysis is carried out to assess

the net influence of the predictor variables on ever use of contraception. (Here, in place of current use of contraception, ever use of contraception is considered for two reasons: (1) ever use shows the propensity of the women to use contraception and the ever use increases the proportion of women using contraception). The standard procedure is to estimate a logistic regression model, where the dependent variable takes the value of one if the currently married woman has ever used contraception and zero if she has not. Logistic regression estimates the probability of an event occurring. In the present analysis it provides the probability of accepting contraception. Regression model is fitted by taking all the explanatory variables which showed a significant association with contraceptive use. The predictor variables considered for the analysis of determinants of ever use of contraception are : education of woman, age at marriage of woman, the type of family in which she lives, index of standard of living , index of religiosity, and index of modernization and status of woman. In this analysis number of children ever born is used as demographic control variable. The means and standard deviations of the variables included in the regression analysis and the correlation matrices are given in Table 8.15 and Table 8.16.

Table 8.17 presents the results of logistic regression analysis of predictors of contraceptive use. It shows the regression coefficient, standard error, Z statistic and odds ratio of seven predictor variables considered for the analysis.

Table 8.15
Means and Standard Deviation (SD) of Variables Used in
Regression Analysis for Contraceptive Use
and Children Ever Born

Variables and measurement	Mean	SD
Ever use of contraception = 1 if ever user = 0 otherwise	0.32	0.47
Children ever born (continuous variable)	4.09	2.72
Education of woman 0 illiterate 1 up to 4th std. 2 5th to 9th std. 3 SSC 4 Above SSC	1.45	1.13
Age at marriage (continuous variable)	17.89	2.57
Family type = 1 if joint = 0 otherwise	0.54	0.50
Index of standard of living (continuous variable)	15.11	6.85
Index of religiosity (continuous variable)	9.32	2.58
Index of modernization and status of woman (continuous variable)	44.76	8.13
Age of woman (continuous variable)	30.71	7.75

Table 8.16
Correlation Matrices of Variables Used in Table 8.17 (n=914)

Vars	CEB	EU	EDN	AAM	FT	ISL	IOR	IMSW	AGE
CEB	1.0000								
EU	0.1117*	1.0000							
EDN	-0.2153*	0.1080*	1.0000						
AAM	-0.1353*	-0.0659*	0.0693*	1.0000					
FT	-0.3110*	-0.0613	0.1541*	0.0398	1.0000				
ISL	-0.0864*	0.1299*	0.4257*	0.0849*	0.2536*	1.0000			
IOR	-0.1096*	0.0925	0.3648*	0.0346	0.0588	0.3780*	1.0000		
IMSW	-0.1688*	0.3362*	0.4925	0.0492	0.0331	0.3411*	0.3673*	1.0000	
AGE	0.6672*	0.1125*	-0.1487*	0.1160*	-0.3235*	0.0121	0.0273	-0.1011*	1.0000

Definition of variables

CEB :	Children ever born	FT :	Family type
EU :	Ever use of contraception	ISL :	Index of standard of living
EDN :	Education of woman	IOR :	Index of religiosity
AAM :	Age at marriage of woman	IMSW :	Index of modernization & status of woman

Table 8.17
The Logistic Regression Results for
Ever Use of Contraception

(n=914)

Independent variables	Coefficient	Standard error	Z' statistics	Odds ratio
Education	-0.1299	0.0874	-1.487	0.8781
Age at marriage	-0.0709	0.0328	-2.160	0.9316
Family type	-0.1594	0.1676	-0.951	0.8527
Index of standard of living	0.0181	0.0130	1.394	1.0183
Index of religiosity	-0.0318	0.0352	-0.902	0.9687
Index of modernization & Status of woman	0.1289	0.0317	9.442	1.1376
Number of children ever born	0.1426	0.0317	4.499	1.1532
Constant :		-5.7224	Log likelihood : -495.8972	
x ² :		154.91	Df : 7	

Z - statistic = absolute value of estimate/standard error. 2.53, 1.96 and 1.64 are the critical values for significance at the 99%, 95% and 90% levels with two tailed test.

The results indicate that, among the seven predictor variables included in the model, age at marriage, index of modernization and status of woman and children ever born are found to have a significant effect on contraceptive use. Among these three variables, the index of modernization and status of woman is the highest predictor of contraceptive practice. The regression coefficient is in the expected direction; i.e., ever use of contraception increases with the increase in the level of modernization and status of Muslim woman in Malegaon city. A

significant positive coefficient and consequently an odds ratio greater than one indicates a higher odds or likelihood of contraceptive acceptance with the change in the level of modernization and status of woman. It is to be noted that this effect is found in regression equation and is thus net of effect of education and number of children ever born. This indicates that, modernization and status of woman has an independent effect on increasing the odds of acceptance on contraception.

The effect of age at marriage on contraceptive practice is negative, i.e., higher the age at marriage of woman lower the probability of accepting contraception. In other words propensity to accept contraception significantly reduces when a woman has a higher age at marriage. The coefficient and odds ratio show that education has an insignificant negative effect with the likelihood of contraceptive use. The influence of demographic control variable, number of children ever born on ever use of contraception is, as expected, positive and significant; i.e. increase in the number of children increases the odds of accepting contraception. This finding reflects the increasing need for contraception among women with more number of children. The negative insignificant coefficient and odds ratio of less than one for type of family and index of religiosity indicate lower odds or probability of accepting contraception with the change in these two variables. Standard of living did not turn out to be an important factor to influence the odds of ever use of family planning.

Thus, from the logistic regression analysis it can be concluded that among the high fertility and low contracepting

poor Muslim community, higher modernization and status of woman has an independent positive effect on acceptance of family planning. This finding is important because modernization and status of woman increase the odds of acceptance of contraception even after controlling for education and number of children ever born. Increasing age at marriage is found to reduce the odds of contraceptive acceptance. The effect of other predictor variables included in the model (family type, standard of living and index of religiosity) on odds of contraception is insignificant.

8.4 Conclusion

The ever use of contraception among Malegaon Muslim women was found to be 32 per cent and current use was 25 per cent. Thus contraceptive practice among Malegaon Muslims is of low level. Among the ever users, 10 per cent had undergone sterilization and rest were using spacing methods. Among spacing methods, pill (10 per cent) and IUD (7 per cent) were the most used methods. The differentials in current use by education are weak. The current use was higher among women with higher standard of living and in nuclear families.

A large majority of the never users (80 per cent) had no intention to use family planning methods in future. The most important reason for not using contraception in future is desire for more children followed by reasons such as health problem, 'against Islam' and 'opposition from husband'. Only 20 per cent of the never users intended to use contraception in future. Majority of those who intended to use a method in future, preferred spacing methods to sterilization.

It was found that the association between the religiosity and family planning practice among Malegaon Muslim women is positive. All the respondents were asked whether they agree with the statement "Muslims oppose family planning". Majority of them (44 per cent) agreed with the statement while 42 per cent disagreed. Those respondents who disagreed with the statement "Muslims oppose family planning" emphasized that Muslims should practise family planning for the welfare of the family.

An important finding is that the relationship between modernization and status of woman and contraceptive use seems to be definite and positive among Malegaon Muslims.

The effect of independent variables on contraceptive practice was measured in multivariate regression analysis. Education of woman, age at marriage of woman, type of family, index of standard of living, index of religiosity, index of modernization and status of woman were used as the predictor variables of ever use and number of children ever born was used as demographic control variable. The logistic regression analysis revealed that among Malegaon Muslim women higher modernization and status of woman has an independent and positive effect on acceptance of family planning. This finding is important because modernization and status of woman increases the odds of acceptance of contraception even after controlling for education and number of children ever born. The effect of other predictor variables viz. education, family type, standard of living and index of religiosity on odds of contraception is insignificant.

In the next chapter fertility levels and differentials among Malegaon Muslims are presented and the relationship between fertility, religiosity, modernization and status of woman is examined.

Notes and References

1. Roy et.al. 1990.
2. Ibid.

CHAPTER IX

FERTILITY

9.1 Introduction

A major objective of the present study is to find the level of fertility among Malegaon Muslims and to ascertain its relationship with religiosity, modernization and status of woman. Therefore, in this chapter, first the survey findings on fertility levels and differentials are presented. Later on the relationship between fertility, religiosity, modernization and status of woman are examined.

9.2 Survey findings

A description of current and past fertility levels, cumulative fertility and family size, fertility levels by socio-economic and demographic characteristics, is given in the following sections. Topics such as age at first birth, and age at last birth are also discussed.

The fertility measures are calculated from the birth record data gathered with a reference period of two years. Birth intervals and mother's age at initiation of child bearing are computed from the pregnancy history data. Several measures and procedures were used to obtain complete and accurate reporting of birth and their timing. Initially women were asked about the number of sons and daughters presently living at home and elsewhere and those who had died. Later for each live birth in the pregnancy history, information was collected on the sex, age, and survival status of the child. For dead children, age at death was noted. Investigators were given training in probing

techniques to help respondents in correct reporting. Investigators were instructed to check documents such as birth certificates or vaccination cards that would provide information on date of birth and to probe for reasons for any birth interval of three or more years in order to prevent omission of births, specially births of children who die before the date of the survey.

In spite of the above efforts to improve quality of data, the present study may be subject to the errors which are inherent in all retrospective sample surveys viz. omission of some births specially of those children who died at very young ages and the difficulty of determining the birth dates accurately.

9.2.1 Current Fertility Levels

Both summary and age specific fertility measures have been calculated. Crude birth rate (CBR), general fertility rate (GFR) and total fertility rate (TFR) are the summary measures. The CBR has been calculated from the births recorded in the Household Questionnaire. Other fertility measures are computed from the pregnancy history information recorded in the Woman's Questionnaire. The CBR, calculated from births recorded in the Household Questionnaire, pertains to the two year reference period preceding the survey viz. 5-4-1992 to 14-3-1994 (period between three consecutive Ramzans preceding the survey). Other measures are calculated for the three year period preceding the survey. A three year period is chosen so that sufficient number of cases would be available as the sample is small. This period prior to the survey corresponds roughly to the years 1992-1994.

Crude Birth Rate (CBR) : CBR is calculated as the annual number of births in the two year period before the date of interview per 1000 usual residents at the time of the survey. The CBR for Malegaon Muslims is 31. It seems that the CBR of 31 is somewhat underestimated. This could be because of two reasons : The household heads were asked to report the number of births for the past two years preceding the survey. It is quite possible that they might not have reported the number of births correctly. The other reason is that the denominator for the present calculation of the birth rate is the current and not the mid-year population. The NFHS estimate of CBR for urban Maharashtra is 24.0. Compared to this the CBR of Malegaon Muslims is much higher.

Roy et.al. conducted a baseline survey in Malegaon city in 1990 with a sample of 500 households. Their sample included only those households which had at least one currently married woman in the age range 15-44. According to this survey the CBR for all communities in Malegaon city was 40.3.¹ Compared to this, the CBR for Malegaon Muslims in the present study is lower. The higher CBR observed in the baseline survey might be because the sample was favourable to high fertility as those households without a currently married woman were left out and the population of such households could not be included in the estimation of the birth rate.

General Fertility Rate (GFR) : The GFR is calculated by dividing the total number of births to women age 15-49 that occurred during the time period by the number of woman years lived between age 15 and 49 during the period and multiplying the

result by 1000. The estimated GFR for Malegaon Muslims is 148. Compared to the GFR estimated for urban Maharashtra (95) in the NFHS, Maharashtra 1992-93 the GFR for Malegaon Muslims is much higher.

Age Specific Fertility Rate and Total Fertility Rate :
Both the CBR and the GFR are crude summary measures of fertility. A better picture of fertility can be obtained by examining the age-specific fertility rates (ASFRs) and the total fertility rate (TFR) which are not affected by the age structure of the population. Both the ASFRs and TFR are based on births during the two year reference period preceding the survey. The numerator of age-specific fertility rate (ASFR) is live births to women in a five-year age group in the last two years and the denominator is the number of woman years lived in the same five-year age group during the two year time period. The TFR is a summary measure that indicates the number of children a woman would bear during her reproductive years if she were to experience the age-specific fertility rates prevailing at the time of survey. Mathematically the TFR is five times the sum of age-specific fertility rates for each five-year age group.

Table 9.1
Age Specific and Total Fertility Rates
for Malegaon Muslims, 1992-1994

Age group	Number of children	Number of women	ASFR
15 - 19	7	293	0.0238
20 - 24	75	251	0.2988
25 - 29	50	210	0.2381
30 - 34	38	197	0.1929
35 - 39	17	170	0.1000
40 - 49	5	176	0.0446
Total	192	1297	
TFR for ages 15-49 = 4.41			

The TFR for Malegaon Muslim women age 15-49 is 4.41. The TFR of Muslim women aged 15-49 for India and major states is given in Table 9.2. The TFR for Malegaon Muslim women compares well with that of India and West Bengal. The TFR of Malegaon Muslim women is higher than that of Muslims in various states viz. Andhra Pradesh, Gujarat, Karnataka, Kerala, Maharashtra and Rajasthan.

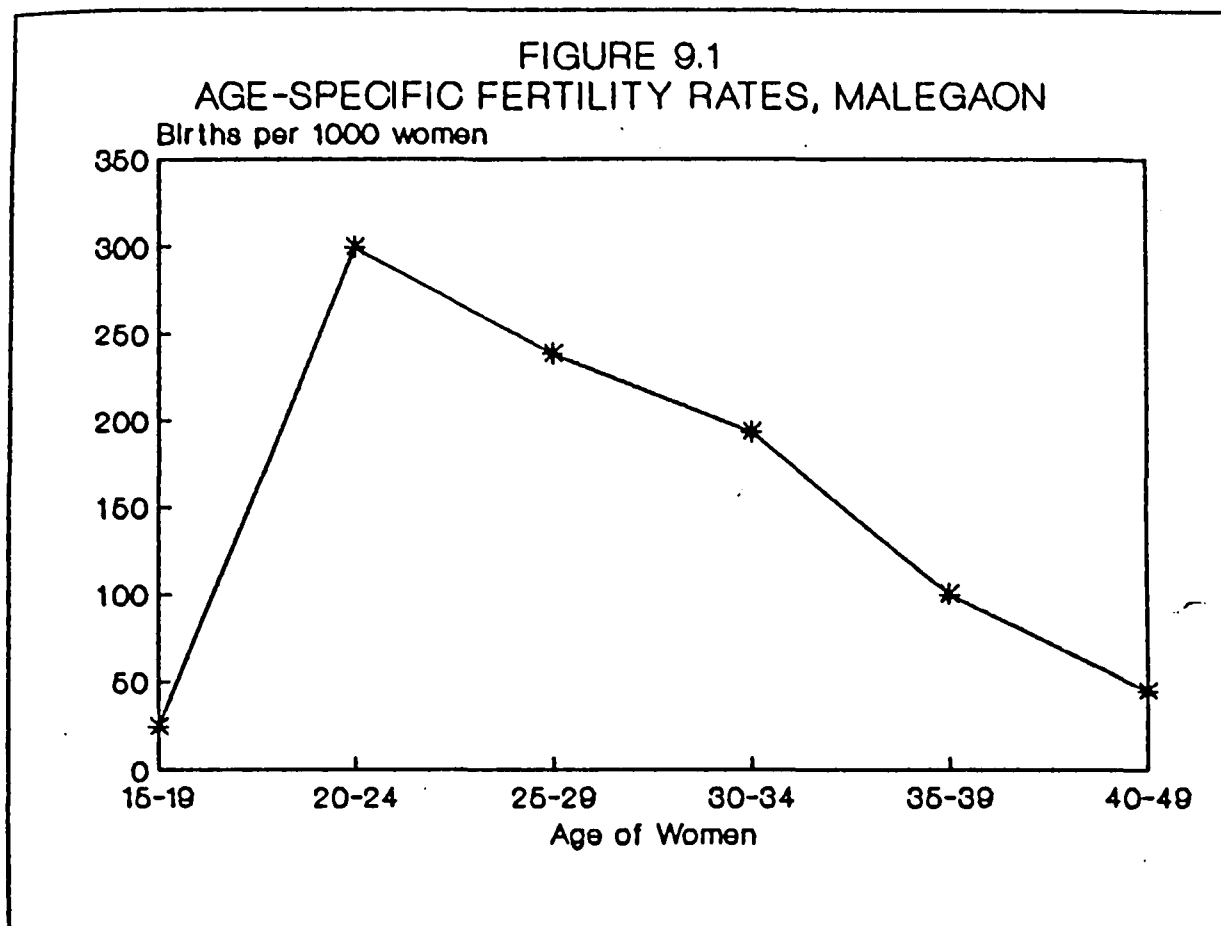
Table 9.2
Total Fertility Rate for Muslim Women Age
15-49, India and States, NFHS 1992-93

India/state	Total fertility rate
India	4.41
Andhra Pradesh	2.89
Assam	5.03
Bihar	5.19
Gujarat	3.34
Karnataka	3.91
Kerala	2.97
Maharashtra	4.11
Rajasthan	4.01
Uttar Pradesh	5.26
West Bengal	4.59
Malegaon Muslim women	4.41

Source : NFHS Reports for India and states, 1992-93

The ASFRs follow the expected pattern. Fertility peaks at age 20-24 showing the pattern of early marriage and declining substantially in the next age group 25-29 and falls steeply thereafter (Figure 9.1).

The prime child bearing ages among Malegaon Muslims extend from age 20 to 29 years during which 60 per cent of the births occur. There is not much of early child bearing as only a little less than three per cent of the births occur in the age group 15-19 but the Muslim women seem to continue child bearing



even at later ages. The contribution from ages 35-44 is about 16 per cent (Table 9.1).

9.2.2 Children Ever Born

The number of children a woman has ever born is a cohort measure of fertility. This measure provides a different picture of fertility levels, trends and differentials than do period measures of fertility such as CBR and the TFR. The distribution of women by number of children ever born is presented in Table 9.3 for all women (irrespective of marital status) and for currently married women by age.

Table 9.3
Percentage Distribution of All Women and Currently
Married Women by Age and Mean number of Children Ever Born

All Women												
Age	0	1	2	3	4	5	6	7	8-10	11+	Total 100%	Mean CEB
15-19	94.0	5.2	0.8	0.0	0.0	0.0	0.0	0.0	0.0	0.0	293	0.60
20-24	36.2	24.7	22.4	10.7	4.8	1.2	0.0	0.0	0.0	0.0	251	1.27
25-29	9.0	9.0	19.5	23.8	19.5	14.8	1.9	1.0	1.4	0.0	210	3.03
30-34	5.6	3.6	4.6	11.7	19.8	18.3	20.7	11.2	4.5	0.0	197	4.62
35-39	4.7	8.2	1.8	10.0	12.0	12.9	14.8	11.8	18.2	1.7	170	5.29
40-44	6.2	6.3	2.7	5.4	8.9	4.5	16.1	16.1	28.6	5.2	112	6.30
45-49	3.1	6.2	1.6	3.1	4.7	11.0	20.3	17.2	25.0	7.8	63	6.51
Total	31.9	9.9	8.9	9.6	9.8	8.0	7.8	6.0	7.0	1.1	1296	3.01

Currently Married women												
Age	0	1	2	3	4	5	6	7	8-10	11+	Total 100 %	Mean CEB
15-19	57.9	36.8	5.3	0.0	0.0	0.0	0.0	0.0	0.0	0.0	38	0.47
20-24	13.8	53.1	30.4	14.4	6.6	1.7	0.0	0.0	0.0	0.0	181	1.73
25-29	3.6	9.3	20.2	24.9	21.2	16.1	2.1	1.0	1.6	0.0	193	3.25
30-34	3.2	2.1	3.8	12.4	21.0	19.3	21.6	11.8	4.8	0.0	186	4.82
35-39	4.5	5.8	1.9	9.0	12.9	12.3	16.1	15.5	20.0	2.0	155	5.52
40-44	5.9	4.0	2.0	4.0	3.9	5.0	16.8	17.8	30.7	5.9	101	6.67
45-49	1.7	6.7	1.7	3.3	5.1	12.6	21.6	15.0	25.0	8.3	60	6.47
Total	8.1	12.4	12.0	12.8	13.4	11.1	10.8	8.2	9.7	1.5	914	4.12

CEB = Children Ever Born

It is noticed that early child bearing is not common among Malegaon Muslims. Only 6 per cent of all women age 15-19 have given birth to at least one child. However, among the currently married women the percentage increases to 42 per cent. The difference between the fertility of all women and currently married women is brought about by the proportion of all women who remain unmarried, which will be more pronounced in the younger ages.

Women of (all marital statuses) age 15-49 had an average of 3.0 children and currently married women age 15-49 had

an average of 4.1 children. The average number of children ever born increases steadily with age both for all women and currently married women except for the age group 45-49 for currently married women where the mean number of children ever born slightly declines. For all women as well as currently married women age 15-49 the number of children ever born is 6.5. Although there is a steady increase with age in the number of children ever born, it seems that there has been slight under-reporting of births and deaths as indicated by a slight decline in the mean number of children ever born for the age group 40-44 (6.67) compared to that for the age group 45-49 (6.47).

The completed family size for the currently married women age 40-49 among Malegaon Muslims is 6.6. Mean number of children ever born to Muslim women age 40-49 in India and major states is given in Table 9.4. It is observed that Malegaon Muslim women are more fertile than Muslims at all India level and in all other states except Assam.

Table 9.4
Mean Number of Children Ever Born
to Muslim Women Age 40-49
India and States, 1992-93

India/state	Mean Number of Children Ever Born
India	5.83
Andhra Pradesh	4.60
Assam	6.67
Bihar	6.08
Gujarat	4.32
Karnataka	5.82
Kerala	5.33
Maharashtra	5.20
Rajasthan	5.94
Uttar Pradesh	6.43
West Bengal	6.25
Malegaon Muslims	6.60

Source : Same as for Table 9.2

The parity distribution for older currently married women provides a measure of primary sterility which is the proportion of women who are not able to have children. For Malegaon Muslims the proportion of currently married women age 40-49 with no children ever born is about 4 per cent. This indicates that primary sterility is on the lower side.

The distribution of women age 45-49 by number of children ever born is of special interest since these women have almost completed their child bearing. Therefore, the distribution of children ever born represents the completed parity distribution of this cohort of women. Women age 45-49 have an average of 6.5 children ever born, with only 14 per cent of all women and 13 per cent of currently married women having 3 or fewer children and 8 per cent of all women as well as currently married women having one or more children ever born (Table 9.3).

In the age parity table usually there should be a steady increase in the children ever born with the increase in the age of the women. In the age parity table of the present study, the CEB is steadily increasing with each successive age group for all women. For currently married women it increases consistently up to the age group 40-44 and then there is slight decline for age group 45-49. (Children ever born for Women age 40-44 is 6.67 children and that for Women age 45-49 is 6.47), thus a gap of 0.2 children is observed. This could be due to underreporting on the part of the older women because of recall lapse.

9.2.3 Birth Order

The distribution of births by order of birth and the proportions of higher order births are useful indicators of fertility. Table 9.5 gives the percentage distribution of live births during the two year period preceding the survey by birth order. This information is taken from the birth record of the Household Questionnaire. Overall, only 34 per cent of the births are first and second order births. According to NEHS, Maharashtra 1992-93, 62 per cent of the total births in urban Maharashtra were first and second order births. The government propagates a two child family. However, 66 per cent of Malegaon Muslim women had third or higher order births. Therefore, a strong information, education and communication campaign is to be mounted for Malegaon Muslim women.

Table 9.5
Percentage Distribution of Live Births During Last Two Years
by Order of Birth and Age of Woman at Birth

Age	Order of Birth									Total = 100%
	1	2	3	4	5	6	7	8	9	
15-19	82.5	17.5	0	0	0	0	0	0	0	40
20-24	25.0	36.2	26.8	8.6	1.8	0.8	0.8	0	0	116
25-29	1.7	10.2	12.1	31.8	23.5	11.2	7.5	2.0	0	107
30-34	1.5	1.5	4.3	10.1	21.7	18.8	21.7	11.6	8.8	69
35-39	0	0	9.7	0	0	25.8	19.3	12.9	32.0	31
40-44	0	0	0	0	0	0	0	25.0	75.0	8
Total	17.5	16.5	13.5	13.7	11.3	9.2	8.1	4.3	5.9	371

9.2.4 Birth Interval

Birth intervals indicate the pace of child bearing. Health experts say that children born too close to a previous birth are at increased risk of dying specially if the birth

interval is below 24 months. In Table 9.6 distribution of second and higher order births in the five year period preceding the survey according to the length of interval since the previous birth is given. Overall, one in every 10 births occurred within 16 months of the previous birth and 18 per cent of all births occurred within 22 months. Only 14 per cent of the births had a interval of 47 months or more. The average birth interval for Malegaon Muslims is estimated as 31 months.

Younger women have shorter birth intervals than older women. The average birth interval for the age group 15-19 is not given as its cell size was very small due to few cases. However, the average birth interval increases from 26 months for the age group 20-24 to 36 months for the age group of 40-44.

Table 9.6
Percentage Distribution of Births During Last Five Years
by Age and Birth Interval

Current Age	Birth Interval in Months									Total Births 100%	Average birth interval
	11-16	17-22	23-28	29-34	35-40	41-46	47-52	53-58	59+		
20-24	15.3	16.0	42.4	10.4	9.0	0.7	4.2	0.7	1.4	144	26.0
25-29	10.3	8.7	43.0	11.8	12.2	2.3	5.7	1.9	4.2	263	29.7
30-34	7.0	6.6	45.5	8.6	15.6	2.5	5.7	0.8	7.8	244	32.1
35-39	7.8	2.1	34.8	6.4	24.1	4.3	8.5	1.4	10.6	141	35.3
40-44	8.3	2.1	52.1	2.1	12.5	2.1	6.3	0.0	14.6	48	35.6
45-49	0.0	8.3	33.3	25.0	16.7	0.0	8.3	0.0	8.3	12	34.1
Total	81	68	364	80	125	20	51	10	55	854*	31.1
	9.5	8.0	42.7	9.4	14.7	2.3	6.0	1.2	6.4	100.0	

* Two cases of births in age group 15-19 excluded

The distribution of births by birth interval, level of education and family type is given in Table 9.7. The average birth interval does not differ much between illiterate and 5th-

9th. categories. However, for 'SSC and above' there is an increase in the birth interval by 4 months. There are no differentials in average birth interval by family type.

Table 9.7
Percentage Distribution of Births During Last Five Years
Classified by Birth Intervals and Background Variables

Variable	Birth Interval in Months									Total Births 100%	Mean inter- val
	11-16	17-22	23-28	29-34	35-40	41-46	47-52	53-58	59+		
Education											
Illiterate	7.3	8.1	45.8	7.7	15.0	2.6	6.6	1.1	5.9	273	31.1
Up to 4th	13.4	4.5	42.5	9.7	14.9	1.5	4.5	1.5	7.5	134	31.0
5th - 9th	10.1	8.1	43.9	10.3	12.8	2.2	6.1	0.6	5.9	358	30.4
SSC & above	6.9	11.5	28.7	10.3	20.7	3.4	5.7	3.4	9.2	87	34.2
Family Type											
Nuclear	7.8	7.8	43.5	8.9	16.5	2.4	4.9	0.5	7.8	425	31.7
Joint	11.2	8.2	41.7	9.8	12.8	2.3	7.0	1.9	5.1	429	30.5
Total	81	68	364	80	125	20	51	10	55	854*	31.1
	9.5	8.0	42.6	9.4	14.6	2.3	6.0	1.2	6.4	100.0	

* Includes 2 births that occurred to women under the category of religious education excluded from classification by Education

9.2.5 Age at First and Last Birth

The ages at the onset and cessation of child bearing are important demographic determinants of fertility. A higher age at first birth and a lower age at last birth are indicators of lower fertility. The per cent distribution of women by age at first birth by her current age is given in Table 9.8. Overall, 52 per cent of the women gave birth to their first child when they were 15-19 years while 41 per cent of the women gave birth to their first child when they were between 20-24. Thus, 93 per cent of the women delivered their first child during their 15th and 24th year. Only 6 per cent of the women gave birth when they were 25 or more. Less than one per cent have delivered their first

child when they were below 14 years of age.

The median age at first birth for the age group 15-19 is not given as the cell size was very small due to few cases. The median age at first birth for all age groups is 19 and over time there has been no change. In NEHS, Maharashtra 1992-93 the median age at first birth for Muslims was observed to be 18.6 years.

Table 9.8
Percentage Distribution of Women by Age at First Birth
and Current Age.

Current Age	Age at First Birth						Total =100 %	Median Age
	-14	15-19	20-24	25-29	30-34	35-39		
15-19	-	-	-	-	-	-	17	
20-24	0.0	63.1	36.9	0.0	0.0	0.0	160	19
25-29	3.1	47.1	45.5	4.2	0.0	0.0	191	20
30-34	0.5	54.8	40.3	4.3	0.0	0.0	186	19
35-39	0.0	45.4	41.7	9.2	2.5	1.2	163	20
40-44	0.0	43.4	50.9	3.8	0.9	0.9	106	20
45-49	0.0	42.9	38.1	19.0	0.0	0.0	63	21
Total	0.8	51.6	41.4	5.3	0.6	0.3	886	19

The age groups 40-44 and 45-49 have been chosen for examining the age at last birth. The distribution of ever married women age 40-49 by age at last birth and current age is given in Table 9.9. Overall, 18 per cent of the women had their last birth before they reached age 30. Only 5 per cent of the women had completed their child bearing by age 25. By age cohort 40-44 years, as many as 9 per cent in 40-44 age group and 25 per cent in age group 45-49 had delivered their last child. Thus, the findings of the present study in terms of different fertility measures discussed above reveal that the fertility is very high among Malegaon Muslims.

Table 9.9
Percent Distribution of Women Age 40-49
by Age at Last Birth and Current Age.

Current Age	Age at Last Birth							Total =100 %
	15-19	20-24	25-29	30-34	35-39	40-44	45-49	
40-44	1.9	8.5	12.3	30.2	37.7	9.4	0.0	106
45-49	3.2	6.3	14.3	22.2	27.0	25.4	1.6	63
Total	2.4	2.6	13.0	28.3	33.7	15.4	0.6	169

9.2.6 Fertility Trends

The fertility trend can be studied by comparing current and cohort fertility measures. Current fertility is measured for the present survey by the TFR for the two year period prior to the survey. Cohort fertility is measured by the mean number of children ever born to women age 40-49 at the time of the survey. The TFR among Malegaon Muslim women was 4.4 and the mean number of children ever born to women age 40-49 was 6.6 children. The gap of 2.2 children between TFR 4.4 and the mean number of children ever born 6.6 suggests that the fertility has declined among Malegaon Muslim women during the recent decades.

The CBR, available from the official sources, for Malegaon city was 48 for the year 1989² and 36 for the year 1992³ which suggests that fertility is declining in Malegaon. In the present study the CBR was found to be 31 which (although slightly under-reported) confirms the decline in fertility in Malegaon.

The baseline survey conducted by Roy et.al. in Malegaon city in 1990 indicated that the completed family size among currently married Malegaon Muslim women age 40-44 was 5.5 children ever born. The present study reports the completed

family size of 6.7 children ever born to currently married women for the same age group. Further in the above mentioned baseline survey the TFR for all communities (5.47) was found to be lower than the completed family size for all communities for women age 40-44 (4.85).⁴ This does not show any trend which is unlikely. However, the researchers were aware of this drawback. This might have been due to the bias in their sampling towards high fertility as only those households with at least one currently married woman were selected.

The present study indicates very high fertility for Malegaon Muslims. Kapoor in her study of Muslim Chikan workers around Lucknow city too found that the fertility for Muslim women was very high. The Muslim Chikan workers who were at the end of their child bearing years had a total of 6.8 children ever born.⁵

Not only Muslim fertility is high but it is higher than that among other religious groups. In the past, Mysore Population Study⁶ conducted in 1950-51, Rele and Kanitkar's study conducted in 1966 in Greater Bombay,⁷ and ORG's three all India sample surveys conducted in 1970,⁸ 1980⁹ and 1988,¹⁰ all found that Muslim fertility was higher than that among Hindus. According to the latest NFHS, India 1992-93, the mean number of children ever born to women age 40-49 among different religious groups was as follows¹¹: Hindu, 4.78; Muslim, 5.83; Christian, 4.01; Sikh, 3.99; Other, 4.24. Thus, the Muslim fertility was the highest among all the religious groups.

9.2.7 Differentials in Fertility

The study group is a homogeneous Muslim group. It has same language i.e. Urdu and very few respondents in the study

group are migrants (vide Chapter IV). Regarding occupation of the husband, the community was a homogenous group with low income occupations mainly that of weaving. Hence the variables studied to examine differential fertility are age at marriage, education of woman and type of family. Since one of the objectives of the study is to examine the relationship between fertility, religiosity, modernization and status of woman, these variables too are included in the analysis of fertility differentials. The measures chosen to examine fertility differentials are mean number of children ever born (CEB), both non-standardized and standardized for age and completed family size of the woman age 40-49. Mean number of CEB, non-standardized and standardized by background variables are presented in Table 9.10, while the completed family size of women age 40-49 is presented in Table 9.11.

Age at Marriage : Usually higher age at marriage is expected to depress fertility as some part of the reproductive period of the woman is lost. Higher age at marriage may also be due to higher education which would promote small family norms. In the present study, a negative relationship as expected is observed between age at marriage and mean CEB. For example, the women who were married between age 12-15 had an average of 5.06 children. The mean CEB reduces to 4.19 to those married between 16-17 which further reduces to 3.78 for those who married between 18-19. Age standardized mean CEB too shows an inverse relationship with increasing age at marriage.

Table 9.10
Standardized Mean Number of Children Ever Born
(CEB) to currently Married Women
by Background Variables

Variable	Mean CEB	Age standardized mean CEB	Number of women
Age at marriage			
12 - 15	5.06	5.06	137
16 - 17	4.19	4.37	271
18-19	3.78	3.98	319
20 +	3.76	3.20	187
Education			
Illiterate	4.77	4.37	263
Up to 4th	4.72	4.37	138
5th - 9th	3.73	3.99	388
SSC and above	3.09	3.48	122
Religious	-	-	3*
Family type			
Nuclear	5.00	4.35	421
Joint	3.31	3.91	493
Index of Religiosity			
Medium	4.51	4.51	352
High	3.83	3.83	562
Index of Modernization and Status of woman			
Low	4.61	4.48	237
Medium	4.21	4.10	401
High	3.47	3.73	276
Total	4.1	4.1	914

Note: Age distribution of all currently married women is taken as the standard age distribution.

* No analysis was done due to very small cell frequency

Education : Usually an inverse relationship is observed between education and fertility. This may be so because women with primary or secondary schooling may be more likely to marry in their late teens or early twenties, and more likely to use contraception than are less educated women.¹²

In the present study, mean CEB decreases with increasing level of education. Even though the standardized CEB

is same for both 'illiterate' and 'up to 4th' categories (4.37), it declines for '5th-9th' category (3.99) and further declines to 3.48 for SSC and above. Rele and Kanitkar in their Great Bombay Fertility Survey¹³ which was conducted as early as in 1966 and the latest NFHS, India 1992-93, both observed that even among Muslims who exhibit higher fertility than many other religious groups, education and fertility are negatively related (vide Chapter I).

Family Type : Usually women in joint families are expected to have higher fertility as surrogate help is available and the economic burden of children is shared by all family members. However, in the present study women in nuclear families exhibit higher fertility than women in joint families. After age standardization, the fertility differential reduces but the direction remains the same.

Religiosity : Women with high religiosity are expected to exhibit high fertility, which was observed among Catholics.¹⁴ Among Muslims, high religiosity may be even more strongly related with high fertility as orthodox Muslims are usually conservative because they hold^{on} to old beliefs and practices more tenaciously.

In the present study it was found that mean CEB is higher for women with medium religiosity than among women with high religiosity. Both unstandardized and standardized CEB for each group of religiosity are same. (As the number of women was small in the low religiosity group, these women were combined with medium religiosity group). Thus, an inverse relationship was found between religiosity and fertility among Malegaon Muslim women.

Modernization and Status of woman : World-wide it is observed that with modernization and increasing status of woman, the fertility reduces. With modernization the demand for children reduces.¹⁵ With increasing status of woman, women find less time for child bearing and child rearing.¹⁶ The Population Crisis Committee in 1988 studied status of woman in a large number of countries in the world, and concluded that the fertility was the lowest in those countries where the status of woman was the highest and the fertility was the highest in those countries where the status of woman was the lowest.¹⁷

Table 9.11
Mean Number of Children Ever Born (CEB) to
Currently Married Women Age 40-49
by Background Variables

Variable	Mean CEB	Number of women
Age at marriage		
12 - 15	6.93	30
16 - 17	6.29	38
18 - 19	6.76	46
20 +	6.21	47
Education		
Illiterate	6.80	59
Up to 4th	6.44	34
5th - 9th	6.60	52
SSC and above	5.44	16
Family type		
Nuclear	6.75	95
Joint	6.20	66
Index of Religiosity		
Medium	7.31	51
High	6.16	110
Index of Modernization and Status of woman		
Low	7.32	50
Medium	6.28	80
High	5.87	31
Total	6.60	161

In the present study, a negative relationship was found between fertility and modernization and status of woman. The mean CEB falls from 4.61 in low category to 4.21 in medium category and further to 3.47 in high category of index of modernization and status of woman. After age standardization, even though fertility differentials by index of modernization and status of woman narrow down, the direction remains the same.

With regard to fertility differentials in terms of completed family size of the women age 40-49, the following observations can be made. Overall, with increasing age at marriage the fertility in general goes down. So also with increasing level of education fertility in general reduces. By index of religiosity the fertility is higher among women with medium religiosity than among women with high religiosity. By index of modernization and status of woman, fertility reduces with increasing modernization and status of woman.

9.3 Multivariate Analysis

The bivariate analysis presented in the preceding section helps us to understand only the gross association of factors influencing fertility among Muslims of Malegaon. But it was not adequate to assess the net influence of factors on fertility. The significance of various factors can be examined by using multivariate regression analysis with appropriate controls for demographic and education variables. Hence an attempt is made in this section to analyse fertility using regression analysis. Children ever born is used as a dependent variable to represent fertility. The explanatory variables used for the regression analysis of fertility are : age at marriage, family type, index

of standard of living, index of religiosity, index of modernization and status of woman and control variables (education and age of woman). (For the means and standard deviations of the variables included in the regression analysis and the correlation matrices see Table 8.15 and Table 8.16).

Table 9.12 presents the regression results of the effects of seven independent variables on fertility. It shows that all the seven predictor variables considered together explain 50 per cent variation (R^2) in children ever born. Out of seven variables only three turned out to be significant to influence fertility.

Table 9.12
The Regression Results for Children Ever Born

				(n=914)
Independent	Coefficient	Standard error	't' value	p > t
Education	-0.1107	0.0696	-1.591	0.112
Age at marriage	-0.2116	0.0250	-8.478	0.000
Family type	-0.4454	0.1406	-3.169	0.002
Index of standard of living	0.0044	0.0111	0.400	0.689
Index of religiosity	-0.0943	0.0280	-3.372	0.001
Index of modernization & status of woman	-0.0123	0.0093	-1.318	0.188
Age of woman	0.2281	0.0089	25.540	0.000
Constant	2.6309	0.6352	4.142	0.000
R^2	0.5083			

As expected, the effect of age at marriage on children ever born is negative and significant at one per cent level. Women living in joint family have significantly lower fertility than the women in nuclear family. Surprisingly the effect of index of religiosity on children ever born is significantly negative; i.e., more religious the woman less is her fertility and vice-versa. Earlier in Chapter V, education of Malegaon Muslim woman is found to have a positive relationship with the index of religiosity, i.e., higher the education of women higher is her religiosity. Further, correlation coefficient between education and religiosity is positively significant at one per cent level (see Table 8.16). Hence, the part of the observed negative relationship between religiosity and fertility in the regression analysis may be explained by the positive relationship between education and religiosity.

Index of modernization and status of woman is not significantly related with the level of fertility. Likewise, the effect of index of standard of living on fertility is also not significant.

The effect of education of woman on children ever born is negative though not highly significant (it is significant only at 11 per cent level). As expected, the control variable age of woman is the maximum predictor of fertility and most of the total variance is explained by that variable.

The regression analysis of children ever born indicates that age at marriage of woman, family type and index of religiosity are the three variables which significantly influence the fertility level of Muslim women. Education of woman is also

found to have some negative effect on fertility. Though the coefficient of index of modernization and status of woman is negative it is not a significant factor to influence fertility. Standard of living of women is not at all a relevant factor to alter fertility levels.

9.4 Conclusion

The fertility of Malegaon Muslims is very high. The crude birth rate is 31, general fertility rate is 148 and the total fertility rate is 4.4. The average number of children ever born to currently married women age 40-49 is 6.6. The different indicators, 'birth order', 'age at first birth' and 'age at last birth' too indicate high fertility for Malegaon Muslims. Only 34 per cent of the total births were of first and second order births while 66 per cent of the total births were of third or higher order births. Thus, Malegaon Muslim women are not following the small family norm of two children which the government propagates. Overall, 52 per cent of the women gave birth to their first child when they were between 15-19 years. Twenty-five per cent of the women in the age group 45-49 had completed their last birth when they were between age 40-44. Thus, all the above indicators of fertility show that Malegaon Muslim women have very high fertility.

The following variables were included to study fertility differentials among Malegaon Muslims: age at marriage, education of woman, type of family, religiosity, modernization and status of woman. The measures chosen to examine fertility differentials are mean number of children ever born (CEB) - both

non-standardized and standardized for age - and completed family size of women age 40-49. A negative relationship was observed between age at marriage and mean CEB. Also an inverse relationship was observed between level of education and fertility. The mean CEB is higher among women in nuclear families than among women in joint families. Fertility is lower among women with high religiosity than among women with medium religiosity. Also with increasing level of modernization and status of woman, mean number of CEB falls. Even when standardized, the above differentials remain. Fertility differentials in terms of completed family size of women age 40-49 too reveal the above pattern.

In order to know the net effect of above independent variables on fertility (CEB) among Malegaon Muslim women, multivariate regression analysis with appropriate controls for demographic and education variables was done. The regression analysis of children ever born indicates the following results: the effect of age at marriage of women on fertility is significantly negative; women living in joint families have significantly lower fertility than the women in nuclear families; increase in the religiosity of Muslim women significantly reduces the level of fertility; education of women as expected is negatively related with fertility; and the effect of modernization and status of women and standard of living on fertility of Muslim women are not significant.

Community leaders can play an important role in the propagation of small family norm, family planning message and

programme among Muslims. Hence, in the next chapter, the role of community leaders in the propagation of family planning message and programme is ascertained.

Notes and References

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CHAPTER X

ROLE OF THE COMMUNITY LEADERS IN THE PROPAGATION OF FAMILY PLANNING MESSAGE AND PROGRAMME

10.1 Introduction

One of the objectives of the present study is to ascertain the role of the community leaders in the promotion of family planning message and acceptance among Muslims. Therefore, data were collected on community leaders' background and their perceptions on the population and family planning programme of the Government of India, small family norm, Islam and family planning, religiosity, modernization and status of woman among Muslims. This chapter is divided into four sections. In the first section the literature on the role of the community leaders in the propagation of family planning message is reviewed, in the second section, a brief socio-economic and demographic profile of the leaders is given and in the third section, the survey findings are presented. In the last section, the perceptions of officials involved in the family planning programme, based on their experiences, are noted so as to make policy recommendations.

10.2 Review of Literature

Poor economic and educational conditions, shortage of trained man-power resources, physical and socio-cultural barriers have resulted in low family planning programme among Indians. One of the government's family planning programme policy decisions is to involve community leaders to promote family planning message and acceptance. Draft Population Policy 1994 too gives importance to community participation and their leaders in various issues

related to population.

The rationale in the community leadership approach is that in every community there are leaders who can be easily located and contacted and through them family planning information could be diffused to the rest of the community. It is believed that these leaders are respected persons in their community. Their active involvement in informing, motivating and recruiting acceptors will give the much needed fillip to the programme and at the same time reduce the cost per customer.¹

A few studies done in India have demonstrated that the local leaders are willing to act as agents and promoters of contraception and they can be effectively used for diffusing family planning at the local level.² For example, a project of community health and family welfare was undertaken by KEM Hospital, Pune in 1977, covering a population of 30,000, spread over 19 villages around the KEM Hospital Rural Health Centre, Vadu, Budruk in Pune District of Maharashtra. In its planning stage, the project involved repeated meetings with the formal and nonformal leaders. Realizing the benefits of family welfare planning on the health of mothers, the local leaders and particularly, the highly respected persons in the community began to spread the message. The sincerity of the project personnel and their conviction about their work contributed a great deal to the involvement of the community leaders in the welfare activities.³

The involvement of school teachers who usually happen to be the opinion leaders because of their knowledge, further helped in motivating the eligible couples to accept contraception. In the orientation camps for the leaders, Gram

Panchayat members, Gram Sevaks, the Talathi, CHVs of the project villages and the teachers participated. The experience of the above project taught that "accountability to the community and its leaders is of paramount importance if the programme has to become a people's programme in the real sense. The people and their leaders need to be approached with modesty, for they are more knowledgeable, practical and experienced." 4,5

A study conducted by The Central Health Education Bureau New Delhi, showed that, in an urban area, by ensuring the community leaders participation, the family planning acceptance could be increased by 21 percentage points from 45 per cent to 66 per cent.⁶ The community leaders could bring about this positive change by means of inter-personal communication, group pressure, mass activities, dissemination of information, popularising the available services and ensuring a continuous flow of services, arranging physical facilities, motivating and reinforcing decision making with regard to family planning among their followers.⁷

The potential usefulness of community leaders in family planning programme has been emphasised by studies done in Turkey⁸, Pakistan⁹, Indonesia¹⁰ and Iran¹¹. For example in Iran, in the Isfahan Communication Project, midwives, religious leaders and revolutionary corps had participated in propagating the family planning message. Because of the involvement of the above community leaders, there was a multiple increase in the family planning acceptance. Acceptance rose by 115 per cent during the six months campaign and from 125 to 210 a month in Najafabad and

Shahraza. Further, a year later, the number of women returning for supplies increased from 340 before the project to 1100 in Najafabad and from 200 to 550 in Shahraza.¹²

However, there is some evidence in literature which warns against too much reliance on community leaders to propagate family planning. The family planning workers at Comila Project, Bangladesh, contacted representatives of local councils and the chairmen of the village cooperative societies to work as family planning agents. These leaders were, it was later found, either worked ineffectively or did not work at all as family planning agents.¹³ In a similar vein a researcher from the Indian Institute of Mass Communication, New Delhi, based on his field work in some villages in Haryana and Uttar Pradesh observed that community leaders in those villages did not actively work for the family planning programme because family planning had not acquired the status of positive community norm in those villages. Though people individually might have a desire to adopt family planning, they hesitated to talk about it openly. Thus, at times it is observed that the forces of social environment prevent community leaders from doing any family planning communication or motivational work.¹⁴ Mani, from his study in a north Indian village, to assess the willingness, ability and effectiveness of community leaders as family planning agents in the rural Indian cultural milieu concluded that promoting family planning in rural India with the help of community leaders, under existing socio-cultural conditions, does not appear to be practical or advisable.¹⁵

Because of their conservative nature due to low levels

of modernization among Muslims, their leaders compared to other communities, have a greater hold over Muslims and Islam being an organized religion, the Mullas and Maulvis have a great influence on Muslim community. Therefore, it is believed that community leaders can play a positive role in the propagation of family planning among Muslims. With this intention, the following enquiry was conducted in Malegaon.

10.3 Profile of the Community Leaders

A sample of 60 opinion leaders among Muslims was selected with the help of reliable and knowledgeable residents of Malegaon city. While the researcher was in Malegaon in connection with data collection, she spoke to persons from different walks of life and gathered information about the community leaders in the sample area. The sample comprised educationists, teachers, politicians, social workers, doctors, businessmen, professionals and grassroot level workers. Some of the community leaders were also formal leaders such as elected members of the Malegaon Municipal Council. Here a community leader is defined as 'a person in the community to whom people go to seek information, advice and help'.

In the questionnaire, questions were included on population problems and policy, family planning and small family norm, media and family planning message, attitudes towards and practice of family planning, Islam and family planning, accepting leadership in spreading the family planning message, religiosity among Muslims and their leaders, backwardness among Muslims and status of woman in Muslim society (See Appendix).

The background of a person is important in making him/her a leader. Therefore, at the beginning of the questionnaire information was collected on the demographic, social and economic profile of the community leaders. Here briefly the profile of the leaders is described. Of the 60 leaders who were interviewed nearly one-third (19) were females and two-thirds were males (41). Again one-third of the 60 leaders (21) were young (age 26 - 40), half of them (30) were middle aged (41-60) and only about one-sixth (9) were old (age 61 or more). All the 41 men leaders were currently married. Of the 19 women leaders, one was a widow, two were divorced and another two were spinsters and the rest were currently married.

It would be worthwhile to pursue the educational attainment of the leaders. Of the 60 leaders, 6 had only religious education, 7 had studied up to S.S.C., 11 had completed S.S.C. and 2 were undergraduates. As many as 34 of the leaders had completed graduation and above (23 of these 34 leaders were post-graduates). Thus, more than half of the leaders in the present survey were at least graduates.

Occupation of a person has bearing upon his leadership. The occupational distribution of leaders is as follows : Twenty-five were in teaching , 8 in business, 4 in politics, 9 in medicine, 4 in law and 2 were in journalism. Six were engaged in administrative services and 2 were housewives. Of the 55 leaders who had spouses, as many as 30 were housewives, 5 were engaged in business, 10 were teachers, one was a politician, 2 lawyers, 4 doctors and 3 were in clerical services.

It is of utmost importance to know the type of

leadership of the leaders which is given in Table 10.1 . As many as 17 of the 60 leaders were social workers. A greater proportion of women leaders than men leaders are social workers. Six were religious leaders, 4 were politicians and 2 were writers. Four were involved in educational leadership. More than one-third of the leaders (24) were of mixed category in the sense that they were leading in several fields. For example, a leader may be judged as a good doctor. At the same time he is involved in educational and social work.

Table 10.1
Distribution of community leaders
by sex and type of leadership

Type of leadership	Sex		Total
	Male	Female	
Social worker	10	7	17
Religious	4	2	6
Political	2	2	4
Writer	2	0	2
Educational	2	2	4
Mixed	20	4	24
Professional	1	2	3
Total number	41	19	60
Percent	(68.3)	(32.7)	(100.0)

Because of the differences in the age distribution of the 60 leaders as well as smallness of the sample size, analysis of the fertility behaviour of the Muslim leaders could not be given although information on number of children ever born and surviving was collected from these leaders.

It would be interesting to know whether the leaders ever practised family planning and if so what method did they use. Of the 58 ever married leaders, 13 were past users, 20 were current users and 25 were never users. Of the 33 ever users, 11

were practising modern methods. Of those practising modern methods, 12 were using spacing or temporary methods and 10 had undergone sterilization. Thus, about a sizeable per cent (57) ever married leaders had ever used family planning.

The distribution of the leaders by education and family planning use status is presented in Table 10.2. All the six leaders with religious education are never users. A higher percentage of graduates (71) than under-graduates (45) seem to practise family planning. Obviously education seems to affect family planning acceptance positively.

Table 10.2
Distribution of community leaders by
education and family planning use status

Education	Family Planning Use Status			Total (percent)
	Ever User	Never User	Not Given	
Undergraduation and below	9 (45.0)	8 (40.0)	3 (15.0)	20 (100.0)
Graduation and above	24 (70.6)	9 (26.5)	1 (2.9)	34 (100.0)
Religious education	0 (0.0)	6 (100.0)	0 (0.0)	6 (100.0)
Total number	33	23	4	60
Percent	(55.0)	(38.3)	(6.7)	(100.0)

10.4 Perceptions of the Community Leaders

At the outset the community leaders were asked whether they think that our country is facing a population problem. If yes, they were requested to specify the nature of this problem. Majority of these leaders (51) thought that the country is facing a population problem. Of these 51, 27 leaders specified the nature of the problem while 24 gave a general answer. Two

leaders who were teachers, stated that the population problem has been created due to social injustice perpetuated by the state. Another leader, the Head Master of a well known school in Malegaon, warned that population problem is being politicised which should be avoided. Two other leaders thought that unnecessarily Muslim population is being posed as a problem. According to a leader, who is in his late twenties, population is one of the most dangerous problems of our country which is nullifying our development. Of the 6 religious leaders, 3 thought that the population problem doesn't exist. The other 3 though agreed that population problem exists, suggested that like China and Japan we should try to convert our population into an asset.

The leaders were asked whether they approved the population policy of the Government of India which aims at reducing population growth by means of family planning measures, increasing age at marriage, provision of education, reduction of infant mortality rate and child mortality, improving health of the woman, decreasing child labour, eradication of illiteracy, improving infrastructure and the social status of the woman. Excepting one leader, all the opinion leaders approved the population policy. Of these 59 leaders, 43 approved it in totality, 12 approved all the components of the policy other than the family planning measures. Another 3 leaders too approved it partially.

A few leaders pointed out that though the population policy of the government is sound, it would be a failure because government lacks sincerity in its implementation. A leader, who is a Communist, was critical that the government has not yet

abolished child labour, and it does nothing for the health of the woman. Of the 6 religious leaders, 4 have approved population policy excluding family planning measures. Two religious leaders have approved family planning without sterilization. One religious leader who approved family planning, did not favour increasing age at marriage as this would corrupt young people, lead to watching of blue films and unwed motherhood.

When the leaders were specifically questioned whether they approved the family planning programme of the government which includes both sterilization and spacing methods, 48 of the 60 leaders affirmed that Muslims need family planning. Of these, 34 leaders approved family planning programme as it is, while 11 approved only spacing methods. Another 3 leaders approved family planning but believed that only traditional methods should be used.

A few leaders emphasized that the side effects of spacing methods should be removed and the quality of post-operative care after sterilization should be improved. One leader felt that family planning programme is a failure in India. Instead, development should be promoted and standard of living of the poor should be raised.

The distribution of leaders by their attitudes towards the ideology of family planning by their family planning use status is given in Table 10.3. Of the 60 leaders, 48 (80 per cent) approve while 12 (20 per cent) disapprove. Of the 48 leaders who approve, 30 are ever users (63 per cent) and 14 are never users. It is important to note that some of the leaders (3)

even though do not approve family planning, they use it. Further a significant number of leaders in spite of being never users, have favourable attitudes towards family planning.

Table 10.3
Distribution of community leaders by their attitudes towards family planning and family planning use status

Family planning use status	Attitudes towards family planning		Total
	Number of leaders approving	Number of leaders not approving	
Ever user	30	3	33
Never user	14	9	23
Not given/ applicable	4	0	4
Total number	48	12	60
Percent	((80.0)	(20.0)	(100.0)

Of the 6 religious leaders, 4 religious leaders - 2 men and 2 women - did not approve family planning. The two women leaders who are about age 40, stated, "Those who believe in Allah will not practise family planning because he who gives birth will feed". For the other two men leaders not approving family planning, age 50 and above, "Islam is against family planning". Two of the religious leaders have approved spacing methods but not sterilization. Both these leaders are below 40. It seems that a change is taking place in the attitudes of the younger generation of religious leaders towards family planning.

The leaders were queried : "Don't you think that Muslims should accept a small family norm of 2 children?" Considering the inflationary times, 44 of the 60 leaders approved a small family norm for Muslims whereas 16 of them disapproved the small family norm. Of the 44 approving, 26 agreed that

Muslims should have two children only and 17 suggested that 'small family' may not be restricted to 2 children. These leaders contended that one may have more than two children if one has the time and resources to bring up children as good citizens. One woman leader was so progressive that she thought only one child would suffice.

Some of the leaders were concerned about child mortality. One woman leader advocated that a family should have at least 3 children so that if one child dies, other two will survive. Another male leader too thought that in a family at least 4 children - 2 boys and 2 girls should be born. If one boy and one girl die, the others will survive. Thus, a family will have minimum 2 children. The Communist leader, nearing 70, stated that labourers and weavers need at least 4 children for a living.

None of the religious leaders believe in small family norm as they think that large family size does not necessarily create economic problems. According to the religious leaders, "It's Allah who provides" so one need not worry about the maintenance of a large family. Two of the religious leaders stated that instead of stressing small family, the government should stress development and try to control inflation. According to two female religious leaders, Indians need not follow the living standards of Europe and America. Indians can live simple lives without T.V. and V.C.R. It is simplicity, not small family, which would solve India's economic problems.

In order to promote family planning, government has been vigorously advertising on family planning methods on radio and T.V. at prime time. Of the 60 leaders, more than half (35)

approved that there should be advertisement in the media on family planning. Twenty-one of these 35 leaders approved the advertisement as they are, while 12 wanted vulgarity to be removed from these advertisements, and two were of the opinion that these advertisements should not be broadcast/telecast at prime time. Twenty-three of the 60 leaders who seem to be of the conservative nature, did not approve advertisements on family planning on radio and T.V. and the remaining 2 leaders had no comment to offer as they neither watched T.V. nor listened to radio. A few leaders expressed doubts about the effectiveness of family planning advertisements on T.V. To make them effective, one female leader suggested that the advertisements should be telecast at fixed time on fixed days and at late night. Another female leader, in her late twenties felt that direct and personal contact with the target couples would be more effective than the T.V. advertisements on contraception which spoil the children. A male leader who taught economics at a city college was skeptical that the returns on the expenditure for T.V. advertisements on contraception are not large enough. Another woman leader, principal of a well known school suggested that instead of advertisements, children's minds should be inculcated with two child norm. One male leader reported that he found not only T.V. advertisements but the Nirodh advertisement at the bus stands obscene and recommended that they should be removed. None of the religious leaders approved the advertisements on T.V. as they felt that they are vulgar and only increase shamelessness in the society.

Even though a leader may believe in small family norm unless he discusses the same with his followers, it will have no effect on the family size among Muslims. So the leaders were questioned : "Do you in your meetings with Muslims discuss about the benefits of having a small family? So far, if you have not discussed, will you in future discuss these issues with Muslims?" Thirty-four of the 60 leaders answered that they discussed about the benefits of a small family with their followers. Six leaders said that they did not as yet discuss but in future they would do so. Nineteen of the leaders had neither discussed nor were willing to discuss in future. This included all 6 religious leaders. One leader reported that he had no interest in discussing this issue with Muslims.

Leaders' perceptions with respect to family planning, if positive can be useful in increasing the family planning acceptance among Muslims. So they were put the following questions: (i) How best can the Muslims be convinced about the benefits of a small family? (ii) What are the attitudes of Muslim couples about family planning? How can their attitudes be changed? and (iii) How can family planning practice be increased among Muslims? To the first question, there were a variety of responses. Half of the Muslim leaders (30) thought that 'educating' the Muslims on the benefits of a small family is the best way to convince them about the small family norm. Other methods of convincing (by the number of leaders in the brackets) are as follows: Comparison of hardships of a large family with the facilities enjoyed by a small family (6); get a fatwa from religious leaders (2); Muslim leaders should spread the family

planning message (1); development (1); and don't remind Muslims about their religion (1). Eight leaders reported that Muslims are already convinced about the benefits of a small family whereas 10 leaders were of the opinion that there is 'no need to convince Muslims'. These seem to be of the hard core Muslims not believing in small family norm. One leader reported that he did not know how to convince Muslims in this regard.

To the second question as many as 25 leaders stated that the attitudes of Muslim couples towards family planning are favourable, while another 19 reported that in the past Muslims had unfavourable attitudes and now they are changing. Thirteen leaders found the attitudes of Muslims unfavourable towards family planning. One leader did not answer this question, whereas 2 leaders reported 'don't know'. To bring about a change among the attitudes of Muslims, some of the leaders advocated that Muslims should be taught responsible parenthood.

To the third question again there are a variety of responses: Predominant among them is again 'educating' the Muslims on population problem and family planning so as to increase family planning practice among Muslims. One-third of the leaders (21) expressed the above opinion. Other responses are as follows : Compare hardships of a large family with facilities enjoyed by a small family (7), motivating (5), give incentives (3), involve religious leaders (2) and give publicity (1). Eight opined that no extra efforts are necessary as already family planning acceptance is increasing among Muslims. Seven leaders reported that 'there is no need for family planning'. This seems

to be the hard core which doesn't believe in family planning.

Some of the leaders gave valuable insights on the attitudes and practice of family planning among Muslims which are elaborated here: One hard core leader snapped: "Take Muslims away from their religion to make their attitudes favourable towards family planning" whereas a number of leaders recommended to use religion - Quran and Hadees - in a positive way to propagate small family norm and to increase family planning practice among Muslims. One leader reported that Muslims are taught about family planning in a wrong way. Many of them are convinced about small family norm and family planning but for fear of religion they do not practice family planning. He gave an example that the Quran asks Muslims to breast feed their children for full two years. This can be used to propagate spacing methods among Muslims. Some Muslims have misconceptions that sterilized Muslims cannot go for Haj. They should be explained: "Sterilization is like any other operation. So how can it prevent you from going to Haj? One leader who is a teacher and social worker stated: "Illiterate Muslims think that Allah gives Rizk to unlimited number of children. No doubt Allah provides Rizk to each and every living being yet the parents need to be responsible. Therefore, these illiterate Muslims need to be taught about responsible parenthood to increase family planning acceptance among Muslims".

A health official strongly felt that there is a bias against Muslims while implementing the family planning programme. Whenever the target falls short, it is immediately pointed out: "It's a Muslim city. Their religion forbids family planning. So the target is not fulfilled." According to this official, this

approach has to change to achieve positive results. He advocates to give a back seat to religion, recommends to approach Muslims as the officials would approach any other community and educate the Muslim men to take good care of the health of their wives and be responsible parents.

A number of misconceptions are present among Muslims which need to be removed. Many Muslims think that family planning means sterilization which is not so. Also some think that sterilization leads to some diseases. A Muslim doctor reported that Muslim males think that they lose their virility if they practice family planning. Even high risk women do not want to be sterilized but will undergo MTP. Therefore, family planning education needs to be imparted.

Some female leaders suggested that teen-age marriages should be prevented. There is male dominance. As such instead of approaching woman, the head of the family - husband or mother-in-law should be approached. When they are given importance, they would readily send her for family planning. There are quite a few men who harass their wives for practising contraception. Such men should be punished by the state. One leader felt that Muslim women should be provided with jobs outside home to reduce their fertility.

Some leaders opined that a sense of security has to be provided to the Muslims by the state. Trust has to be created among Muslims that family planning programme is not anti-Muslim. So anti-Muslim propaganda should be stopped. A principal of a school felt that the word 'family planning' has become a corrupt

word. So she suggested to use any other word but 'family planning' to achieve the same purpose. She recommended that population growth should be presented as a national and environmental problem and Muslims should be explained why the population growth should be reduced. This type of logical reasoning would convince Muslims to go for family planning in large numbers.

Some leaders who are social workers, opined that a continuous programme similar to UNFPA project¹⁶ is necessary for increasing family planning acceptance among Muslims. In such a programme Muslim doctors, social workers, nurses and officials should be involved. This would certainly increase contraceptive practice among Muslims.

A sitting MLA from Malegaon, who is working to popularise family planning among Muslims, and a journalist were certain that Muslims are participating in sterilization camps in large numbers but they do not like to publicize due to unfavourable public opinion. The journalist stated that Malegaon tops in Nasik district in laproscopic camps.¹⁹ The Child Welfare Officer in charge of the Anganwadi project reported that illiteracy among Muslims makes them orthodox and so they need to be educated. The response to family planning in the Zhopadpattis (slums) is good. It seems that slowly the attitudes of Muslims are becoming favourable and family planning practice is increasing.

Of the 6 religious leaders, the two older ones thought that the Muslims have unfavourable attitudes towards family planning. One of the two younger leaders thought that it is

difficult to convince Muslims about small family norm as Muslims believe that God gives Rizk (providence). The other younger leader is so bitter about the devastation of riots that he believes that 'communal riots' is a form of family planning for Muslims. The two women leaders reported that small family may be a good idea but it should not be achieved by using artificial means.

Most of the Muslims in India are backward. The large family size among Muslims can be a contributory factor to this backwardness. So the leaders were asked: "Are Muslims economically backward because they have a large number of children?" For more than half of the leaders (37) the answer was in negative. While 5 leaders affirmed that a large number of children among Muslims is the reason for their poverty, nearly one-third of the leaders (18) responded that large number of children is one of the reasons for Muslim backwardness.

A few leaders and all the 6 religious leaders opined that the backwardness of Muslims is due to illiteracy, discrimination and negligence by government and political leaders. One leader felt that poverty compels Muslims to have a large number of children. For poor Muslims extra hands bring in extra income and security. A senior leader, aged above 70, strongly felt that communal riots alone are responsible for the backwardness among Muslims. If riots are prevented, he was confident that Muslims would economically surpass all other communities in India.

In Chapter VIII it was noted that a significant number

of respondents in the survey gave 'Islam' as the reason for never use of contraception. Therefore, the leaders were enquired: "Is there any thing in Quran or Haddes against family planning?" Of the 60 leaders, the majority (24) answered 'no' meaning there is nothing in Quran or Hadees against family planning. Nineteen answered 'yes', another 15 reported 'don't know', and 2 declined to answer.

Some of the interesting answers to the above question are elaborated as follows: One of the leaders disapproving family planning said that according to Islam family planning is murder of children before they come into this world. The Communist leader believed that not only Islam but also Hinduism and Christianity oppose family planning. For another leader, Islam forbids only forced sterilization and abortion.

There was no unanimity among the leaders as to what Quran and Hadees permit. For some, Quran and Hadees permit no method of family planning. The proof they cited was statements from Quran like "Do not kill children for fear of poverty" and from Hadees "Allah gives Rizk to each child" and "Expand Islamic brotherhood". One woman leader corrected that Quran commands Muslims: "Do not kill female infants" which aimed to prevent the Arabs from their abhorring practice of female infanticide prevalent in pre-Islamic Arabia. Another leader stated that Quran and Hadees ask Muslims to control births. Probably he was hinting at responsible parenthood. For others Quran and Hadees forbid only abortion. As a proof, a leader cited a Hadees: "Close the door, if you don't want the guest to come in" which implies "Do some thing before you conceive". For a few, even abortion is

allowed in Islam. According to them, Ali, the fourth Caliph stated that the life is blown into the foetus when it is 3 months old. So some scholars deduce that before the foetus completes three months even abortion is permitted.

Many leaders do not have first hand knowledge of Quran and Hadees. For example a principal of a well known school, two of the ex-Municipal councilors, confessed that they have only heard Muslims saying that the Quran and Hadees forbid contraception. On the contrary some of the leaders used innovative ways to persuade Muslims to practise family planning. One woman leader told Muslim woman in her area "Allah forgives if one practises family planning for health or economic reasons" which convinced quite a few of them to accept family planning. Another leader, a Congress party official, who had been awarded quite a few certificates for promoting family planning programme to Muslims: "Islam is flexible and so Islam and family planning go together". A leader of Anganwadi workers reported that she challenged Muslims in her ward to bring proof from Quran and Hadees in support of their opposition to family planning. None of them so far brought any proof. In her ward the Muslims have between 2 and 4 children only.

One leader, who is highly educated, concluded that Quran can be used to support or oppose family planning. He cited a verse "Your wives are a farm for you, so come to your farm as and when (i.e. in any manner and at any time) you please: and take (advance) steps for your souls (to reap the best harvest of conjugal life in the form of peace, love, compassion and good

offspring)".¹⁸ The words 'as and when you please' in the verse, the leader explained, have been interpreted by some scholars to urge Muslims to have the maximum number of children (Maulana Maududi gave such interpretation). Some other scholars have interpreted the same words to mean 'the desired number of children' so that it will not be beyond the means of a Muslim to manage them well.

Of the 6 religious leaders, the two older leaders stated that Islam is against family planning. According to them Quarn exhorts Muslims not to kill children for 'fear of poverty' and a Hadees says, "All those souls who have to come into this world will come even if we want to prevent their birth." One of the two younger religious leaders stated that Islam is not against family planning but against misuse of family planning methods. A Muslim can practise spacing methods in certain cases. For e.g. if the health of the wife is bad or husband is mentally ill, the couple should practice family planning. The other younger leader affirmed that Islam does allow spacing methods. The two women leaders too affirmed that Islam is not against family planning but it is against artificial means of family planning.

As it is intended to make use of the services of community leaders in the propagation of family planning message among Muslims, they were asked "If you are invited to take leadership in spreading the family planning message among Muslims, would you like to accept this?" As many as 23 leaders said that they are not interested in accepting leadership. Another 9 said that they do not have time for this purpose. All

the religious leaders declined the leadership. One older religious leader wanted to lead in preaching his Islamic point of view. More than half of the leaders are not interested in actively participating in the propagation of the family planning message among Muslims. One-fifth (12) of the leaders are already playing a leading role in the family planning programme in Malegaon. About one-fourth leaders (16) are willing to take leadership but four of them would like to propagate family planning message within the framework of Islam. The Family Planning Department can certainly make use of these leaders who are willing and those who are already involved to further increase the family planning acceptance among Muslims.

It is thought that Muslims are more religious than others and this makes them conservative. As a result Muslims are slow to accept family planning. To know the perception of leaders on the religiosity of Muslims, the leaders were asked whether Muslims were more religious than Hindus, Christians etc. More than half of the leaders (35) perceived Muslims to be more religious while a little above one-third (23) perceived them as religious as any other community. Again more than one-third of the leaders (24) responded that "factors other than religious values" prevent Muslims from practising family planning. A little above half of the respondents (33) agreed that religious values of Muslims prevent them from practising family planning. Of these 33 respondents, 11 thought that only to some extent religious values can prevent contraceptive practice.

For one leader Muslims are more fundamentalist than

others while for another leader who is a politician, Hindus are more religious than Muslims as in his view they construct every day one temple on foot paths. A few leaders reflected that Muslims do not understand their religion rationally and Maulanas mislead the poor and ignorant Muslims for their own gain. Few others observed that religion is a show-piece for Muslims and Muslims are far away from Islam. A senior woman leader pointed out that in moffusil areas, Muslims do not even know how to perform Waju (ablution) before offering Namaz.

For the communist leader, it is not the religious values which prevent Muslims from practising family planning. Another leader observed that if more religious persons are of 'radical thinking and progressive outlook' they would accept family planning. Of the 6 religious leaders, 4 leaders agreed that religious values of Muslims prevent them from practising family planning but the two younger male leaders disagreed that religious values of Muslims can prevent them from practising family planning methods except sterilization.

In Chapter V it was noted that Muslim women in Malegaon are highly religious (62 per cent). Therefore it is pertinent to know the religiosity of Muslim leaders. Namaz, Roza and Zakat are the three religious rituals used as indicators of religiosity. Sixty three per cent of the leaders (38) were offering Namaz 5 times a day, 87 percent (52) were observing fast during the entire month of Ramzan and all those leaders to whom Zakat was applicable (95 per cent, 57) were giving Zakat. Thus the leaders too are as highly religious as their followers.

It would be interesting to know the relationship

between the intensity of religiosity and family planning practice among the leaders. Therefore the leaders were grouped into two categories - more religious (63 per cent) and less religious (37 per cent). All those leaders offering Namaz five times a day and observing fast for one full month during Ramzan are classified as 'more religious'. All those offering Namaz less than five times a day and observing Roza for a month or less than a month are classified as less religious. The third indicator of Zakat is left out as almost all the leaders were giving Zakat.

The relationship between religiosity and family planning use status, is presented in the Table 10.4. The ever use is less among more religious leaders (45 per cent) than among less religious leaders (73 per cent). However, as this sample is small, the conclusions need to be used with caution.

Table 10.4
Distribution of Community Leaders by their
Intensity of Religiosity and Family
Planning Use Status

Intensity of religiosity	Family planning use status			Total
	Ever user	Never user	Not given	
More religious	17 (44.7)	19 (50)	2 (5.3)	38 (100.0)
Less religious	16 (72.7)	4 (18.2)	2 (9.1)	22 (100.0)
Total number	33	23	4	60
Percent	(55.0)	(38.3)	(6.7)	(100.0)

To know the leaders perceptions on the process of modernization among Muslims, they were asked: "How advanced are Muslims in terms of education, employment, occupation and general attitudes?" The leaders responses are given in Table 10.5. Most

of the leaders have responded that Muslims are lagging much behind in all the four above mentioned aspects of modernization. Seventy-eight percent of the leaders perceived Muslims to be backward in education, 90 per cent in employment, 87 per cent in occupation and 68 per cent in general attitudes.

Table 10.5
Distribution of Community Leaders
by their Perceptions on Education,
Employment, Occupation and General
Attitudes among Muslims

Variable	Backward	Improving	Advanced	Total
Education	47 (78.3)	11 (18.3)	2 (3.3)	60 (100.0)
Employment	54 (90.0)	4 (6.7)	2 (3.3)	60 (100.0)
Occupation	52 (86.7)	6 (10.0)	2 (3.3)	60 (100.00)
General attitudes	41 (68.3)	16 (26.7)	3 (5.0)	60 (100.0)

Different leaders gave different reasons for the backwardness among Muslims. Some leaders felt that the state has deprived Muslims of equal opportunities in education and employment. Muslim children are discriminated against. The communal riots are perpetuated against the Muslims. Muslims are divided among themselves. All these factors have contributed to their backwardness. A leader who is a leading business man in Malegaon, opined that due to lack of education, Muslims have developed inferiority complex. To overcome the backwardness, a woman leader, who was the Congress-party official advocated reservations for Muslims as is done for Dalits and OBCs. One of the religious leaders opined that if the government gives a chance to Muslims, they can make progress where as another religious leader stated that for Muslims, spiritual progress is

the real progress and as long as Muslims do not follow Shariat they will remain backward.

Low status of woman in the Muslim society is considered to be one of the factors responsible for high fertility and low family planning practice among Muslims. Therefore the leaders were asked whether the "Muslim woman has same status in society as a Hindu or Christian woman?". The leaders' responses are presented in the Table 10.6. The leaders differentiated the status of woman in family life and social life. Sixty Two per cent of the respondents (37) opined that Muslim woman has better status because she is not harassed for dowry and related things. Forty-eight percent (29) said even in social life a Muslim woman enjoys better status. It seems that, the benefits that have accrued to Hindu and Christian Women due to education and employment do not have much appeal for Muslims.

A woman leader, herself purdah clad, observed that purdah prevents Muslim women from taking part in social life. Another woman leader commented that uneducated/uncultured Muslim men reduce the status of Muslim woman by giving her oral Talaq. A male leader felt that a poor and illiterate Muslim woman can not get her rights. Another female leader informed that there is substantial unemployment among Muslim women in Malegaon. A few leaders opined that educated and employed Muslim women enjoy better status. Also in big cities the status of Muslim woman is better than that in Malegaon. One male leader argued that by living among Hindus, by accepting Hindu customs like dowry, the Muslim men give low status to Muslim women. The Prophet had exhorted Muslim men to give equal status to their wives which

Table 10.6
Distribution of Community Leaders by
their Perception on Status of
Woman among Muslims

Variable	Same	Better	Worse	Total
1. Status of Muslim woman is same as that of a Hindu/Christian woman				
a) In Family Life	13 (21.7)	37 (61.7)	10 (16.6)	60 (100.0)
b) In Social Life	6 (10.0)	29 (48.3)	25 (41.7)	60 (100.0)
	Yes	No	Already conditions are improving	
2. Status of Muslim woman needs to be improved by giving				
a) Education	42 (70.0)	5 (8.3)	13 (21.7)	60 (100.0)
b) Jobs outside home	31 (51.7)	3 (5.0)	26 (43.3)	60 (100.0)
c) Decision-making at home	33 (55.0)	3 (5.0)	24 (40.0)	60 (100.0)
d) Implementation of property rights	30 (50.0)	1 (1.7)	29 (48.3)	60 (100.0)

they do not practise. Another male leader felt that since it is Hindu rule, Hindu laws and Hindu government, the status of Muslim woman is certainly lower than that of a Hindu woman. The status of a Christian woman is worse than that of a Muslim woman. It seems that he was associating status with numerical strength of the communities. The Communist leader was critical of the media which portrays Muslim women in poor light. According to him this is responsible for low status of Muslim woman in public view. He cited the media coverage of Amina the child bride. He was

questioning: "Are there no child marriages among Hindus?" All the religious leaders felt that the status of Muslim woman is better than that of women in other communities.

Two women leaders informed that in Malegaon Muslim women are religious, hard-working, innocent, honest and grateful but their position is secondary to men. Lack of education is their main problem. Due to male dominance these women suffer. They lack in confidence. Even educated and employed women have to hand over their earnings to the head of the family i.e., husband or mother-in law. Unless they become assertive and get their just rights fulfilled, they would be occupying a low status in society.

It is an undeniable fact that the status of Muslim woman as the status of woman in other communities, needs to be improved for her own individual gain as well as for increasing the family planning acceptance. So the leaders were asked: "Do you approve that we should improve the status of Muslim woman in society by providing her with education, jobs outside home, better role in decision-making at home and better implementation of property rights etc.?" The leaders' responses reveal that a majority of them are for giving education to Muslim woman and thereby, improving her status (Table 10.6). As many as 70 per cent of the leaders (42) desire to give more education to the Muslim woman, 52 percent (31) want to give her jobs outside home, 55 per cent (33) expect her to play a better role in decision making at home and 50 per cent (30) aspire for better implementation of property rights in Muslim society so as to

improve the status of Muslim woman.

To improve the status of woman, quite a few leaders pointed out that Islam gives a very high status to a Muslim woman, Quarn has eternal guidance necessary for a good and noble life for both men and women. So they recommended that these rights should be implemented. A woman leader opined that a favourable climate for development of women needs to be created in Malegaon. Another leader, a business-man, suggested that vocational guidance should be given to girls to make them economically independent.

Of the six religious leaders, the two older men leaders were of the view that only when a Muslim woman has no husband or children alive to support her, she should go out side home to earn a living. Also Muslim woman's share in property ensures her economic independence. The two younger men leaders felt that implementation of Islamic rights given to Muslim women is poor. Once they are implemented fully, the status of Muslim woman would automatically improve. The two women leaders believed that there is no need to change the status of Muslim woman. A Muslim woman should live within the four walls of her home and try to be a good mother and wife. Man should be the bread winner and the Muslim woman need not go out side home to earn a living. These two women are working for a pay as teachers in a religious school. Obviously their thoughts and practices do not match. In the next section, perceptions of the officials are presented.

10.5 Perceptions of the Officials

In the previous section, the perceptions of the community leaders on population problem, family planning

programme and related issues have been examined. It was felt that the insights and the experiences of the officials involved in the family planning programme in Malegaon, would increase understanding on the reasons for low acceptance of contraception and help in making policy recommendations for accelerating the family planning practice among Muslims. Therefore detailed interviews of two popular lady doctors working with National Integrated Medical Association (NIMA) an NGO and having their private clinics, whom a number of Muslim women visit for gynecological health care were conducted. Both these doctors were non-Muslims. A male official, a non-medical person involved in administrative work, was also interviewed in detail. This person was a Muslim.

The lady doctors were asked the following questions:(i) How best the Muslims can be convinced about the benefits of a small family? (ii) In your opinion, what are the attitudes of Muslim couples towards family planning? How can their attitudes be changed? and (iii) How can family planning acceptance be increased among Muslims? The first lady doctor observed that "Muslims hide behind religion" for not practising contraception. They report "Islam is against sterilization". For health reasons many times the women are convinced and prepared for undergoing sterilization but the husbands and mothers-in-law forbid them from getting operated. Sometimes even the father-in-law objects to the daughter-in-law getting the loop inserted.

The same doctor suggested various ways of convincing Muslims about the small family norm and changing their attitudes

towards family planning. Arguing for good health and better economic status it is possible to convince Muslim women. The women are to be told: "after two children, your health would deteriorate and as age increases your strength too reduces. So why not stop with two children?" Muslims in Malegaon lack the concept of responsible parenthood. Therefore the Muslim women are to be told: "poverty is a curse. How can you bring up your children well with your limited income? So stop with two children only". The doctor asserted that with the above arguments, she could convince a number of Muslim women about small family norm. If the couple is educated and is capable of thinking logically, population problem needs to be presented as a national problem. Then the couple would surely be convinced. The doctor had an insight which is peculiar to Muslim society. The practice of oral Talaq places a Muslim woman in a helpless position. So the woman can be frightened that as the Muslim man can divorce his wife at will and burden her with the children, she should have only two children. The fear of oral Talaq which hangs like Democle's sword can force a Muslim woman to have a few children. Thus it is easy to convince the women where as the men and the in-laws of the women who often advance religious reasons for non-practice of contraception, are difficult to be convinced about small family norm.

According to the doctor, many Muslims have unfavourable attitudes towards family planning. To make the attitudes favourable, first the Maulanas (religious leaders) should be convinced about family planning by explaining to them that population problem is a national issue. The Maulanas should

issue statements to the effect that there is nothing in Quran or Hadees which goes against family planning. Further enthusiastic family planning acceptors among ministers, social workers and politicians should be involved in propagating the family planning message. Greater participation of NGOs is required. Imdadi (charitable) clinics (which are a common feature of Muslim streets in Malegaon) and the Muslim doctors from these clinics can positively help in changing the attitudes of Muslims. However in the recent times due to the involvement of community health volunteers (CHVs) and agencies like NIMA, provision of infrastructure, the attitudes of Muslims towards family planning are becoming favourable.

Family planning acceptance among Muslims can be increased substantially by making Muslims alone propagate the family planning message. Since half of the Muslim women in Malegaon, in her view, do not watch T.V. or listen to radio (which is corroborated by our finding in Chapter IV) the advertisements on contraception through electronic media do not reach them. Therefore in every mohalla (street) the family planning advertisement should be installed or the related films should be shown. This would surely increase family planning practice among Muslims. Malegaon Muslim society is a highly male dominated society. So we have to emphasize male-oriented family planning programme. If vasectomy is encouraged, it would certainly reduce the fertility among Muslims. A few other officials working among Muslims at other family planning centers in Malegaon too expressed similar suggestion for involving men in the family planning programme.

The lady doctor further observed that the Muslims in Malegaon are more religious compared to Hindus. The status of Muslim woman in family is poor. The woman is considered 'paon ki jooti' i.e., her status is equivalent to the status of a footwear. Her status has to be definitely improved by giving her education and economic opportunities so as to increase family planning acceptance and lower fertility among Muslims.

The other lady doctor too showed revealing insights for the low acceptance of family planning among Muslims which are narrated below: Responsible parenthood is utterly lacking among Muslims as they can't think sensibly due to lack of education. So education should be given top priority for development of Muslims. Most of the Muslims, males as well as females who visit her, say that "religion is against family planning. We have to accept whatever Allah gives" which reveals a fatalistic attitude towards life among Muslims. Muslims are also superstitious. To make Muslims think logically and create the feeling that they can have control over their destiny, she again emphasized that Muslims should be imparted with modern education. Most of the Muslim girls are married off by age 18. By the time these girls reach 25, they would have 3 children. Therefore, female age at marriage should be increased among Muslims.

In the opinion of the second lady doctor, Malegaon Muslim society is a strong patriarchal society where men dominate women and elders dominate the young. Muslim women have favourable attitudes towards family planning. Many a time they want to practise contraception but due to the pressure from in-laws and

husband, the women don't. The Muslim women are sensible but helpless and are constantly seeking security. Muslim husbands sometimes threaten their wives with divorce for practising contraception. There were a few cases where the women without the knowledge of their husbands got IUD inserted. When the husbands came to know they were forced to remove them. The nurses propagating family planning need to be careful. Even to give a polio dose to their children, some times, the Muslim women have to take permission from their mothers-in-law. So the doctor advocated that more than the women, the men and the elders, specially mothers-in-law, need to be educated about small family norm and family planning.

Nevertheless the doctor observed that in the last 5 to 6 years change is taking place. Muslims are coming forward asking for pills and condom. When the doctor takes guarantee about the safety of the method, some mothers-in-law made their daughters-in-law practise contraception. Educated Muslim men, when explained logically, opt for sterilization. Once a Muslim husband brought his wife for a MTP. The doctor questioned "How is it you allow your wife to abort a foetus, but not get sterilized? Does your religion allow you killing a foetus but not sterilization which prevents conception?"¹¹ The doctor's words convinced the Muslim husband and next month his wife underwent a sterilization.

An official who is involved in the administrative work with family planning programme at one of the government hospitals in Malegaon had to offer the following insights from his experience, for the low family planning acceptance among Muslims: The centres conducting family planning programme are usually

under-staffed. The number of doctors per centre needs to be increased in keeping with the size of the population. Nurses from outside Malegaon do not like to work here because this place has a bad reputation. Due to under-staffing there is not enough contact between the staff and the population. One nurse is expected to conduct a door-to-door survey of 60,000 population which is simply impossible. The pay of the staff is irregular. Under-staffing and irregular salaries discourage the staff from motivating the couples to accept family planning. Roy et.al. too in their baseline survey of Malegaon city, made similar observations.¹⁹ There is considerable degree of community pressure working against family planning. So some Muslims go outside Malegaon to Bombay or Dhulia to get sterilized. Since door-to-door survey is not carried out, these cases are not reported. These Muslim women who undergo sterilization prefer laproscopy to abdominal tubectomy as most of them are from nuclear families and hence cannot afford to stay in the hospital for 7 days after the abdominal tubectomy.

For 25000 population each, one government maternity hospital with pre and ante-natal care facilities, should be established. In such a maternity hom, it would be possible for a pregnant woman to meet the doctor at least 8 times during her pregnancy. Such a long contact will create the necessary trust between the doctor and the pregnant woman and make it easy to motivate the women to accept family planning.

At the existing family planning centres, if qualified surgeons and gynaecologists cannot be employed at least MBBS

doctors should be employed so that quality services can be rendered. Private surgeons should be involved in the family planning programme. They should be encouraged to educate and give proper guidance on sterilization to the young Muslim men who visit them.

This official also emphasized that Muslims are changing. Older generation gives religious reasons for opposing family planning whereas the younger generation is convinced about the benefits of family planning but due to community pressure it does not come forward to accept family planning publicly. Now even the religious leaders of the younger generation are convinced about the family planning. Two Maulanas had come to the official secretly and asked for condoms. The Maulanas confessed that they could ^{not} have requested for condoms publicly. Thus, the community pressure has to be removed. This can be removed by conducting programmes similar to the UNFPA project continuously till the acceptance rate reaches a higher level.

10.6 Conclusion

With a view to ascertaining the role of opinion leaders in the promotion of family planning message and acceptance among Muslims, 60 community leaders in Malegaon were interviewed to know their perceptions on population, family planning programme and related issues. There was a mixed response from the various types of community leaders although majority of them agree that population problem exists, approve population policy and family planning programme of the Government of India, small family norm, family planning message on electronic media, discuss small family norm with their followers and believe that the attitudes are

favourable towards family planning. Thus, Muslim leaders in Malegaon are in favour of small family norm and family planning for Muslims. Further most of the leaders perceive Muslims to be backward in different aspects of modernization and more religious than other communities. Though almost all have said that the status of Muslim woman is better than a Hindu or Christian woman in family as well as in social life, they do want to improve her status by giving her more education, jobs outside home, better role in decision-making at home and better implementation of property rights.

It is a fact that a considerable proportion of Muslims are yet to be convinced about the benefits of a small family norm and accept family planning in large numbers. For this the leaders have recommended that the best way is to educate the Muslims about small family norm and teach responsible parenthood.

The role of religion may seem to be ambivalent as Quran and Hadees can be used to oppose or support family planning. Some leaders have suggested to use the Quran and Hadees to promote family planning while others have misquoted from the above sources to oppose family planning. Even the thinking of the religious leaders on small family norm and contraception seems to be confused and outdated. For example, at one place, a religious leader says that Islam is against family planning. At another place she says Islam is only against artificial means of family planning.

The necessary measures for increasing the contraceptive practice among Muslims as recommended by community leaders are:

providing a sense of security, eliminating communal riots, removal of poverty and illiteracy, present population as a national and environmental problem, and involve Muslim leaders and officials in propagation of the message. On the other hand, the quality of the services should be improved by incorporating the personal touch. Further, the programme should be re-oriented to maximize the participation of men rather than women in family planning. The community pressure should be removed by holding continuous programmes similar to UNFPA project.

Even though the Muslim attitudes are becoming favourable towards contraception and family planning practice is increasing, in order to accelerate this process, co-operation from the religious leaders will help in promoting family planning whereas in the long run it is by education, development, improvement in the status of Muslim woman by providing her with education and economic opportunities, and large scale participation by political leaders alone will bring about a higher level of family planning acceptance among Muslims.

The next chapter is the concluding chapter, which summarizes the findings of the study, presents major conclusions and makes policy recommendations for lowering the fertility by increasing the family planning practice among Muslims.

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3. Dandare and Ahankari, 1983, pp. 56-61
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 5. Later on, Dr. Banoo Coyaji, who was associated with this project, continued and expanded it, was awarded Ramon Magasaysay Award in the field of family welfare.
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 16. A project was launched with the additional financial inputs from United Nations Populatio Fund (UNFPA) and support from the Ministry of Health and Family Welfare, Government of India in order to bring about a change in the couple protection rate (CFR) of 16 percentage points in six urban areas which were low acceptance areas. Malegaon was one of these areas. We refer to this as the UNFPA project. Details given in Roy et. al., 1990, p.1-1.
 17. This statement could not be verified as published data on family planning for Malegaon city is not available.
 18. Chapter 2, verse 223 of the Holy Quran, quoted by Haque, Zohrul, 1974, p.38.
 19. Roy et. al., 1990.

CHAPTER XI

SUMMARY, CONCLUSIONS AND POLICY IMPLICATIONS

This chapter recapitulates the salient features of this work and presents noteworthy contributions with a view to arrive at some policy implications.

Religion has a significant relevance in the demographic study of socio-cultural groups. Religion prescribes a code of life, refers to a system of beliefs, attitudes and practices which individuals share in groups, and through this orientation towards life and death religion is supposed to affect one's demographic behaviour. Religion may influence all the three major components of population growth viz. fertility, mortality and migration. For example, religion may have significant bearing on fertility by encouraging to have a large family or prohibiting use of contraception or by a combination of both.

In India different religious groups are at different stages of demographic transition. Of the three variables which determine the size and growth of any population namely fertility, mortality and migration, migration may be important in altering the population size of religious groups only in border states. Mortality has come down significantly for all religious groups. Thus it is the fertility transition which determines the stage of demographic transition for different religious groups. Those religious groups with higher levels of modernization and status of woman had completed demographic transition earlier than other religious groups. In India, Parsis with low death rates and low birth rates and emigration are already in the final stage of

establishing a new demographic equilibrium. The Jewish community too seems to have reached this stage. Christians are also approaching this stage. Fertility of Hindus and Muslims too is falling. But the decline is sharper among Hindus than among Muslims.

The pace of demographic transition of any religious group is largely determined by socio-economic and cultural profile of the community. Changes in socio-economic variables such as education, status of woman and economic status will bring about changes in such proximate variables as nuptiality and contraceptive use which in turn affect fertility level. Although religion is an important variable, it is the other socio-economic variables such as female education and economic status which have overriding influence in the demographic processes. Muslims as the largest minority religious group in India are undergoing demographic transition, but factors and the mechanisms through which such changes are occurring are not well understood. Not much empirical research seems to have been carried out exclusively on Muslim population and so our knowledge on demography of Muslims is rather limited. Hence, it was felt that a detailed empirical investigation exclusively among Muslims would certainly enhance our knowledge on the determinants of the demographic processes among Muslim population.

The main objective of the thesis is to examine the possible association between certain socio-economic, cultural and some other background variables and fertility and family planning use in order to understand more clearly how important these

factors are in explaining the observed levels of fertility and contraceptive use in the study area. The specific objectives of the study are : (i) to portray the demographic, social and economic picture of the study population; (ii) to find the level of fertility and family planning practice among Muslims in the study area; (iii) to find the degree of religiosity and its influence on fertility and family planning; (iv) to ascertain the level of modernization and the status of Muslim woman and their influence on fertility and family planning; and (v) to find attitudes and perceptions of leaders of the community on issues related to population and family planning and how these leaders can play a useful role in promoting the small family norm among Muslims in general.

For the study purpose, a sample of 800 households in Malegaon city was selected. The 1991 census houselisting was used as the sampling frame for the selection of the sample. The information for sampling on wards and blocks came from the 1991 census records. For selection of sample units a three stage sampling design was adopted. In the first stage census wards, with Muslims in majority, were selected. In the second stage blocks were selected from each selected ward. In the third stage, households were selected from the census blocks. To identify the Muslim majority wards, the number of Muslims in each ward was estimated based on voter's list. Those wards in which Muslim voters formed 75 per cent or more of the total population were selected. There were 35 Muslim majority wards in Malegaon city. These 35 wards had 265 blocks. Of these 265 blocks, 60 blocks were selected by PPS systematic sampling of blocks. From each

selected block, 15 households were selected by simple random sampling. The overall sample size was fixed as 900 households to give some allowance for non-response. Of 900 households selected, data were collected from 800 households. These 800 households had 961 eligible ever married women age 15-49 who were interviewed.

A list of 60 community leaders was compiled with the help of a few knowledgeable residents of Malegaon city. The sample of leaders comprised educationists, teachers, politicians, social workers, doctors, businessmen, professionals and grass-root level workers.

Data were collected from the eligible women through structured questionnaire which was administered to all the eligible women. The questionnaire consisted of questions on household characteristics, marriage and pregnancy history, family planning, religiosity, modernization and status of woman. There was another questionnaire which was administered to community leaders. Data were obtained from the community leaders on their perception of population problem and related issues.

Malegaon is an important powerloom centre in western India. With 3.4 lakh population in 1991, it constituted 25 per cent of Nashik district urban population. Its density was 26,455 persons per sq.km. and sex ratio was 961 per 1000 males in 1991. It is one of the areas characterised by high fertility and low family planning acceptance. The latest available statistics - Annual Vital Statistics of Maharashtra 1988 - published in 1993, indicated that the birth rate for Malegaon city was 48 per 1000 population. In 1987-88, Malegaon city had 46,966 eligible couples

with a couple protection rate of 26 per cent (Family Welfare Project for Low Acceptance Areas in Maharashtra: State Project Agreement Document, Annexure II). A distressing feature of Malegaon city is that a considerable proportion of its population lives in slums. It has poor medical facilities. Also as far as toilet facility is concerned it is in poor shape.

According to 1991 census, 73 per cent of the population in Malegaon was Muslim. Weaving is the major occupation among Malegaon Muslims. Historically Muslim community in Malegaon grew by migration mainly that of weavers from North India. After the mutiny in 1857, many Momins (Muslim weavers) from North India migrated to Malegaon in order to escape the persecution of the British. Again in 1863, Momins from Banaras migrated to Malegaon to escape the harshness of famine. These Muslim weavers continued their traditional occupation of weaving. In the past Malegaon was a traditional handloom centre. With the introduction of power in Malegaon in 1935, it became a powerloom centre and remains so till today and majority of the Muslims continue weaving as their main occupation. Most of these weavers live at subsistence level.

After the mutiny, along with weavers, many Alims and Hafizs (Muslim religious scholars) too migrated to Malegaon and over time established Religious Institutions in Malegaon. Presently there are a number of schools to give religious education to boys and girls separately.

The socio-economic and the demographic characteristics of the sample population are as follows. The age distribution of the Malegaon Muslims in the present study is typical of high fertility population with 48 per cent of the population below 15

years of age and 4 per cent of age 60 and above. The sex ratio is 965 women per 1000 men. Ninety-eight percent of the respondents were living in Malegaon since birth. A large majority of household heads are males. Eighty-two per cent of the household heads are currently married, 16 per cent widowed and 1 per cent divorced. One-third of the household heads are illiterate. Also one-third of the household heads have reported loom as their occupation while 16 per cent are engaged as labourers and 11 per cent in business. The average household size is large - 7.8. Around three-fourths of the households had only one eligible woman and 6 per cent had no eligible woman. Three-fifths of the households are in nuclear family and the rest in joint family. The young dependency ratio is very high.

For three-fourths of the households, the average monthly income is Rs. 2000. The per capita monthly income for the survey population is only Rs. 200. About half of the households live in one room and one-third live in two rooms. The housing conditions and ownership of consumer durables reveal a low level of economic status in the surveyed area. The standard of living too is low. Also most of the Malegaon Muslims in the study ^{area} are engaged in low income occupations. However, literacy level in the population is relatively high.

To have a concise picture of socio-economic status among Malegaon Muslims, an index of standard of living (SLI) was constructed by including consumer durables, housing characteristics and income. Based on this all the households were divided into low, medium and high categories. As many as 51 per

cent fell into the category of low, 39 per cent in the category of medium and only 9 per cent in the category of high SLI.

Ninety-five per cent of the ever married women in the survey population are currently married, 2 per cent are widowed and another 2 per cent are divorced. Twenty-nine per cent of the ever married women are illiterate and more than four-fifths of them are house-wives. About 6 per cent of the respondents are running charkha and 5 per cent are engaged in loom work. Very few women are engaged in occupations like teaching and medicine.

Religiosity could be one of the background variables that can explain high fertility among Malegaon Muslims. Therefore, an attempt was made to measure the religiosity of Muslim women in Malegaon in terms of their religious practices, viz. Namaz (prayer), Roza (fasting), paying of Fitra (charity) and participation in Waaz (religious congregation). Overall 67 per cent of the ever married women were offering Namaz daily. Almost all the respondents were observing fast during the month of Ramzan. Around 75 per cent of the respondents were giving charity and 84 per cent of the women were participating in religious congregation.

To get a clear and more concise picture of religiosity among Malegaon Muslim women, an index of religiosity was constructed by internally scaling the observance of the above four religious practices. Depending upon the score the women were divided into three groups of religiosity - low, medium, and high. In terms of the index of religiosity, as much as 62 per cent of the women exhibited high religiosity, 33 per cent exhibited medium religiosity and only 3 per cent were found to be of low

religiosity. It was further observed that the respondents had a fairly good idea about their own intensity of religiosity.

No differentials in religiosity by age of the woman were observed. Surprisingly with each level of education, religiosity increased and this relationship was found to be statistically significant. May be with increasing education, the women understand their religion better and practise it more intensely.

Modernization and status of woman could be the other background variables that can explain high fertility among Malegaon Muslims. Therefore, an attempt was made to measure modernization and status of woman among Muslim women in Malegaon.

In the present study the variables modernization and status of woman are combined as it is observed that in general highly modernized societies are also the societies with high levels of status of woman and vice-versa. Here certain variables - purdah, female education, female labour-force participation, marriage, discrimination against girl child, female property rights, son preference, decision making, freedom of movement and exposure to media - have been used as indicators of status of woman and modernization among Malegaon Muslim women. These have been measured in a crude way. On each variable a number of questions were framed on both attitudes and practices.

Among the respondents 99 per cent approved purdah and 65 per cent of the women thought that purdah is not a hindrance to progress of women in modern world. Ninety per cent of the women had ever practised purdah while 74 per cent were currently

practising purdah. On female education, all the respondents felt that education for girls is as important as for boys. Ninety-seven per cent of the respondents favoured both types of education viz. modern and religious. Seventy-two per cent of the respondents felt that girls should complete at least S.S.C. or above. Also a majority (89 per cent) approved girls participation in sports.

Regarding attitudes towards gainful employment, almost all the respondents (98 per cent) opined that each woman should be economically independent. Again 85 per cent of the women felt that a woman should not leave her job for the sake of her husband. Strangely only 5 per cent of them were working and 45 per cent alone expressed a desire to work.

On marriage, the respondents universally opined that marriage is a must for women and almost all the women were in favour of arranged marriages. A majority of the women (68 per cent) disapproved polygyny among Muslims. Also almost all the women (96 per cent) have disapproved the triple Talaq. The custom of dowry is not prevalent among Malegaon Muslims. Mehr (dower) though theoretically an institution to empower Muslim woman, it was observed that in practice, it has failed to do so.

Almost all the women reported that there should be no discrimination in respect of feeding, clothing and medical care between boys and girls whereas some women thought that boys should be given better education (8 per cent), a greater share in property (17 per cent) and household work should not be taught to boys (26 per cent). Further, 65 per cent of the respondents affirmed that they do not discriminate between boys and girls. It

was also observed that Malegaon Muslims do not have preference for son.

Regarding property rights, only 4 per cent of the women got a share in property. However, 11 per cent of the respondents stated that they owned some asset like a house, land or loom.

On decision making, 80 per cent of the women felt that woman should have a say in important matters in her life like acquiring education, marriage, family planning, family size etc. Overall, only 35 per cent of the women, had an effective say in decision making.

On freedom of movement, 70 per cent of the women opined that women can go out alone and 65 per cent of the women reported that they go out alone for shopping etc. With regard to exposure to electronic media, the Muslim women in Malegaon have low exposure as 51 per cent never listen to radio and 44 per cent never watch T.V.

In order to peruse whether there existed correlations among the different variables of modernization and status of woman included in this study, indices were constructed separately for each variable. Later adding these indices an aggregate index was prepared. Even though the individual indices show small correlations among themselves, they show significant correlation ranging between .2 and .7 with the aggregate index.

On the basis of the scores in the aggregate index and the maximum variation between the groups, the women were divided into three groups of low, medium and high levels of modernization and status of woman. Thirty per cent of the respondents fell in

the category of high, 44 per cent in medium and 26 per cent in the low category.

Even though the Muslims in Malegaon as a whole are characterized by low levels of modernization and their women have lower status than women in other communities, it was found in the present study that education does make Muslim women modern and improve their status. Some association was found between age and index of modernization and status of woman.

With modernization religiosity may decline. Therefore, the relationship between index of religiosity and index of modernization and status of woman was examined. It is found that index of religiosity does not vary much with index of modernization and status of woman implying that no strong association exists between religiosity and modernization and status of woman among Malegaon Muslim women.

In the surveyed population marriage is universal. By age 25-29, 95 per cent of the women are ever-married, by age 35-39, 99 per cent of the women are ever married, and by age 40-44, 100 per cent of the women are ever married. In the age group of 15-49, about 2 per cent of the ever married women are divorced and less than 1 per cent are separated. The median age at first marriage for the ever married women in the age group 15-49 is 18 years. Over time age at marriage does not seem to have changed and not much variation in average age at marriage for girls has been observed. However, age difference between husband and wife is declining.

Knowledge of minimum legal age at marriage for females is low among Malegaon Muslim women. Only two-fifths of the women

could identify age 18 as the minimum legal age at marriage for females. Consanguine marriages are not widely prevalent as only 12 per cent of the respondents have married among their close relatives.

The awareness about family planning methods is widespread among Malegaon Muslim women with 88 per cent of currently married women reporting the knowledge of at least one method of family planning. There exists considerable variation in knowledge by method of contraception. The most widely known method is female sterilization (86%) followed by pill (83%), condom and copper-T (82% and 81% respectively) and male sterilization (64%). No differentials in knowledge by age and education were observed. Among different sources of knowledge on contraception, health professionals viz. doctors, para-medical staff, Anganwadi workers and friends seem to be the main source for acquiring knowledge on family planning methods.

Of 914 currently married women, 32 per cent were found to be ever users of contraception. Among the ever users, 25 per cent were current users and 7 per cent were past users. It is very encouraging to note that there is a fair amount of method mix in the current use of family planning among Malegaon Muslims. Among the total users, only 39 per cent of the women or their husbands are sterilized and thus sterilization is not the mainstay among the users. It is again very satisfying to note that the use of spacing methods is higher than the use of sterilization (although the overall use is only 25 per cent). This is very much in keeping with the reproductive health

approach the government is now introducing which propagates a balanced method mix. The relationship between current use and age is typically curvilinear. The relationship between current use and education is weak. The use is higher in nuclear families than in joint families. The use rate does not differ between low and medium status couples while it is higher for couples with higher socio-economic status. The use of spacing methods generally increases with rise in socio-economic status while there is clear negative relationship between socio-economic status and female as well as male sterilization.

The past users were asked about their intentions for future use of contraception. Sixty-four per cent of them reported that they would like to use some method in future.

All the never users were asked about their intention for future use of contraception. A large majority of the never users (80 per cent) did not intend to use any method in future. An analysis of the reasons forwarded for not practising contraception in future reveals that the largest proportion (32%) do not intend to use contraception because they want children. Other major reasons for future non-use were health problems (19%), against Islam (16%), and opposition from husband (15%). Only 20 per cent of the never users showed an intention for future use. They prefer spacing methods to sterilization for their future use.

Many Muslims in their ignorance still believe that Islam does not allow the use of contraception. Hence an attempt was made to find whether extent of religiosity among women has an effect on their contraceptive use. An analysis of the

relationship between the index of religiosity and contraceptive use reveals that the percentage of women who had ever used a method of family planning increases with the intensity of religiosity. Thus it underscores that Islam does not disallow use of family planning methods.

In order to find from the women if according to them, there is anything in Quran or Hadees prohibiting contraception all the ever-married women were asked whether the Quran and Hadees contain a command on family planning. Of those who read Quran and Hadees, 64 per cent said that there is no command against family planning in the Quran and Hadees while only 2 per cent affirmed. Thirty-four per cent answered 'don't know'. This information would be highly useful to the planners and administrators of family planning programme among Muslims.

Since the family planning acceptance among Muslims is low, it is generally believed that the Muslims oppose family planning. So all the respondents were asked : "It is observed that Muslims in general oppose family planning. Do you agree with the statement?" Overall, 44 per cent of the respondents agreed with the statement while 42 per cent disagreed. Fourteen per cent reported 'don't know'. It is important to note that a majority of the respondents disagreeing with the statement (32 per cent) stated that even if the religion doesn't permit contraception, Muslims must practise contraception for the welfare of the family.

With modernization and increasing status of woman, contraceptive practice is expected to increase. A cross

classification of contraceptive use by index of modernization and status of woman shows a positive relationship between the two variables. Ever use increases with the increase in the index of modernization and status of woman.

The effect of independent variables on contraceptive practice can be known more precisely after controlling for the effects of other variables in multivariate regression analysis. Therefore, regression analysis was carried out to assess the net influence of the predictor variables on ever use of contraception. Regression model is fitted by taking all the explanatory variables which showed a significant association with contraceptive use. The predictor variables considered for the analysis of determinants of ever use of contraception were: education of women, age at marriage of woman, the type of family which she lives, index of standard of living, index of religiosity and index of modernization and status of woman. In this analysis number of children ever born is used as demographic control variable.

The logistic regression analysis revealed that among Malegaon Muslim women, higher modernization and status of woman has an independent positive effect on acceptance of family planning. This finding is important because modernization and status of woman increases the odds of acceptance of contraception even after controlling for education and number of children ever born. Unexpectedly increasing age at marriage is found to reduce the odds of contraceptive acceptance. The effect of other predictor variables included in the model - family type, index of standard of living and index of religiosity - on odds of

contraception is insignificant.

The fertility of Malegaon Muslims is very high. The total fertility rate is 4.4 children. The average number of children ever born for all women as well as currently married women age 40-49 is 6.6. The different indicators 'birth order', 'age at first birth and 'age at last birth' too indicate high fertility for Malegaon Muslims. Sixty-six per cent of the women had third or higher order births. Only 34 per cent of the women had first and second order births. The Muslim women in Malegaon are not following the small family norm which the government propagates. Overall, 52 per cent of the women gave birth to their first child when they were between age 15 and 19 years. Twenty-five percent of the women in the age group 45-49 had completed their last birth when they were between age 40 and 44. All the above indicators of fertility show that Muslim women in Malegaon have very high fertility.

However, the gap of 2.2 children between TFR of 4.4 calculated for the two year period prior to the survey which is a current fertility measure and the mean number of children ever born (to women age 40-49) of 6.6 which is a cohort fertility measure, suggests that the fertility has declined among Malegaon Muslim women during the recent decades.

The variables age at marriage, education of woman and type of family are included for the study of differential fertility. Since one of the objectives of the study is to examine the relationship between fertility, religiosity, modernization and status of woman, these variables too are included in the

analysis of fertility differentials. The measures chosen to examine fertility differentials are mean number of children ever born (CEB) both non-standardized and standardized for age, and completed family size of the women age 40-49.

In the present study, mean CEB reduces with increasing age at marriage and increasing level of education. Fertility is higher among women in nuclear families than women in joint families. After age standardization too, the above differentials remain.

Women with high religiosity are expected to exhibit high fertility which was observed among Catholics. Among Muslims high religiosity may be even more strongly related with high fertility as orthodox Muslims are usually conservative because they hold to old beliefs and practices more tenaciously. Therefore, for Malegaon Muslim women, the relationship between fertility and index of religiosity was examined. It is found that fertility was lower among women with high religiosity than among women with medium religiosity. Even after age standardization, the relationship holds true.

Very often it is observed that with modernization and increasing status of woman, the fertility reduces. With modernization demand for children reduces. With increasing status of woman, women find less time for child bearing and child rearing. Therefore, among Malegaon Muslim women, the relationship between fertility and index of modernization and status of woman was examined. It is found that with increasing level of modernization and status of woman, the fertility reduces. After age standardization, even though fertility differentials by index

of modernization and status of woman narrow down, the direction remains the same.

The above analysis of differential fertility is not adequate to assess the net influence of factors affecting fertility. The significance of various factors can be examined by using multivariate regression analysis with appropriate controls for demographic and education variables. Hence an attempt was made to analyse factors affecting fertility using regression analysis. Children ever born was used as dependent variable to represent fertility. The explanatory variables used for the regression analysis of fertility were age at marriage, family type, index of standard of living, index of religiosity, index of modernization and status of woman. Education and age of woman were used as control variables.

The regression analysis for children ever born indicates that, all the seven predictor variables together explain 50 per cent variation in children ever born. But, of the seven variables considered, only three variables - age at marriage of woman, family type and index of religiosity - are found to influence fertility significantly. As expected, higher age at marriage among Muslim women reduces their fertility significantly. Women living in joint family have significantly lower fertility than women living in nuclear family. The effect of religiosity of women on fertility is significantly negative, i.e., higher the religiousness lower the fertility. Education of women is found to have some negative effect on fertility (significant only at 11 per cent level). Though the coefficient

of index of modernization and status of woman is negative it is not a significant factor to influence fertility. Index of standard of living is not at all a relevant factor to alter fertility levels.

With a view to ascertaining the role of community leaders in the promotion of family planning message and acceptance among Muslims, 60 community leaders in Malegaon were interviewed to know their perceptions on population, family planning programme and related issues. There was a mixed response from the various types of community leaders although majority of them agree that population problem exists, approve population policy and family planning programme of the Government of India, small family norm, family planning message on electronic media, discuss small family norm with their followers and believe that the attitudes of Muslims are favourable towards family planning. Thus, Muslim leaders in Malegaon are in favour of small family norm and family planning for Muslims. Further most of the leaders perceive Muslims to be backward in different aspects of modernization and more religious than other communities. Though almost all have said that the status of Muslim woman is better than a Hindu or Christian woman in family as well as in social life, they do want to improve her status by giving her more education, jobs outside home, better role in decision-making at home and better implementation of property rights.

It is a fact that a considerable proportion of Muslims are yet to be convinced about the benefits of a small family norm and accept family planning in large numbers. The leaders have recommended that the best way is to educate the Muslims about

small family norm and teach responsible parenthood.

The role of religion may seem to be ambivalent as Quran and Hadees can be used to oppose or support family planning. Some leaders have suggested to use the Quran and Hadees to promote family planning while others have misquoted from the above sources to oppose family planning. Even the thinking of the religious leaders on small family norm and contraception seems to be confused and outdated. For example, at one place, a religious leader says that Islam is against family planning. At another place she says Islam is only against artificial means of family planning.

The necessary measures for increasing the contraceptive practice among Muslims as recommended by community leaders are: providing a sense of security, eliminating communal riots, removal of poverty and illiteracy, present population as a national and environmental problem, and involve Muslim leaders and officials in propagation of the message. On the other hand, the quality of the services should be improved by incorporating the personal touch. Further, the programme should be re-oriented to maximize the participation of men in family planning. The community pressure should be removed by holding continuous programmes.

Even though the Muslim attitudes are becoming favourable towards contraception and family planning practice is increasing, in order to accelerate this process, co-operation from the religious leaders will help in promoting family planning whereas in the long run it is by education, development,

improvement in the status of Muslim woman by providing her with education and economic opportunities, and large scale participation by political leaders alone will bring about a higher level of family planning acceptance among Muslims.

The policy implications of the present study are as follows :

1. The Muslims in the study area are a homogenous population who are mainly engaged in the low income occupation of weaving. Their housing characteristics, possession of consumer durables and per capita income, all suggest a low level of economic development. Even though literacy levels are relatively high, educational levels are low. Therefore, it is recommended that general socio-economic developmental programmes to uplift the Muslim community in Malegaon should be undertaken.

2. Overall, only 34 per cent of the births in the study area are of first and second order births. The government propagates a two-child family. However, 66 per cent of the Malegaon Muslim women have ^{three or} more than three children. Therefore, a strong information, education and communication campaign is to be mounted for Malegaon Muslim women.

3. It is encouraging to note that there is a fair amount of method-mix in the current use of family planning among Malegaon Muslims. Among the total current users only 39 per cent of the women or their husbands are sterilized, thus sterilization is not the mainstay among the users. It is again very satisfying to note that the use of spacing methods is higher than the use of terminal methods (although the overall use is only 25 per cent). This is very much in keeping with the reproductive health

approach the government is now introducing which propagates a balanced method mix. Therefore, it is recommended that the family planning authorities may lay more emphasis on making spacing methods available to Muslims in Malegaon.

4. It seems from the remarks of the opinion leaders that the family planning services in Malegaon are poor. Roy et.al's baseline survey of Malegaon city too has found the same. Therefore, it is recommended that the quality of family planning services in Malegaon city should be improved.

5. The largest proportion of the never users reported that they do not use contraception because they want children. The other important reasons for non-use of contraception are health problems, husband's opposition and 'against Islam'. So it seems that there is substantial scope for furthering the contraception among Muslim women in Malegaon by providing proper contraceptive information and education.

6. The present study reveals that religiosity neither promotes fertility nor hinders contraceptive use. As such it is suggested that religion should be given a back-seat while propagating family planning among Muslims.

7. There is a need for modernizing Muslims in Malegaon. Also status of Muslim woman needs to be improved by providing her with education and employment opportunities.

8. It is observed that a number of community leaders are willing to propagate small family norm and contraceptive use among Muslims. These leaders' services can be utilised by the family planning programme administrators.

To conclude, the study population is a homogenous population of Muslims mainly of weaving community with low levels of socio-economic development characterized by high fertility and low family planning acceptance which is passing through the mid-transition stage wherein the fertility continues to be high yet declining. Religion does not seem to explain their high fertility and low family planning acceptance while modernization and status of woman seem to be important in explaining their high fertility and low family planning acceptance.

The Contribution of the Study

The contribution of the present study is that it covers a fairly large sample size (961 ever-married women) representing exclusively Muslim community which is characterized by low socio-economic development in an area ridden by communal tensions. Earlier several studies were carried out on Muslim fertility and family planning mainly in relation to other communities such as Hindus. Most of these studies revealed a higher fertility and lower family planning practice among Muslims. However little attempt has been made to look into high Muslim fertility taking into account various social, cultural and religious factors exclusive to Muslims. The present study tries to fill up this gap. This study has found that it is not religiosity but the factors such as modernization, status of woman and female education which are important contributory factors that can explain high fertility and low family planning practice among Muslims. Thus the present study dispels the misconception that fertility is high and family planning acceptance is low among Muslims because they are a highly religious community.

Again very few studies have tried to study the opinions and attitudes of the Muslim leadership towards various aspects such as status of woman, modernization, religiosity, female education, small family norm, use of contraception etc. The present study has covered this area by trying to get the Muslim leadership's views and attitudes regarding above mentioned variables in Muslim community. The findings of the present study are revealing in light of the fact that in the lower socio-economic group of Muslim community leaders wield a lot of influencing power.

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Appendix 4.1

Single Year Age Distribution of the Household Population
by Sex, Malegaon Muslims, 1994-95

Age (1)	Number			Percentage		
	Male (2)	Female (3)	Persons (4)	Males (5)	Females (6)	Persons (7)
1	133	127	260	4.2	4.1	4.2
2	120	109	229	3.8	3.6	3.7
3	110	115	225	3.5	3.8	3.6
4	124	123	247	3.9	4.0	4.0
5	107	95	202	3.4	3.1	3.2
6	135	109	244	4.2	3.6	3.9
7	85	86	171	2.7	2.8	2.7
8	145	114	259	4.6	3.7	4.1
9	84	87	171	2.6	2.8	2.7
10	128	124	252	4.0	4.0	4.0
11	82	81	163	2.6	2.6	2.6
12	130	97	227	4.1	3.2	3.6
13	64	68	132	2.0	2.2	2.1
14	96	112	208	3.0	3.7	3.3
15	57	73	130	1.8	2.4	2.1
16	96	92	188	3.0	3.0	3.0
17	39	26	65	1.2	0.8	1.0
18	104	83	187	3.3	2.7	3.0
19	28	30	58	0.9	1.0	0.9
20	66	92	158	2.1	3.0	2.5
21	30	25	55	0.9	0.8	0.9
22	63	76	139	2.0	2.5	2.2
23	27	22	49	0.8	0.7	0.8
24	47	49	96	1.5	1.6	1.5
25	62	85	147	2.0	2.8	2.4
26	39	31	70	1.2	1.0	1.1
27	19	20	39	0.6	0.7	0.6
28	53	59	112	1.7	1.9	1.8
29	10	23	33	0.3	0.8	0.5
30	109	98	207	3.4	3.2	3.3
31	12	16	28	0.4	0.5	0.4
32	61	56	117	1.9	1.8	1.9
33	8	15	23	0.3	0.5	0.4
34	22	14	36	0.7	0.5	0.6
35	113	78	191	3.6	2.5	3.1
36	11	42	53	0.3	1.4	0.8
37	5	8	13	0.2	0.3	0.2
38	34	35	69	1.1	1.1	1.1
39	8	8	16	0.3	0.3	0.3
40	94	75	169	3.0	2.4	2.7
41	5	7	12	0.2	0.2	0.2
42	28	16	44	0.9	0.5	0.7
43	5	4	9	0.2	0.1	0.1
44	5	11	16	0.2	0.4	0.3

Appendix 4-1 continued.

(1)	(2)	(3)	(4)	(5)	(6)	(7)
45	85	35	120	2.7	1.1	1.9
46	2	8	10	0.1	0.3	0.2
47	5	6	11	0.2	0.2	0.2
48	11	8	19	0.3	0.3	0.3
49	4	8	12	0.1	0.3	0.2
50	57	66	123	1.8	2.2	2.0
51	3	9	12	0.1	0.3	0.2
52	9	23	32	0.3	0.8	0.5
53	1	4	5	0.0	0.1	0.1
54	7	2	9	0.2	0.1	0.1
55	46	52	98	1.4	1.7	1.6
56	4	4	8	0.1	0.1	0.1
57	1	1	2	0.0	0.0	0.0
58	9	4	13	0.3	0.1	0.2
59	2	0	2	0.1	0.0	0.0
60	53	59	112	1.7	1.9	1.8
61	1	1	2	0.0	0.0	0.0
62	2	2	4	0.1	0.1	0.1
63	2	1	3	0.1	0.0	0.0
65	26	24	50	0.8	0.8	0.8
66	2	0	2	0.1	0.0	0.0
67	0	1	1	0.0	0.0	0.0
68	0	3	3	0.0	0.1	0.0
69	1	0	1	0.0	0.0	0.0
70	27	15	42	0.8	0.5	0.7
72	1	0	1	0.0	0.0	0.0
74	0	2	2	0.0	0.1	0.0
75	3	2	5	0.1	0.1	0.1
78	0	1	1	0.0	0.0	0.0
79	1	0	1	0.0	0.0	0.0
80	5	6	11	0.2	0.2	0.2
82	1	0	1	0.0	0.0	0.0
85	2	1	3	0.1	0.0	0.0
92	1	0	1	0.0	0.0	0.0
95	0	1	1	0.0	0.0	0.0
Total	3177	3065	6242	100.0	100.0	100.0

Appendix 4.2

Standard of Living Index (SLI)

This index is constructed by summing the scores for variables obtained from the Household Questionnaire. The index undertakes scores from 0-35 and is based on the following weights.

Items	Category	Weights
1. Possession of consumer durables		
Stove		1
Gas Pressure Cooker		2
Cot		1
Chair		1
Almari (cupboard)		1
Radio		1
T.V.		2
Fan		1
Fridge		2
Cycle		1
Scooter		1
Car		2
Powerloom		2
2. Housing characteristics		
Number of rooms	1	1
	2	2
	3	3
	.	.
Possession of :		
Separate kitchen		1
Separate bathroom		1
Separate toilet		1
House appearance	Kutcha	1
	Semi-pucca	2
	Pucca	3
	Pucca	3
Possession of electricity		1
Source of drinking water		
Ownership of tap/handpump		1
3. Household income per month		
Less than 1000	1000-1999	2
	2000-2999	3
	3000-3999	4
	4000-4999	5
	5000 and above	6

The maximum score would come to 35 with maximum 3 room tenement. The households, depending upon the total score, were divided into three SLI groups - low with scores up to 12; medium with scores between 13 and 24; high with scores between 25 and 35. The grouping is done on the basis of total value of the index rather than on the quartile basis. It is observed that there is not much social variations among the households, as they basically belong to lower middle and poor classes.

Appendix 5.1

Index of religiosity

This index is constructed by summing the scores for variables obtained from the questions on the observance of religious practices from the section 'Religiosity' in the Woman's Questionnaire. The index undertakes values from 0-12 and is based on the following scoring system.

Value	Category	Score
1. Regularity of offering Namaz (prayer)	Daily - 5 times	6
	- 4 times	5
	- 3 times	4
	- 2 times	3
	- 1 time	2
	Sometimes - (once in a week, a month or on Idd day)	1
	Never	0
2. Strictness of fasting during Ramzan	Full one month	3
	Few days only	1
	Never	0
3. Offering Fitra (charity)	Gives Fitra	2
	Intends to give Fitra (but can't give due to poverty)	1
	Doesn't give	0
4. Participation in Waaz (religious congregation)	Yes	1
	No	0

Appendix 5.2

Distribution of Frequencies of
ever married women by index score
on their religiosity

Index score	Number of	Per cent
0	0	0.0
1	0	0.0
2	1	0.1
3	3	0.3
4	23	2.4
5	30	3.1
6	148	15.4
7	129	13.4
8	35	3.6
9	65	6.8
10	76	7.9
11	136	14.2
12	315	32.8
Total	961	100.0

Appendix 6.1

Scores Assigned to Different Questions in the Section Modernization and Status of Woman in Woman's Questionnaire for Preparing Index of Modernization and Status of Woman

Purdah

- Q.3 Do you think that Purdah (Burqa) is a hindrance to the progress of woman in today's world?
Yes - 2, No - 1, Don't know - 0
- Q.7 Do you observe purdah (Burqa) due to pressure from -
family members - 0, voluntarily - 1, don't observe
purdah - 2
- Q.15 Observance of purdah (Burqa) -
before marriage and after marriage (always) - 1,
after marriage - 2, before marriage - 3, never - 4

Education

- Q.10 What type of education is necessary for girls?
school/college - 3, school-madarasa/school-Quran - 2,
Quran only/madarasa - 1
- Q.11 If modern education, to what level girls should study?
No limit - 5, graduate/professional - 4,
college/teacher - 3, S.S.C. - 2, Upto S.S.C. - 1,
Don't know - 0

Labour Force Participation

- Q.20 Suppose a working girl is about to marry. Her fiance demands that she should leave the job after marriage. What advice would you give her?
Should not leave the job - 2, Should leave the job - 1,
don't know - 0
- Q.21 Would you like to work?
Yes - 2; No - 1, don't know - 0
- Q.22 If no, why?
Already working - 6, willing to work - 5, no necessity-4
not getting the job - 3, family pressure/social
pressures - 4, husband opposes - 1

Marriage-I

- Q.29 According to you, at what age should a girl marry?
Above 18 - 3, 18 - 2, below 18 - 1, don't know - 0
- Q.30 What is the legal age at marriage for girls?
18 - 2, above 18/below 18 - 1, don't know - 0
- Q.32 Among Muslims there is a custom of marrying more than one wife, (polygyny) what do you think?
Disapprove - 2, approve - 1, don't know - 0

Marriage-II

- Q.37 What do you think about Mehr?
Maximum - 4, In keeping with husband's economic status - 3, approves (quantum not specified) - 1, don't know - 0
- Q.39 When did you receive your Mehr?
At the time of marriage - 3, partly before/partly after marriage - 2, after marriage - 1, not yet received - 0
- Q.40 What do you think about the unilateral divorce (triple talaq) among Muslims?
disapprove - 2, approve - 1, don't know - 0
- Q.41 Marriage among relatives
no relatives - 2, distant relative - 1, close relative - 0

Discrimination against Girl Child

- Q.43 Is it necessary to treat a boy and a girl equally in respect of :
education: yes - 2, no - 1, don't know - 0
household work: yes - 2, no - 1, don't know - 0
property share : yes - 2, no - 1, don't know - 0

Decision Making

Q.54 Acquiring skills -

a woman should have a say, say was declared and became effective - 4, should have a say, say was declared, not effective - 3 should have no say - 1, don't know - 0

education : yes - 2, no - 1, don't know - 0

marriage : yes - 2, no - 1, don't know - 0

family planning : yes - 2, no - 1, don't know - 0

Freedom of Movement

Q.55 Do you think that a woman can go alone outside her home?

Yes - 2, No - 1, don't know - 0

Q.56 Do you go out alone?

Yes - 2, No - 1

Exposure to Media

Q.58 How often do you listen to radio?

quite often - 2, rarely - 1, never - 0

Q.60 How often do you watch T.V.?

quite often - 2, rarely - 1, never - 0

Q.62 Do you approve the family planning message broadcast/telecast on radio/T.V.?

Yes - 3, yes, but late night - 2, no - 1, don't know - 0

Appendix 6.2
Correlation Matrix among the Indices of the
Variables Considered to construct the
Index of Modernization and Status of Woman

	EDN	LFP	M. I.	M. II	DISC	DEC	FREE	MED	AGGR
EDN	1.0000								
LFP	0.0951*	1.0000							
M. I	0.0468	0.0984*	1.0000						
M. II	0.0717*	0.1930*	0.0199	1.0000					
DISC	0.2324*	0.1233*	0.0629	0.2107*	1.0000				
DEC	0.3748*	0.0893*	0.1507*	0.1404*	0.2886*	1.0000			
FREE	0.0690*	0.0950*	-0.0952*	0.0666	0.1779*	0.1573*	1.0000		
MED	0.2511*	0.1240*	0.1262*	0.2582*	0.1734*	0.3672*	0.0238	1.0000	
AGGR	0.4871*	0.5263*	0.3010*	0.4842*	0.4494*	0.7241*	0.2473*	0.6456*	1.0000

Definition of Variables

EDN	:	Index of Education
LFP	:	Index of Labour force participation
M-I	:	Index of Marriage-I
M-II	:	Index of Marriage-II
DISC	:	Index of discrimination against girl child
DEC	:	Index of decision making
FREE	:	Index of freedom of movement
MED	:	Index of exposure to mass media
AGGR	:	Aggregate Index

गपनीय
(केवल संशोधन के लिये)

गोखले अर्थशास्त्र संस्था, पुणे-४११ ००४.
(अभिमत विद्यापीठ)

मालेगांव शहरके मुसलमानोंमें जनन तथा परिवार नियोजनका सर्वेक्षण

विभाग-१

मुलाकातकी तारीख.....

अगली मुलाकातकी तारीख.....
(अगर जरूरी है।)

मुलाकात शुरू होनेका वक्त.....

परिवार — प्रश्नावली

१. परिवारसंबंधी साधारण जानकारी

अ. क्र.

घर के बड़े का नाम.....

पता.....

जवान देनेवाले का नाम.....

(इंटरव्यूवर — आप घरके बड़ेमें या और कोई जिम्मेदार इन्सानसे मालूमात लीजिये।)

२. अ) परिवार के सदस्य

अ. क्र.	घरमें हमेशा रहनेवाले का नाम	घरके बड़ेसे रिश्ता	उम्र (साल)	भादमी औरत	शादीकी मीजूदा स्थिती कुंवारी/शादी- दुदा/बिवा/ अलाहदा	तालीम अनपढ/दस्तखत करना आता है/ पढ रहे हैं (जमात) /पढ चुके हैं (जमात)	पेगा	माछेगावमें कबसे है ?	मुलाकात के लिए योग्यता ●
१	:	:	४	५	६	७	८	९	१०
१									
२									
३									
४									
५									
६									
७									
८									

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● १५-४९ साल उम्र की महिलाओं (कुंवारी छोडके और सभी) को अधोरेखांकित किजिए

१	२	३	४	५	६	७	८	९	१०
९									
१०									
११									
१२									
१३									
१४									
१५									
	ब) जो मेहमान इस वक़्त रह रहे हैं।								

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माशी हालत -

३. क्या आपके पास नीचे दी हुई चीजे है ?

स्टोव

पलंग

कुर्सी

अलमारी

पवर-लूग

रेडिओ-ट्रांजिस्टर

सायकल

स्कूटर / मोटर सायकल

कार

प्रेसर कुकर

गंस

पंखा

फ्रीज

टी. व्ही.

घर

दिगर

४. घर की मजमूई महीना आमदनी कितनी है ?

रुपये १००० से कम

१००० - १९९९

२००० - २९९९

३००० - ३९९९

४००० - ४९९९

५००० से ज्यादा

५. घर (इंटरव्यूवर : नीचे की मालूमात आप गौर से देखकर लिखिए।)
कितने कमरे है ?

अलाहदा बावर्ची खाना हाँ ना

अलाहदा धुसल खाना हाँ ना

अलाहदा सडास हाँ ना

फर्स दीवार छत

कच्चा लकडी की कच्चा

सिमेंट का बना हुआ मिट्टी की टैल का बना हुआ

टैल का बना हुआ ईट की पक्का

६. घर का दिखावा

सांपडी बिजली

मतवस्सित हाँ

आला ना

७. पानी का जरिया

जाती - नल आबामी हंड पंप

आबामी नल दिगर तपसील

जाती हंड पंप

८. पैदाईश संबंधी जानकारी

पिछले दो सालों में इस घर में जन्किया हुई क्या (रमजान ५ एप्रिल, १९९२ से इस रमजान १४ मार्च, १९९४ तक) ?

हाँ ना

९. पिछले दो सालों में इस घर में किसी भेहमान की जन्की हुई क्या (रमजान ५ एप्रिल, १९९२ से इस रमजान १४ मार्च, १९९४ तक) ?

हाँ ना

(इंटरव्यूवर : सवाल ७ और ८ में से किसी एक या दोनों का जबाब ही है तां नीचे मालूमात भरिए।)

(५)

अ. क्र.	बच्चे का नाम	माँ घर में हमेशा रहने-वाली (१) मेहमान (२) हवाला स. २ (अ) का. १० ये जैसा था / मेहमान जा चुकी है (३) माँ मर गई (४)	जन्की के वक्त माँ की उम्र	पैदाईश की तारीख		अकेला / जुड़वा	लडका / लडकी	बच्चे की उम्र		कुल बच्चों में इस बच्चे का अतःपांक	जन्की की जगह	
				महीना	साल			जिदा	माँत के वक्त		घर	इस्पताल
१		३	४	५	६	७	८	९	१०	११	१२	१३
१												
२												
३												
४												
५												
६												
७												
८												

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मौतसंबंधी जानकारी -

(६)

१. क्या इस घर में पिछले दो सालों में (रमजान ५ एप्रिल १९९२ से इस रमजान १४ मार्च १९९४ तक) किसी की मौत हुई ?

हां

ना

→

(अगर जवाब ना है तो विभाग-२ पे जाइये ।)

अ. नं.	मरनेवाले का नाम	घर में हमेशा रहनेवाले या मेहमान	आदमी / औरत	मरने के वक्त उम्र	मौत की तारीख		मौत की वजह	मौत का मकाम	
					महीना	साल		घर	हस्पताल
१	=	=	४	५	६	७	८	९	१०
२									
३									
४									
५									
६									
७									
८									
९									
१०									

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शादी और हमलसंबंधी जानकारी

सिर्फ १५-४९ उम्रकी एवर मॅरिड औरतोंके लिए

(हर औरतके लिये अलग प्रश्नावली इस्तमाल किजिये ।)

विभाग - २

प्रश्नावली क्र. _____

उपविभाग अ - पहचान

परिवार क्र. _____

औरत का नाम _____

पता _____

औरत का हवाला (विभाग १, सवाल (२) कॉलम १० में जैसा था) _____

उपविभाग ब - १. माषी और डेमोग्राफिक विशेषताएँ

अ. क्र.	विशेषताएँ	बीबी		शोहर	
		साल	महीना	साल	महीना
i)	पैदाईश की तारीख				
ii)	उम्र (पूरी हुई)				
iii)	शादी की मौजूदा स्थिति (शादीशुदा/बेवा/तलाखशुदा/अलाहदा)				
iv)	जाय पैदाईश (गाँव/शहर)				
v)	आबाई मकाम (गाँव/शहर)				
vi)	मालेगाव में क्यामका अडसा				
vii)	तालीम				
viii)	पेशा				

(इंटरव्यूहर) - बेवा औरतोंके लिये मरनेके वक्त शोहरकी पूरी हुई उम्र पुछकर सही जगहपर लिख दिजिये

उपबिभाग क - शादीसंबंधी जानकारी

शादी का क्र.	शोहर की शादी का अ. क्र.	शादी का साल	शादी के वक्त उम्र	शादी के वक्तपर शोहर की उम्र	वेवा या तलाख होनेकी सूरत में		शादी टूटनेकी वजह	शोहर की मौत/ तलाख	अलाहदगी की सूरतमें अलाहदगी की तारीख	जिदा पैदा होनेवाली बच्चोंकी तादाद
					महीना	साल				
१	२	३	४	५	६	७	८	९	१०	
पहली										
दूसरी										

उपबिभाग ड - जनन

३. i) आपको कोई बच्चा पैदा हुआ है ? हाँ ना → (सवाल ३(अ) पे जाइए)

ii) आपके लडके या लडकियाँ इस वक्त आपके साथ रह रहे हैं ? हाँ ना

iii) कितने लडके आपके साथ रहते हैं ? _____

कितनी लडकियाँ आपके साथ रहती हैं ? _____

iv) आपके और कोई लडके या लडकियाँ इस वक्त आपके साथ रहते हैं ? हाँ ना

v) कितने लडके आपके साथ नहीं रहते हैं ? _____

कितनी लडकियाँ आपके साथ नहीं रहनी हैं ? _____

vi) आपको ऐसा कोई लडका हुआ था या लडकी हुई थी जो जिंदा पैदा हुए लेकिन बादमें मर गये ?

हाँ ना

vii) कितने लडके मर गये ? _____

कितनी लडकियाँ मर गयी ? _____

viii) उपरकी जानकारी से मुझे यह पता चला के आपने _____ बच्चे पैदा किये।

ठीक है ? हाँ ना , (अगर ना तो बच्चोंकी तादाद सही किजिए)

उपविभाग इ - माहवारी

४. पहली माहवारी के वक्त आपकी उम्र क्या थी ? _____

५. क्या अब भी माहवारी आती है ?

हां ना

↓

(सवाल ७ पर जाएं)

हमल महीने _____

जचको के बाद

का वक्ता महीने _____

माहवारी बंद हो चुकी है।

ना मालूम

(इंटरव्यूहर - अगर माहवारी बंद हो चुकी है तो ही नीचे के सवाल पूछिये)

६. माहवारी रुकने के वक्त आपकी उम्र क्या थी ? _____ साल

उपविभाग ई - दूध पिलाना और जचकी के बाद का वक्ता

इंटरव्यूहर - आप उन्हीं औरतोंसे सवाल कीजिए जिन्हें पिछले चार सालोंमें कमसे कम एक जिंदा बच्चा पैदा हुआ हो।

७. आपने कितने महीने या कितने साल आखरी बच्चा/बच्ची को दूध पिलाया ?

i) सिर्फ छाती का दुध साल _____ महीने _____

ii) छाती के दुध के साथ ऊपर का दुध/और कुछ साल _____ महीने _____

iii) अब भी पिला रही है ? साल _____ महीने _____

८. आपने अपने आखरी बच्चा/बच्ची को कबसे दूध के अलावा और कुछ (घनी चीज) देना शुरू किया ?

९. गुज्रप्ता जचको/गर्भपात के कितने दिन बाद माहवारी शुरू हुई ?

महीने _____ अब भी माहवारी बंद है।

१०. गुज्रप्ता जचकी के कितने दिनों बाद शोहरसे तालुकात शुरू हुए ?

महीने _____ अब तक नहीं _____

परिवार नियोजन : मालूमात, अमल और रवट्या

सिर्फ १५-४९ उमकी एवर मॅरिड औरतोंके लिए

(हर औरत के लिए अलग प्रश्नावली इस्तेमाल कीजिए)

विभाग ३ - पहचान

प्रश्नावली क्र. _____

परिवार क्र. _____

औरत का नाम _____

पता _____

औरत का हवाला (विभाग १, सवाल २ (अ) कॉलम १० में जैसा था) _____

१. बाज जोडे हमल रोकने के तरीके इस्तेमाल करते हैं। आपको इन तरीकों के बारे में कुछ मालूम है ?

हाँ ना

(इंटरव्यूहर - आप कोई तरीका बताना नहीं। पहले आप उन तरीकों को टिक (✓) कीजिए जो वह खुद बताएगी। बाद में आप कालम ४ में उन तरीकों को टिक (✓) कीजिए जिन्हे आप के बोलने के बाद कहती है के वह जानती है।)

२.

अ. क्र.	तरीका	बगैर बताये हुए	बताने के बाद	कहाँसे पता चला	सिर्फ मुना है	पूरी जानकारी है
१	२	३	४	५	६	७
i)	अधुरा संभवेग					
ii)	सुरक्षित काल					
iii)	निरोध					
iv)	तांबी					
v)	गोली					
vi)	आपरेशन आदमी का					
vii)	आपरेशन औरत का					
viii)	इंजेक्शन					
ix)	दिगर तफ्तील					

३. क्या आपने या आपके गोहरेने इस में से कोई तरीका इस्तमाल किया था ?

हाँ ना पास्ट यूसर → (अगर सवाल ३ का जवाब हाँ और सवाल ४ का जवाब ना हो तो)

४. क्या कोई तरीका अब भी इस्तमाल कर रहे हैं ?

हाँ ना करंट यूसर

(अगर सवाल ३ और ४ में दोनों का जवाब ना है तो आप पेज नं १६ सवाल १ पे जाइए । अगर किसी एक सवाल या दोनों का जवाब हाँ है तो आप नीचे का सवाल पूछिए ।

५. कौनसा तरीका इस्तमाल किया था या कर रहे हैं ?

अ. क्र.	तरीका	इस वक्त इस्तमाल	पहले इस्तमाल
i)	अधूरा संभोग		
ii)	सुरक्षित काल		
iii)	निरोध		
iv)	तांबी		
v)	गोली		
vi)	आपरेशन आदगी का		
vii)	आपरेशन औरत का		
viii)	इंजेक्शन		
ix)	दिगर तफदील		

(अगर आपरेशन किया गया है तो सवाल ६ पे जाइए । अगर दूसरे तरीके हैं और पास्ट यूसर है तो पेज नं. १४ सवाल १ पर जाइए । करंट यूसर है तो पेज नं १५ सवाल १ पर जाइए ।)

सिर्फ आपरेशन किए गये जोड़ों के लिए -

		बीबी	शोहर
६.	आपरेशन की तारीख		
७.	आपरेशन की जगह (सरकारी इस्पताल / खासगी)		

८. आपरेशन के वक्त बीवी की उम्र क्या थी? _____ साल _____
९. आपरेशन के वक्त जिंदा बच्चों की तादाद क्या थी? _____ लड़कियाँ _____
१०. आपरेशन के वक्त सबसे छोटे बच्चे की उम्र क्या थी? _____ साल _____
११. हरजाने की रकम? _____
- नग _____ दूसरी तरह (तफसील) _____
१२. आपरेशन के बाद कोई तकलीफ हुई? _____
हाँ ना → (सवाल २३)
१३. अगर हा तो किस तरह की तकलीफ? _____
i) कमर का दर्द ii) कमजोरी
iii) माहवारी में ज्यादाती iv) सफेद पानी
v) जखम का गकना vi) दिगर तफसील
क्या इलाज करवाया? हाँ ना → (सवाल १६)
१४. कहाँ इलाज हुआ? इलाजसे फायदा हुआ या नहीं? _____
हाँ → (सवाल १७) ना → (सवाल १८)
१६. क्यों इलाज नहीं करवाया? _____
i) इलाज मंहंगा था ii) इलाज से डर लगता था
iii) इलाज की जरूरत महसूस नहीं की iv) दिगर तफसील
१७. क्या इस्पताल में जो सहाय्यत हासिल है उससे आप मुतमईन हो? _____
हाँ → (सवाल १९) ← ना
१८. अगर ना तो क्यों? _____
१९. क्या आपको इस्पताल दोबारा आने के लिए कहाँ गया था? _____
हाँ ना
२०. अगर हाँ तो आप गई थी? हाँ ना → (सवाल २२)
२१. अगर हाँ तो आपको वहाँ के इलाजसे तसल्ली है? हाँ → (स. २३) → ना
२२. अगर अस्पताल नहीं गई तो क्यों? _____
२३. क्या आपरेशन अपनी मर्जी से करवाया? हाँ ना → (सवाल २५)
२४. अगर अपनी मर्जी से करवाया तो उसकी वजह? → (सवाल २६)
i) बच्चे ज्यादा थे ii) हरजाने के लिए
iii) दिगर तफसील
२५. अगर अपनी मर्जी से नहीं तो किसके कहने पर आपरेशन करवाया? _____
i) डाक्टर के कहने पर iii) रिश्तेदारोंके कहनेपर
ii) किसी के मजबूर करने पर iv) दिगर तफसील
२६. क्या आपरेशन करने का आपको अफसोस है? हाँ ना → (सवाल २८)
२७. अगर अफसोस है तो क्यों? _____
i) बुझार आता है v) कमर में दर्द/आपरेसन में दर्द
ii) जखम का पक जाना vi) कमजोरी
iii) आपरेशन के बावजूद हमल vii) जिन्सी कुध्वत में कमी
iv) आपरेशन के बाद बच्के की मौत viii) दिगर तफसील

२८. क्या आप के खयालमें आपरेक्षण कराना परिवार के लिए बहुतरी का सबब है ?
हाँ ना ना मालूम
२९. आपरेक्षण से पहले क्या आप दोनों ने इस मामले में एक दूसरे से मशवरा किया था ?
हाँ ना
३०. आपरेक्षण के बारेमें पहले किस खयाल आया ?
शोहर बीबी दोनों

सिर्फ उन जोड़ों के लिए जिन्होंने पहले कभी परिवार नियोजन के तरीके (बच्चोंके दरम्यान फासला रखनेके लिए) इस्तमाल किये थे और अब नहीं कर रहे हैं। (पास्ट यूझर)

१. आप कौनसा तरीका इस्तमाल करती थी ? _____
२. क्यों छोड़ दिया ?
- | | | | |
|-------------------------------------|--------------------------|---|--------------------------|
| i) हमल ठहर गया | <input type="checkbox"/> | ii) जिसी गैर असूदगी | <input type="checkbox"/> |
| iii) माहवारी की परेशानी | <input type="checkbox"/> | iv) तंदुस्ती की परेशानी | <input type="checkbox"/> |
| v) तरीका इस्तमाल करनेकी दिक्कत | <input type="checkbox"/> | vi) तरीका हासिल करनेकी दिक्कत | <input type="checkbox"/> |
| vii) वजन बढ़ गया | <input type="checkbox"/> | viii) तरीका पसंद नहीं आया | <input type="checkbox"/> |
| ix) बच्चेकी स्वाहिश | <input type="checkbox"/> | x) मरनेवाले बच्चे का बदल हासिल करनेके लिए | <input type="checkbox"/> |
| xi) इस्तमाल के लिए घरमें सहूलत नहीं | <input type="checkbox"/> | xii) दिगर तफसील | <input type="checkbox"/> |
३. यह तरीका आपने कितने दिनों तक अपनाया ? _____
४. यह तरीका छोड़नेके बाद आपने दूसरा कोई तरीका इस्तमाल किया ?
हाँ ना → (सवाल ८ पर जाइए)
५. अगर हा तो कौनसा ? _____
६. यह तरीका आपने कितने दिन तक इस्तमाल किया ? _____
७. इस तरीके को छोड़ने की वजह क्या थी ?
- | | | | |
|-------------------------------------|--------------------------|---|--------------------------|
| i) हमल ठहर गया | <input type="checkbox"/> | ii) जिसी गैर असूदगी | <input type="checkbox"/> |
| iii) माहवारी की परेशानी | <input type="checkbox"/> | iv) तंदुस्ती की परेशानी | <input type="checkbox"/> |
| v) तरीका इस्तमाल करनेकी दिक्कत | <input type="checkbox"/> | vi) तरीका हासिल करनेकी दिक्कत | <input type="checkbox"/> |
| vii) वजन बढ़ गया | <input type="checkbox"/> | viii) तरीका पसंद नहीं आया | <input type="checkbox"/> |
| ix) बच्चेकी स्वाहिश | <input type="checkbox"/> | x) मरनेवाले बच्चे का बदल हासिल करनेके लिए | <input type="checkbox"/> |
| ix) इस्तमाल के लिए घरमें सहूलत नहीं | <input type="checkbox"/> | xii) दिगर तफसील | <input type="checkbox"/> |
८. क्या आईदा आप कोई तरीका इस्तमाल करना चाहती हैं ?
हाँ ना → (सवाल १०)
९. अगर हा तो कौनसा ? _____ (पेज नं. १५, सवाल ८ पे जाइए)
१०. अगर ना तो वजह क्या है। _____ (पेज नं. १५, सवाल ८ पे जाइए)

सिर्फ उन जोड़ोंके लिए जो इस वक्त परिवार नियोजनका तरीका (बच्चोंके वरम्यान फासला रखनेके लिए) इस्तमाल कर रहे है (करंट यूझर)

१. इस वक्त आप कौनसा तरीका इस्तमाल कर रही है ? और कितने दिनोंमें इस्तमाल कर रही है ?

२. क्या इसके पहले भी आपने कोई तरीका इस्तमाल किया था ? हां ना → (स. ५)
३. अगर हां तो कौनसा ?
इस्तमाल करना क्यों छोड दिया ?
 i) हमल ठहर गया ii) जिती गैर असूदगी
 iii) माहवारी की परेशानी iv) तंदुस्ती की परेशानी
 v) तरीका इस्तमाल करनेकी विवक्त vi) तरीका हासिल करनेकी विवक्त
 vii) वजन बढ़ गया viii) तरीका पसंद नहीं आया
 ix) बच्चेकी स्वाहिश x) मरनेवाले बच्चेका बदल हासिल
 xi) इस्तमाल के लिए बरमें सहूलत नहीं करनेके लिए
 xii) दिगर तफ़्सील _____
४. यह तरीका कितने दिन इस्तमाल किया ?

५. इस वक्त जो तरीका आप इस्तमाल कर रही है इससे आपको तसल्ली है ?
हां ना → (स. ७)
६. अगर हां तो मौजूदा तरीका कबतक इस्तमाल करनेका इरादा है ?

७. अगर 'ना' तो इसकी क्या बजह है ?

- (इंटरव्यूहर : दोनोंसे -- पास्ट यूझर और करंट यूझर - पूछिए)
८. क्या आपको और बच्चे चाहिए ? और कितने ? हां ना बच्चे
 ९. अगर हा तो कितने लडके और कितनी लडकियां ?
लडके लडकियां कोई भी
 १०. आपे जाकर परिवार नियोजन अपनातेका इरादा है तो आप क्या करेंगी ?
 i) कोई तरीका इस्तमाल करेंगी iii) ऑपरेशन करावा लेंगी
 ii) मौजूदा तरीका जारी रखेंगी iv) कुछ दिन मौजूदा तरीका इस्तमाल करके
 v) दिगर तफ़्सील बादमें ऑपरेशन करावा लेंगी
 ११. क्या परिवार नियोजन का तरीका अपनी मर्जीसे अपनाया था ? हां ना → (स. १३)
 १२. अगर हां तो किस बजह से ?

 १३. अगर ना तो किसके कहनेपर ?

(अगर जबाब देनेवाली औरत हमल से है तो पेज नं. १८ पे जाइए । वरना विभाग - ४ पे जाइए)

(अगर जबाब देनेवाली औरत हमल से है तो पेज नं. १८ पे जाइए / वरना विभाग - ४ पे जाइए)

उन जोड़ों के लिए जिन्होंने परिवार नियोजन के तरीके कभी इस्तमाल नहीं किया हो (नेवर यूझर)

१. क्या आपको वे तरीके मालूम हैं जिन से बच्चों की पैदाइश रोकी जा सकती है या दो बच्चों के दरमियान अपनी मर्जीसे फासला रक्खा जा सकता है ?

हां ना

२.

अ. क्र.	प्रसार माध्यम	बीबि देखती है ?	बीबिने परिवार नियोजन के बारेमें मालूमात हासिल की ?	बीबिने परिवार नियोजन के बारेमें मालूमात शोहर को दी ?	शोहर ने परिवार नियोजक के बारेमें मालूमात बीबि को दी ?
१	२	हाँ / ना ३	हाँ / ना ४	हाँ / ना ५	हाँ / ना ६
i)	रेडिओ				
ii)	टी. वी.				
iii)	फिल्म				
iv)	स्लाईड				
v)	पोस्टर				
vi)	जाहिरात				
vii)	किताबें				

३. क्या आपने अपने शोहर के साथ परिवार नियोजन के बारे में तबादले ख्याल किया है ?

कभी नहीं कभी कभार कई बार

४. क्या किसी आरोग्य कर्मचारीने कुछ दिनों पहले आपसे मुलाकात की ? क्या उसने छोटे परिवार के कारण होनेवाले फायदोंके बारेमें और संतति नियमन के बारे में मालूमात दी ?

हां ना → (स. ८)

५. अगर हां तो क्या तुम्हें उसकी बताई हुई बातों से इत्तेफाक है ? हां ना → (स. ७)

६. अगर हां तो क्या अब आप परिवार नियोजन के तरीकों पर अमल करने का सोच रही है ?

हां ना

७. अगर सवाल ५ का जवाब ' ना ' है तो इसकी क्या वजह है ?

८. अगर कोई आरोग्य कर्मचारी ने आपसे अब तक मुलाकात नहीं की है तो क्या आप यह चाहेंगी के वह आकर आपको परिवार नियोजन के बारे में मालूमात दे ?

हां ना

९. क्या आप परिवार नियोजन के सिलसिले में कभी कोई इस्पताल गई थी? हां ना
१०. क्या आपको पता है के निरोध और गोल्या सरकारी इस्पताल में मुफ्त दी जाती है ?
हां ना
११. क्या आपको यह पता है के सरकारी इस्पताल में आय. यू. डी रखना मुफ्त में होता है और आपरेशन भी मुफ्त में होता है ? इसके लिए सरकार हरजाना भी देती है ?

	मुफ्त है		हरजाना	
आय. यू. डी.	हां <input type="checkbox"/>	ना <input type="checkbox"/>	हां <input type="checkbox"/>	ना <input type="checkbox"/>
आपरेशन	हां <input type="checkbox"/>	ना <input type="checkbox"/>	हां <input type="checkbox"/>	ना <input type="checkbox"/>

१२. आप इस वक्त परिवार नियोजन का कोई तरीका इस्तमाल क्यों नहीं कर रही हैं ?
- i) हमल ii) जच्की के बाद का वरफा
- iii) बीमारी iv) कोई तरीका पसंद नहीं
- v) बच्चे की स्वाहिश है vi) दिगर तफसील
१३. आपने अब तक कोई तरीका क्यों इस्तमाल नहीं किया है ?
- i) बच्चे चाहिए ii) लडका चाहिए
- iii) लडकी चाहिए iv) मालूमत नहीं थी।
- v) आपरेशन का डर लगता है vi) खर्च ज्यादा होता है।
- vii) तकलीफ होने का डर है viii) जरूरी सामान मिलना मुश्किल है।
- ix) मजहब के खिलाफ है x) मुझे परिवार नियोजन से इन्कार है।
- xi) मेरे शोहर को परिवार नियोजन से इन्कार है। xii) मुझे वैसेही बच्चे जल्दी नहीं होते।
- xv) आसान नहीं है। xiii) माहवारी बंद हो चुकी है। बच्चे की थैली निकाली गई है।
- xvi) कोई तरीका पसंद नहीं है। xvii) दिगर तफसील
१४. आप या आपके शोहर तो परिवार नियोजन का कोई तरीका आईंदा इस्तमाल करने का इरादा हैं क्या ?
हां ना -- (स. १६)

१५. अगर हां तो -
- i) और कितने बच्चों के बाद ? कुल लडके लडकियां
- ii) दो बच्चों के बीच फासला रखने के लिए
- iii) या परिवार छोटा रखने के लिए
- iv) कौनसा तरीका इस्तमाल करेंगी ? _____
- u) इसी तरीके का इस्तमाल क्यों ? _____

(अगर जवाब देनेवाली औरत हसल से नहीं हैं तो विभाग - ४ पे जाइए)

१६. अगर ना तो उसकी वजह क्या है ? _____

(अगर जवाब देनेवाली औरत हसल से नहीं हैं तो विभाग - ४ पे जाइए)

सिर्फ हमसबाली औरतों के लिए -

१. आप होनेवाले बच्चे के बारे में क्या पसंद करेंगी ? लडका लडकी कोई भी
२. मौजूदा बच्चे के बाद आप और कितने बच्चे पसंद करेंगी ?
 लडका लडकी कुल
 जितने भी हो खुदा की मर्जी
 इसके बाद नहीं मालूम नहीं
३. क्या आप या आपके शोहर आगे जाकर परिवार नियोजन अपनाएंगे ?
 हां ना अभी सोचा नहीं है।
४. अगर 'ना' तो क्यों नहीं ? _____
५. अगर हां तो कौनसा तरीका अपनाना पसंद करेंगी ?

६. यह तरीका कबसे अपनाना चाहती हैं ?
 इस जल्की के बाद या बाद में बच्चों के बीच फासला रखने के लिए
 बच्चे हो जाने के बाद लडके लडकिया

मजहब पे अमल

सिर्फ १५-४९ उम्रसी एवर मॅरिड औरतों के लिए

(हर औरत के लिए अलग प्रश्नावली इस्तमाल किजिए)

प्रश्नावली क्र. _____

विभाग- ४

पहचान

परिवार क्र. _____

औरत का नाम _____

पता _____

औरत का हवाला (विभाग १, सवाल २ (अ) कॉलम १० में जैसा था) _____

अ. मजहब के अमल से वफादारी

१. i) आप नमाज कितने बार पढ़ते हैं ? रोजाना
- एक बार दो बार तीन बार चार बार पाँच बार
- जुमे के दिव महिने में एक बार ईद वगैरा पर कभी नहीं

ii) आप नमाज क्यों नहीं पढ़ते हैं ? _____

२. i) रमजान में आप कितने रोजे रखते हैं ?

पूरा महिना चंद दिन कभी नहीं

ii) आप रोजे क्यों नहीं रखते हैं ? _____

३. i) आप जकात और फित्रा देते हैं ?

जकात- हाँ ना फित्रा- हाँ ना

ii) आप क्यों जकात और फित्रा नहीं देते हैं ? _____

४. i) आप कुरआन कितने बार पढ़ते हैं ?

रोजाना जुगा के दिन महिने में एक बार

रमजान के दौरान कभी कभार कभी नहीं

ii) आप कुरआन क्यों नहीं पढ़ते हैं ? _____

iii) क्या आप के बच्चे कुरआन पढ़ रहे हैं ? हाँ ना

iv) आप के बच्चे कुरआन क्यों नहीं पढ़ते हैं ? _____

५. क्या आप बाज में शरीक होते हैं ? हाँ ना

६. i) आप मजहबी किताबे कब पढ़ते हैं ?

रोजाना जुमा के दिन महिने में एक बार
रमजान के दौरान कभी कभार कभी नहीं

ii) आप मजहबी किताबे क्यों नहीं पढ़ते हैं ? _____

७. i) आप दर्गा पर हाजरी कब लगाते हैं ?

रोजाना हफ्ते में एक बार महिने में एक बार
कभी कभार कभी नहीं

ii) आप दर्गा पर क्यों नहीं जाते हैं ? _____

iii) कौन से दर्गा पर ? _____

iv) दर्गा पर मन्नत मांगते हैं ? हाँ ना

v) मन्नत क्यों नहीं मांगते हैं ? _____

vi) अगर हाँ तो पिछली बार कब और किसलिए मन्नत मांगी थीं ? _____

८. अपने बारे में आपकी क्या राय है ?

ज्यादा मजहबी मजहबी कम मजहबी

ब. इस्लाम और परिवार नियोजन

(उन्हें से पूछिये जो कुरआन और मजहबी किताबे पढ़ते हैं)

९. क्या कुरआन या हदीस में परिवार नियोजन के बारे में कोई हुक्म मौजूद है ?

कुरआन- हाँ ना मालूम नहीं
हदीस- हाँ ना मालूम नहीं

१०. अगर हाँ तो क्या है ?

कुरआन _____

हदीस _____

(जैसे बोला जाये वैसे लिखिये । अगर जवाब देनेवाली औरत बोलती है के किसी ने कहा है तो कहनेवालों का मतबा भी लिखिये)

११. ऐसा देखा जाता है के मुसलमान आम तौर पर परिवार नियोजन की मुखालिफत करते है । इस बारे में आपका क्या खयाल है ?

(जैसे बोला जाये वैसे लिखिये)

आधुनिकता और औरत का दर्जा (रवट्या और अमल)

सिर्फ १५ - ४९ उम्र की एवर मॅरिड औरतों के लिए

(हर औरत के लिए अलग प्रश्नावली इस्तेमाल किजिए)

विभाग - ५

प्रश्नावली क्र. _____

पहचान -

परिवार क्र. _____

औरत का नाम _____

पता _____

औरत का हवाला (विभाग १, सवाल २ (अ) कॉलम १० में जैसा था) _____

पर्दा -

१. क्या मुसलमानों में आप पर्देकी हामी है ? हाँ ना
२. आपके जवाब की वजह क्या है ? _____

३. क्या पर्दे की वजह से आज की औरत की तरक्की में रुकावट आती है ?

हाँ ना ना मालूम

४. क्या आप शादी से पहले पर्दा करती थी ? हाँ ना

५. क्या अब भी आप पर्दा करती हैं ? हाँ ना → (सवाल ९ पे काइए)

६. आप पर्दे पर किस हद तक अमल करती हैं ?

सिर्फ़ भीहल्ले में खास जगहोंपर हमेशा

७. अगर आप पर्दा करती थी / है तो अपनी मर्जी से करती थी / हैं या अपने घरवालों के कहने से ?

अपनी मर्जी से घरवालों के कहने से

८. आप किस तरह का पर्दा इस्तमाल करती हैं ?

बुर्खा चेहरा खुला हुआ चेहरा ढका हुआ

चादर सर ढका हुआ और सादा लिबास दिगर तफ़्सील

तालीम -

९. क्या लडकियों के लिए तालीम जरूरी है ? हाँ ना

१०. अगर जरूरी है तो किम किसम की तालीम ?

स्कूल और कालेज मदरसा / दीनी घरलू

कुरान सिर्फ़ लिखना - पढना कोई हुनर

११. अगर स्कूल / कालेज तो कहाँ तक तालीम होना चाहिए ? _____

१२. क्या लड़कियों की तालीम भी इतनी ही जरूरी है जितनी लड़कों की ? हाँ ना
१३. क्या लड़कियों को मिले-जुले स्कूल और कालेज में भेजना चाहिए ? हाँ ना
१४. क्या आप अपनी लड़की को तालीम के लिए मालगांव से बाहर भेजने पर तय्यार है ?
हाँ ना
१५. आपकी छोटी लड़की किस जमात में पढ़ती है ? उसकी तालीमके बारे में आपने क्या सोचा है ?

१६. क्या लड़कियोंको खेल-कूद में हिस्सा लेना चाहिए ? हाँ ना (स. १९)
१७. क्या आप अपनी लड़की को मालगांव के बाहर खेल में हिस्सा लेने की इजाजत देंगे ?
हाँ ना
१८. अगर ना तो क्या वजह है ? _____

कमाई के लिए मेहनत मजदूरी करना ।

१९. क्या हर औरत को मापी तौर पर खुद कफील होना चाहिए ? हाँ ना
२०. अगर कोई लड़की नोकरी कर रही है और उसके होनेवाले शोहर की शर्त यह है के वह नोकरी छोड तोदे आप की राय क्या होगी ? _____

(आप उन्हीं औरतों से पूछिए जो नोकरी नहीं करते हैं ।)

२१. क्या आप नोकरी करना पसंद करेंगी ? हाँ → (स. २४) ना ना मालूम
२२. अगर ना तो क्यों ?
- | | |
|--|--|
| i) शोहर और घरवाले नहीं चाहते । <input type="checkbox"/> | ii) बच्चे छोटे है । <input type="checkbox"/> |
| iii) घर के बाहर जाना पसंद नहीं करती । <input type="checkbox"/> | iv) जरूरत नहीं है । <input type="checkbox"/> |
| v) नोकरी नहीं मिलती । <input type="checkbox"/> | vi) दिगर तफसील <input type="checkbox"/> |
२३. अगर सवाल २१ का जवाय हाँ है तो क्या आपके शोहर और घरवाले आपके बाहर जाकर काम करने पर राजी हो जायेंगे ? हाँ ना ना मालूम
- (उन्हीं से पूछिये जो घर के बाहर नोकरी कर रहे है / करते थे)
२४. किस तरह का काम करती है / थी ? _____
दिन में कितने घंटे ? _____
२५. क्या आपके शोहर और घरवाले आपकी नोकरी के हक में है / थे ? हाँ ना
२६. आप घर के बाहर काम करती है / थीं तो क्या आपके शोहर घर के कामों में आपकी मदद करते है / थे ?
हाँ ना
२७. अगर नोकरी छोड दीं तो क्यों छोड दी ? _____

शादी-

२८. क्या शादी हर औरत के लिए जरूरी है ? हाँ ना
२९. आपके खयाल में लड़की की शादी किस उम्र में होना चाहिए ? _____

३०. आपके खयाल में मिया-बीवी की उम्र में कितना फर्क होना चाहिए ? _____
३१. कानूनी तौरपर लड़कियों की शादी की उम्र क्या है ? _____
३२. मुसलमानों में एक से ज्यादा बीवियों का रिवाज है । इस के बारे में आप का क्या खयाल है ? _____
३३. वालिदैन के तरफसे शादी का इंतजाम (अरेंजड मारेज) करने के बारे में आपका क्या खयाल है ? _____
३४. जहेज के बारे में आपका क्या खयाल है ? _____
३५. क्या आपकी शादी में आपके वालिदैन के तरफ से अपने शोहर को जहेज दिया गया ?
हाँ ना
३६. अगर हाँ तो कितना ? नग _____ जिन्स _____
३७. मेहर के बारे में आपका क्या खयाल है ? _____
३८. आपका मेहर कितना मुकरर हुआ था ? नग _____ जिन्स _____
३९. आपका मेहर कब अदा हुआ ?
शादी के वक्त शादी के बाद कुछ शादी के वक्त / कुछ शादी के बाद
अब तक नहीं अदा हुआ ।
४०. जुबानी तलाख (जो एक ही वक्त में तीन बार तलाख कहकर दिया जाता है) के बारे में आपका क्या खयाल है ? _____
४१. क्या आपके शोहर शादी से पहले आपके रिस्तेदार थे ? हाँ ना
४२. अगर हा तो किस तरह कें ? _____
- लडका-लडकी में फरक करना ।**
४३. क्या आपके खयाल में नीचे की बातों में लडकी और लडके में बराबरी करना जरूरी है ?
खाना कपडा तालीम
दवा-दारू घरेलू कामकाज जायदाद
४४. आप लीग कितने भाई-बहन थे ? _____ भाई _____ बहन _____
(अगर भाई नहीं है तो सवाल ४७ पे जाइये ।)
४५. आपके बचपन में आप के वालिदैन ने आप और आपके भाईयों में कोई फर्क किया ?
हाँ ना अबाब नहीं ।
४६. अगर हाँ तो किन मामलात में ?
खाना कपडा तालीम
दवा-दारू घरेलू कामकाज दिगर तफशील
४७. क्या आपकी वालिदैन ने नौकरी हीसिल करने मे आपकी मदद की ?
हाँ ना जबाब नहीं ।
४८. ऊपर की जितनी बातें हुई इन बातों में क्या आप अपने लडके और लडकियों को बरोबरी के नजर से देखते है या कुछ फरक करते है ? तफशील में बताइये ? _____

जायदाद

४९. इस्लाम में औरतों को जायदाद का हक दिया गया है। क्या आपको आपके वालिदेन, शोहर या रिस्तेदारों के तरफ से जायदाद में हिस्सा मिला ? हाँ ना जायदाद नहीं थी।
५०. क्या आईदा जायदाद में हिस्सा मिलनेवाला है ? हाँ ना जायदाद नहीं है।
५१. क्या आपके नाम पर कोई जायदाद है ?
घर जमीन पवर-लूम दिगर तफसील कुछ भी नहीं
जायदाद नहीं है। इसलिए मेरे नाम पर कुछ भी नहीं।

लडके जादा पसंद

५२. अगर आप दो ही बच्चे चाहती है लेकिन दोनों भी लडके हो जाने पर क्या आप तीसरे बच्चे, लडकी की, स्वाहिश रखेंगी ? हाँ ना ना मालूम
वजह बताएँ _____

५३. दोनो बच्चे लडकियाँ हो जाने पर क्या आप तीसरा बच्चा, लडकी चाहेंगी ?

हाँ ना ना मालूम वजह बताएँ _____

फैसले का इस्तयार

५४. क्या आपके खयाल में नीचे की बातों में औरत की अपनी राय होनी चाहिये ? क्या आपने इन बातों में कभी अपनी राय जाहीर की ? उसका कुछ असर हुआ ?

अ. क्र.	बात	राय होनी चाहिए			राय जाहीर की			अमल हुआ		
		हाँ	ना	ना मालूम	हाँ	ना	लागू नहीं	हाँ	ना	लागू नहीं
i)	हुनर हासिल करना									
ii)	तालीम हासिल करना									
iii)	नौकरी हासिल करना									
iv)	अपनी शादी									
v)	परिवार नियोजन									
vi)	बच्चों की तादात									
vii)	बेटे-बेटियों की गिनती									
viii)	बच्चों की तालीम / हुनर									
ix)	बच्चों की शादी									
x)	जेवरात, घर, जमीन, पवर-लूम वगैरा खरीदना									

५५. क्या आपके खयाल में औरतों को अकेले घर के डाहर निकलना चाहिए ? हाँ ना
५६. क्या आप बाहर बाजार वगैरा लाने अकेले जाते हैं ? हाँ ना

आम मालूमात

५७. (उन्हीं औरतों से पूछिये जिन्हे पढ़ना आता है) आप नीचे की चीजों में से, किन चीजों को बाकायदगी से पढ़ती है ?
- अकबार रिसाला महजबी दिगर
- किताबे मजहबी दिगर कुछ भी नहीं।
५८. आप रेडिओ कितनी बार सुनती हैं ? अकसर बहुत कम कभी नहीं।
५९. आप नीचे में से खास तौरपर कौनसा प्रोग्राम सुनती हैं ?
- दिल चस्प खबरे मालूमाती हर तरह के
६०. आप टि. वी. कितना देखती हैं ? अकसर बहुत कम कभी नहीं।
६१. टि. वी. में आप खास तौरपर क्या देखती हैं ?
- दिल चस्प खबरे मालूमाती हर तरह के
६२. रेडिओ या टि. वी. पर परिवार नियोजन संबंधी मालूमात / जाहिरात देना आपको ठीक लगता है ?
- हाँ ना देर रात में
६३. इंटरव्यूबर : आप जबाब देनेवाली औरत के बारे में क्या महसूस किया ?

मूलाकात खतम होने का वकत _____

इंटरव्यूबर का नाम _____

दस्तखत _____

Confidential
(For Research Purpose Only)

GOKHALE INSTITUTE OF POLITICS AND ECONOMICS, PUNE-4
(DEEMED TO BE A UNIVERSITY)

Fertility And Family Planning Survey Among
Muslims In Malegaon City

Date of interview _____

Date of Revisit _____
(If necessary)

Time taken for _____
the interview

QUESTIONNAIRE FOR COMMUNITY LEADERS

Name of the Leader _____

Address _____

Education _____

Occupation _____

Type of Leadership _____

Age(in completed years) _____

Marital Status _____

Occupation of the Spouse _____

Age of the Spouse _____

Number of Children Born _____

Number of Children Living _____

Use of Family planning methods _____

Type of Method _____

Q.1. Do you think that our country is facing population
problem? If you think so, what is the nature of
population problem?

- Q.2 Do you approve the population policy of the Government of India (i.e. reducing population growth by means of family planning measures (CAFETARIA approach), increasing age at marriage, provision of education, reduction of infant mortality rate (IMR) and child mortality rate, improving health of the woman, decreasing child labour, eradication of illiteracy, improving infrastructure, and improving the social status of woman)?
- Q.3 Do you approve the family planning programme of the government (sterilization and spacing methods)?
- Q.4 Considering the present times (inflationary) in which we are living, don't you think that Muslims should accept a small family norm of 2 children?
- Q.5 Currently the government has been advertising on family planning methods vigorously on radio and T.V. at prime time, Do you approve this?
- Q.6 You are a recognized leader in the Muslim community. Do you in your meetings with Muslims discuss about the benefits of having a small family? So far if you have not discussed, will you in future discuss these issues with Muslims?
- Q.7 (i) How best can the Muslims be convinced about the benefits of a small family?
- (ii) In your opinion what are the attitudes of Muslim couples about family planning? How can their attitudes be changed?
- (iii) How can family planning practice be increased among Muslims?
- Q.8 It is said that Muslims are economically backward. Is it because they have a large number of children?
- Q.9 In my survey I have observed that quite a few Muslims have said "Islam is against family planning". Do you think that Islam is against family planning? Is there anything in Quran or Hadees to that effect?
- Q.10 If you are invited to take leadership in spreading the family planning message among Muslims, would you like to accept this?

- Q.11 (i) Do you think that Muslims are more religious than others i.e. Hindus, Christians etc.?
- (ii) Do the religious values of Muslims make them not to practice family planning?
- (iii) How religious are you?
- (a) How many times do you pray daily? _____
- (b) Do you observe fast during the whole month in Ramzan? _____
- (c) Do you give Zakat? _____
- Q.12 In your opinion how advanced are Muslims in terms of education, employment, occupation and general attitudes?
- Q.13 Do you think that Muslim woman has the same status in society as a Hindu or a Christian woman?
- Q.14 Do you approve that we should improve the status of Muslim woman in society by providing her with education, jobs outside home, better role in decision-making at home and better implementation of property rights etc.?

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