

IMPACT OF EDUCATION ON FERTILITY BEHAVIOUR OF MUSLIM WOMEN

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ABSTRACT

The present study is an attempt to examine the impact of education on fertility behaviour of Muslim women in Sardhana town of Meerut district in Uttar Pradesh. This study is based on primary data. Researcher has selected 150 married Muslim women of age group of 30-50 years (50 illiterate, 50 literate up to 8th level and 50 literate up to 12th level and above) as a sample. Findings of the study reveal that there is a positive co-relation between education and fertility behaviour of Muslim women. The education is a key driver which affects fertility behaviour. The education is directly or indirectly responsible for increasing or decreasing fertility behaviour in Muslim women.

Key Words: Education, Fertility behaviour, Muslim women

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Introduction

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

Review of Literature

For understanding the problem an attempt has made in the proposed study to review briefly the existing literature on the different dimensions of the issue.

Reddy (2003) studied on "**Women's education and human fertility in India**" and found that the women's education is associated with increased fecundability, lower foetal loss and a longer reproductive span for women through better nutrition and health all fertility increasing factors, but the net effect of education was to lower fertility. The fertility declined with every increasing level of women's education. **Ghosh (2018)** investigated in "**Hindu–Muslim Fertility Differentials in India: Indirect Estimation at the District Level from Census 2011**" that the overall fertility transition in India has been steady during the last decade. Fertility transition has been underway for both Hindus and Muslims, at a varying pace, when compared to the state-level indirect estimates of the 2001 Census. Though the overall convergence of fertility between Hindus and Muslims has been underway, significant regional variations persist. **Haque and**

Patel (2015) in their study "**Socioeconomic and Cultural Differentials of Contraceptive Usage in West Bengal: Evidence from National Family Health Survey Data**" found that among the various socio-economic and cultural factors, the most important ones that persuaded contraceptive use and choices among women were their number of living children, wealth index, media exposure, and degree of women empowerment. The results also reveals that the influence of women's educational level on contraceptive use remains highly significant even after factoring in other socioeconomic and cultural variables. **Kateja (2007)** in her study "**Role of female literacy in maternal and infant mortality decline**" explores that a strong relationship exists between a woman's literacy and her use of reproductive and maternal health services. Literacy is directly related to the status of a woman, her age at marriage, her decision power and to mention especially, and capability to access health care services. Literacy not only increases women's self-confidence but also makes them more exposed to information and thereby altering the way others respond to them. Female literacy improves the chances that women will obtain meaningful employment, reduces their demand for children and improves health-seeking behaviour, makes them aware of nutritional requirements all these combined improve the chances of survival of both-the mother and the baby. The study also finds a positive correlation between infant mortality and maternal mortality. **Chaurasia (2004)** in his study "**Fertility in the development blocks of Madhya Pradesh: An analysis of the impact of contraceptive use**" indicates that contraceptive use was found to explain only one fifth of the variation in the levels of fertility at the development block level. This observed poor correlation between the fertility level and contraceptive use may be due to two reasons : (i) existing family planning services throughout the State are not of adequate quality and not easily accessible and (ii) they do not have the right orientation, i.e., they do not specifically target highly fecund women wanting to contraception. **Pillai (1981)** studied on "**Wife's Education and Urban Family Size in India: The Form of the Relationship**" and found that wife's education plays an important role in operating knowledge of contraception, delayed marriage, postponement of birth to affect completed family size. Wife's education has a curvilinear relationship with completed family size. **Nag and Singhal (2013)** investigated in "**Impact of Education and Age at Marriage on Fertility among Uttar Pradesh Migrants of Ludhiana and Punjab in India**". The findings reveal that educated women were more comfortable to discuss with their husbands and other family members about the family planning. It was observed that the lower age at marriage is

responsible for the higher fertility. **Ashappa (2015)** studied on "**Fertility Behaviour and Family Planning: A Sociological Study of Rural Women in Yadgir District**". He found that more than half of the respondents were not aware about family planning tools and methods. So he suggested that there is need for health, education including fertility and family planning practices at schools and colleges so as to control population growth. **Asghar and et al. (2014)** examined on "**Fertility Behaviour and Effect of Son Preference among the Muslims of Manipur, India**". They found that age at marriage, age at first conception, type of family and per capita annual income were influenced the fertility and the preference for more sons was observed in this study leading to increase in overall fertility.

Objective of the Study

The main objective of the study is to assess the impact of education on fertility behaviour of the respondents.

Material and Methods

In this research study, descriptive research design is used for the fulfillment of the objective. Area of the study is Sardhana town of Meerut district in Uttar Pradesh. Sample of the study is 150 married Muslim women (50 illiterate, 50 literate up to 8th level and 50 literate up to 12th & above level) of age group of 30-50 years. The data has been collected through interview schedule method.

Results and Outcome

The Impact of education on fertility behaviour of the respondents is shown in the table-1:

Table 1: Impact of education on fertility behaviour of Muslim women

Variable/Attribute		Illiterate	Literate up to 8 th level	Literate up to 12 th level & above
Age at marriage (In Years)	18-22	44 (88%)	36 (72%)	12 (24%)
	22-26	06 (12%)	14 (28%)	29 (58%)
	26-30	00 (00%)	00 (00%)	09 (18%)
	Total	50 (100%)	50 (100%)	50 (100%)
Age at first	18-22	40 (80%)	30 (60%)	10 (20%)

pregnancy (In Years)	22-26	10 (20%)	20 (40%)	32 (64%)
	26-30	00 (00%)	00 (00%)	08 (16%)
	Total	50 (100%)	50 (100%)	50 (100%)
Age at first delivery (In Years)	18-22	39 (78%)	26 (52%)	05 (10%)
	22-26	11 (22%)	22 (44%)	34 (68%)
	26-30	00 (00%)	02 (04%)	11 (22%)
	Total	50 (100%)	50 (100%)	50 (100%)
Size of family	Small (3-4)	02 (04%)	04 (08%)	12 (24%)
	Medium (5-6)	14 (28%)	27 (54%)	36 (72%)
	Large (7-8 +)	34 (68%)	19 (38%)	02 (04%)
	Total	50 (100%)	50 (100%)	50 (100%)
Birth gap between two children (In Years)	01-1.5 years	21 (42%)	07 (14%)	02 (04%)
	1.5-02 years	13 (26%)	16 (32%)	12 (24%)
	02-2.5 years	11 (22%)	13 (26%)	17 (34%)
	2.5-03 years	05 (10%)	14 (28%)	19 (38%)
	Total	50 (100%)	50 (100%)	50 (100%)
Son preference (Desire)	Only One Son	00 (00%)	04 (08%)	16 (32%)
	Two or More than Two Son	50 (100%)	46 (92%)	34 (68%)
	No Desire	00 (00%)	00 (00%)	00 (00%)
	Total	50 (100%)	50 (100%)	50 (100%)
Taking decision of family planning	Yes	00 (00%)	32 (64%)	42 (84%)
	No	50 (100%)	18 (36%)	08 (16%)
	Total	50 (100%)	50 (100%)	50 (100%)
Operating knowledge of contraceptive	Yes	07 (14%)	33 (66%)	41 (82%)
	No	43 (86%)	17 (34%)	09 (18%)
	Total	50 (100%)	50 (100%)	50 (100%)

1. The facts shows that 18-22 year age at marriage is highest among illiterate (44 out of 50) Muslim women, 22-26 year age at marriage is highest among literate up to 12th & above level

(28 out of 50) Muslim women whereas 26-30 year age at marriage is highest among literate up to 12th & above level (09 out of 50) Muslim women. Therefore, rise of education level delay the age at marriage.

2. The facts shows that 18-22 year age at first pregnancy is highest among illiterate (40 out of 50) Muslim women, 22-26 year age first pregnancy is highest among literate up to 12th & above level (32 out of 50) Muslim women whereas 26-30 years age at first pregnancy is highest among literate up to 12th & above level (08 out of 50) Muslim women. Therefore, rise of education level delay the age at first pregnancy.

3. The facts shows that 18-22 year age at first delivery is highest among illiterate (39 out of 50) Muslim women, 22-26 year age first delivery is highest among literate up to 12th & above level (34 out of 50) Muslim women whereas 26-30 years age at first delivery is highest among literate up to 12th & above level (11 out of 50) Muslim women. Therefore, rise of education level delay the age at first delivery.

4. The facts shows that number of small size family and medium size family is highest among literate up to 12th & above level respectively (12 out of 50) and (36 out of 50) Muslim women, whereas number of large size family is highest among illiterate (34 out of 50) Muslim women. Therefore, rise of education level decrease the size of the family.

5. The facts shows that 01-1.5 year birth gap between two children is highest among illiterate (21 out of 50) Muslim women, 1.5-02 year birth gap between two children is highest among literate up to 8th level (16 out of 50) Muslim women, whereas 02-2.5 year and 2.5-03 year birth gap between two children is highest among literate up to 12th & above level respectively (17 out of 50) and (19 out of 50) Muslim women. Therefore, rise of education level increase the birth gap between two children.

6. The facts shows that desire of only one son is highest among literate up to 12th & above level (16 out of 50) Muslim women, while desire of two or more than two sons is highest among illiterate (50 out of 50) Muslim women. Therefore, rise of education level increase the desire of only one son.

7. Thus, the facts reveal that among literate up to 12th & above level, majority (84%) of the respondents takes decision of family planning whereas among illiterate respondents, nobody takes decision of family planning. Therefore, rise of education level increase the frequency of tacking decision of family planning.

8. Thus, the facts reveal that among literate up to 12th & above level, majority (82%) of the respondents have the good operating knowledge of contraceptives whereas among illiterate respondents, minority (14%) have the good operating knowledge of contraceptives. Therefore, rise of education level increase the good operating knowledge of contraceptives.

Conclusion

The study shows that education in Muslim women respectively increased the age at marriage, age at first pregnancy, age at first delivery, birth gap between two children, tacking decision of family planning and operating knowledge of contraceptives but decrease the family size and their fertility behaviour. The study also reveals that son preference is a common desire among all Muslim women. The intensity of desire of two or more sons is found less in educated Muslim women. The rise of education levels is widely seen as the key causes of fertility decline during the demographic transition. Therefore it can be concluded that education is a key factor for reduce the fertility behaviour as well as rate of population growth in Muslim women.

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