

Value Orientation Towards Reproductive Health Behavior Among Muslim Women: A Sociological Analysis

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ABSTRACT

This study examines how cultural and religious value orientations influence reproductive health behaviors among Muslim women in Jansath town, located in the Muzaffarnagar district of Western Uttar Pradesh, India. In the context of deeply rooted patriarchal norms and religious beliefs, reproductive health decisions are often influenced by various socio-cultural factors. The aim of this study is to explore the impact of these factors on family planning practices, with a focus on contraceptive use and decision-making within Muslim households. Data were collected from a purposively selected sample of 400 Muslim women through an interview schedule and observation techniques. The findings reveal that reproductive decisions are largely influenced by male partners, with many respondents reporting that their husbands take the primary initiative in determining the number of children. Religious beliefs emerged as a significant factor, with a majority of women considering the use of contraception to be sinful and inconsistent with their faith. However, some women reported using contraceptives specifically for child spacing rather than limiting family size. These outcomes reflect the continuing impact of patriarchal norms, gendered decision-making, and religious interpretations on women's autonomy in reproductive health within the socio-cultural context of their communities.

Keywords: Religious Beliefs, Value, Reproductive Health, Muslim Women, Health Behavior

1. INTRODUCTION

Value orientation plays a crucial role in shaping individuals' perspectives on various topics, including contraception and family planning. When it comes to reproductive health choices, it is essential to consider the diverse values and beliefs held by different communities, such as Muslim women. The concept of family planning and contraception varies among Muslim women based on their cultural, religious, and personal beliefs. While Islam promotes the importance of preserving life and having children within the bounds of marriage, there are differing opinions regarding the use of contraceptives. The desire to have more children was generally among the respondents. It can be partially understood as a product of minority communities' psychology. Traditional conservative Muslims have kept the belief that their descendants are a Gift of God. Therefore, the maximum number of children they had to become pregnant was the limit set by God (Shabbir, 1991:187).

The concept of health has remained exclusive and difficult to define. Some people see health as the normal condition of the individual, while others view it as the opposite to illness, while some consider health as a well-developed and adequately nourished muscular body capable of doing work and able to withstand physical strain (Nagal, 2018:15). Health is defined by the World Health Organization (W.H.O.) "Health is state of complete physical, mental and social well-being and not merely the absence of disease or infirmity" (Cockerham, 1998:2).

Health behaviour is a field of study that examines how people make decisions about their health and how those decisions impact their overall wellbeing. It explores why people adopt certain health behaviours, the role of beliefs and attitudes on behaviour, and the ways in which social, economic, political, and cultural forces influence health-related decisions. Health behavior is an important aspect of health for both males and females, which is defined as the behaviour undertaken by a person who believes himself or herself to be healthy for the purpose of preventing health problems (Kasl and Cobb, 1966) (Weiss, 108).

Reproductive health entails having a fulfilling and safe sexual life devoid of, compulsion, and violence. The ability to reproduce and the freedom to choose when and how often to do so, i.e., women and men have the right to be informed about

and have access to effective, cheap, and accepted means of family planning and infertility services (Mathu& Pandya,2006:42).In this perspective the U.N. (1994) gave a comprehensive meaning to the concept of reproductive health of women “ as a state of complete physical, mental and social well being in all matters related to the reproductive system and to its functions and process”. According to this perspective, reproductive health encompasses a vast range of health concerns such as : “a satisfying and safe sex life free from the fear of disease; coercion and violence; the capability to reproductive freedom to decide when , and how often to do so; the ability to go safely through pregnancy and child birth and have the best chance of having a healthy infant and the right of access to proper health care services; access to safe and affordable abortion facilities; prevention and care of sexual and reproductive health problems; the right of information of family planning devices etc” (Sakhuja, 2008: 102).

Many researchers studied on various aspects of health such as - NishatAshrafi and Ganga NathJha (2013); B.Chandrashekhar (2014); Jibrail Bin Yusuf (2014); Nivedita, Ravindra and RavindraPuranik (2015) and Shruthi M. Shetty.....et al (2017);**studied on reproductive health**.Arjit Kumar.... et al (2011); Dhiraj Kumar Srivastavaet al (2011); H.R. Channaki and C.G.Husain Khan (2011); Nivedita Mishra Thapliyal (2014); ShumaylaSaifi and Satwanti Kapoor (2017); ChinnaAshappa (2015) and Mohammad Jawed Qureshi... et al (2017) **conducted their study on family planning and fertility behavior**. E. Jimmy, Eko...et al (2013);Anju, D. Ade...et al (2014); and Benjamin Osaro...et al (2017) **studied on contraception**. Anwar Alam and Munir Khan (2008) ; Sandhya Timilsina and RojanaBhakal (2015) et al. **conducted their study on postnatal care**.

Thus, there are large numbers of studies on various dimensions of health, but despite all there are few studies on reproductive health, there is no study which focuses on value orientation towards reproductive health behavior among Muslim women. Therefore, there is need to conduct such type of study which explores the value orientation towards reproductive health behavior among Muslim women

2. OBJECTIVES OF THE STUDY

In the light of above mentioned framework following objectives will be undertaken-First to assess the socio-economic profile of the Muslim women and second to explore the value orientation towards reproductive health behavior among Muslim women. The first objective takes note of the socio- economic profile of the Muslim women in terms of age, category, education, type of family and size of family etc. The second objective takes note of the value orientation towards reproductive health behavior among Muslim women in terms initiative for family planning, who take decision regarding number of children, use of contraception, reason for use of contraception and not using of contraception.

3. AREA OF THE STUDY

The area of the study was Jansath town, situated in district Muzaffarnagar (Western Uttar Pradesh, India). Muzaffarnagar is situated 120 Km. far from National Capital Delhi and 57 Km. from Meerut. The distance between Muzaffarnagar to Jansath is 23 km. Jansath is a Nagar Panchayat city situated in Jansath tehsil of Muzaffarnagar district. The Jansath city is divided into 14 wards for which elections are held every 5 years. As per the Population Census 2011, there are total 3,212 families residing in the Jansath city. The total population of Jansath is 19,786 out of which 10,385 are males and 9,401 are females thus the Average Sex Ratio of Jansath is 905 As per the Census 2011, the literacy rate of Jansath is 71.6%. Thus Jansath has higher literacy rate compared to 69.1% of Muzaffarnagar district. The male literacy rate is 79.57% and the female literacy rate is 62.76% in Jansath.

4. METHODOLOGY

The data for the present study have been collected from 400 respondents to gather the Information. Respondents have been selected by using the purposive sampling. Information was collected from Muslim women between the age group of 18- 45 years of Jansath town. Data have been collected with the help of some specific research techniques like Observation, Interview guide/ Schedule. At first stage Observation technique has been used to collect the information. Interview guide/ Schedule have been used at the second phase of data collection. Initially some case studies have been undertaken to understand the maximum possible aspects. The data have been classified by simple statistical techniques, by using the simple classification and tabulation to arrive at the findings.

5. RESULTS & DATA INTERPRETATION

When it comes to presenting results, it is important to not only provide the raw data but also to interpret and contextualize the findings. This involves analyzing trends, identifying patterns, and drawing meaningful conclusions from the data.

5.1 Socio – Economic Profile of the Muslim Women

The socio-economic profile of women plays an important role because it affects women's day-to-day lives. This section will explore the socio-economic profile of the respondents by examining various factors such as age, category, and education,

type of family and size of family. It will provide an insight into how these factors can affect a person's lifestyle and their decision-making process. Facts on socio-economic profile of the Muslim women are presented in the following table-

Table-1 (Socio- Economic Profile of the Muslim Women)

Variable	No. of Respondents (N=400)	Percentage (%)
Age (In Years)		
18-23 Years	21	5.25
24-29 Years	182	45.5
30-35 Years	132	33.0
36-41 Years	54	13.5
42 and Above Years	11	2.75
Category		
General	124	31.0
O.B.C	276	69.0
Education		
Illiterate	163	40.75
Primary	69	17.25
Upper Primary	51	12.75
Secondary	45	11.25
Higher Secondary	39	9.75
Graduation and above	33	8.25
Type of Family		
Joint	264	66.0
Nuclear	136	34.0
Size of Family		
Small (1-5 members)	88	22.0
Middle (6-10 members)	239	59.75
Large (11-15 Members)	73	18.25

The above table indicates that 5.25 % of the women are in the 18 to 23 age group, 45.5 % are in the 24 to 29 age group, 33 % are in the 30 to 35 age group, 13.5 % are in the 36 to 41 age group and 2.75 % are in the 42 and above age group. 31 % of the women belong to the General category, and 69 % of the women belong to the O.B.C. category. 40.75 % of the women are illiterate, 17.25 % of the women are primary educated, 12.75 % of the women are upper primary educated, 11.25 % of the women are secondary educated, 9.75 % of the women are higher secondary educated, and 8.25 % of the women are graduate and above. 66 % of the women are living in joint family and 34 % of the women are living in nuclear family. 22 % of the women have small family size, 59.75 % of the women have middle family size and 18.25 % of the women have large family size.

In short, majority of the respondents in the town belong to the younger age group (24-29 yrs) from the O.B.C. category, have illiterate education levels, They live in joint families and have middle-sized (6-10 members).

5.2 Value Orientation towards Reproductive Health Behavior

The concept of family planning encompasses various methods and strategies that help individuals take control of their

reproductive health and plan for the future. Value orientation plays a crucial role in shaping reproductive health behavior. When it comes to decisions related to reproductive health, individuals often rely on their personal values and beliefs to guide their actions. These values can be influenced by cultural, religious, and societal factors. Facts on value orientation towards reproductive health behavior are presented in the following table-

Table-2 (Value Orientation towards Reproductive Health Behavior)

Variable	Respondents (N=400)	Percentage (%)
Initiative For Family Planning		
Wife (Self)	12	3.0
Husband	206	51.5
Husband and wife (Both)	182	45.5
Decision Regarding Number of Children		
Wife (Self)	11	2.75
Husband	216	54.0
In- laws	31	7.75
Husband and wife (Both)	142	35.5

The above table indicates that 3% women themselves take initiative in using the device for family planning, 51.5 % women reported that her husband takes initiative in this regard and 45.5 % women reported that both of them take initiative for family planning. The above table shows that the decision taken regarding the number and interval between the children. 2.75 % of the women reported that their consent was primary, 54 % of the women reported that the decision of the husband was final, 7.75 % of the women reported that in-laws have supremacy in this matter, and 35.5 % of the women reported that husband and wife both take decisions on this matter.

Thus, the majority of the women's husband take initiative for family planning. The decision of husband is final having number of children.

5.3 Value Orientation towards Contraception

Value orientation towards contraception is an important aspect of reproductive health and family planning. The decision to use or not use contraception is deeply personal and can be influenced by various factors such as cultural, religious, and personal beliefs. Facts on value orientation towards contraception are presented in the following table-

Table-3 (Value Orientation towards Contraception)

Use of Contraception	Reason for not using Contraception	Respondents (N=400)	Percentage (%)
No (81.5%)	Desire for more Children	55	16.87
	Against Religion	218	66.87
	Misconception	12	3.68
	Fear of Side Effects	17	5.21
	No –Knowledge	24	7.36
	Total	326	100
Yes (18.5%)	Reason for use of Contraception		
	Child Spacing	38	51.35
	Control Family Size	10	13.51

	Prevention of Unwanted Pregnancy	14	18.92
	Financial Problem	12	16.22
	Total	74	100

The above table indicates that out of 400 respondents 81.5% of the women are not using contraception and 18.5% of the women are using contraception. Among the contraception most use 16.87 % of the women's families have a desire for more children; 66.87 % of the women have the opinion that the use of contraception is against our religion; 3.68 % of the women have misconceptions about contraception; 5.21 % of the women have a fear of the side effects of contraception; and 7.36 % of the women have no knowledge about contraception. Among the contraceptive use 51.35 % of the women use contraception for child spacing, 13.51 % of the women use contraception to control family size, 18.92 % of the women use contraception for the prevention of unwanted pregnancy, and 16.22 % of the women use contraception for financial problems.

It is found that the majority of women do not use any contraception because they think that it is a sin in their religion and against the beliefs. On the other hand, some women use contraception for child spacing, not to control family size.

6. DISCUSSION & CONCLUSION

The findings suggest that the majority of the women in the sample belong to the younger age group (24-29 years), are from the Other Backward Classes (O.B.C.) category, and are illiterate. They predominantly live in joint family structures, with household sizes ranging from 6 to 10 members. From a sociological standpoint, it is evident that patriarchal norms heavily influence reproductive health decisions in these households. The majority of women reported that family planning decisions are initiated by their husbands, and that the husband's decision regarding the number of children is considered final. Furthermore, many women do not use contraception, as they perceive it to be sinful according to their religious beliefs, highlighting the intersection of religion and gender in shaping reproductive behaviors. Interestingly, some women reported using contraception primarily for child spacing rather than for limiting family size, which reflects a more nuanced understanding of reproductive health within the cultural context.

Jibrail Bin Yusuf (2014) discovered that awareness is high, but not in a good way, because general patronage among couples is low. Some Muslims believe contraception is un-Islamic since it reduces the Muslim population. In the current study, the facts reveal that the majority of the women are aware, but they are not using contraception because they think that contraception is against our religion. The present study suggests similar findings on these aspects.

Eko, Jimmy E., et al. (2013) found that the prevalence rate of contraceptive use among women of reproductive age is low (21.6%), with an unmet need of 58.4%. The main reasons for non-use of contraceptive methods were fear of side effects and the desire to have more children. Certain factors, such as a perceived low risk of pregnancy, low educational status, and religious consideration, contribute to contraceptive non-use. In the present study, it was found that the use of contraception among Muslim women is low. The main reason for non-use of contraceptive methods that two-thirds of the women are of the opinion that the use of contraception is against our religion, followed by desire for more children, fear of side effects, and no-need. The present study suggests similar findings in these aspects.

Arjit Kumar et al. (2011) found out that 63% of the respondents had knowledge about contraceptive methods, but only 37% of the women did not. One reason for not using any contraceptive techniques was that it was against religion, and 17 percent did not have much knowledge about the safe use of contraceptives. In the ongoing study, the facts reveal that a large majority of the women have knowledge about contraceptive methods. But they do not use contraception because they think that it is against our religion. The present study suggests similar findings on these aspects.

In conclusion, the findings from this study reveal that values can have a significant impact on reproductive health behaviors such as family planning, contraception and decision-making regarding childbirth. It is crucial for healthcare providers and policymakers to understand these values orientations when designing programs or initiatives related to reproductive health for Muslim women. By taking into account their cultural sensitivities, religious beliefs, and individual autonomy; tailored solutions can be developed that respect their values while promoting informed decision-making

REFERENCES

- [1] Ashappa, C. (2015). Fertility behaviour and family planning: a sociological study of rural women in yadgir district. *International Journal of Humanities and Social Science Invention*, 4(7), 1-4
- [2] Alam, A., & Munir, K. (2008). Problems and facilities in prenatal and postnatal conditions to rural women at palosi, Peshawar. *Sarhad J. Agric*, 24(3), 561-566
- [3] Ade, A., & Patil, R. (2014). Contraceptive practices and awareness of emergency contraception among Muslim

- women of urban slum of Raichur Karnataka. *International Journal of Reproduction, Contraception, Obstetrics and Gynecology*, 3(1), 70-74
- [4] Ashrif, N., & Jha, G. N. (2013). Impact of economy on reproductive health of Muslim women of Gaya. *Jharkhand Journal of Social Development*, 5(1&2), 1-9
- [5] Chandrashekhar, B. (2014). Reproductive health problems of women in rural areas. *Valley International Journal*, 1(2), 95-101
- [6] Cockerham, W. C. (2001). *Medical sociology*, Prentice Hall
- [7] Channakki, H. R., & Hussain, C. G. (2011). Decision making pattern of family planning method acceptors. In Unisha, R. S. (Eds.) *Population Gender and Reproductive Health* (pp. 204-215). Rawat Publication.
- [8] Eko, J. E., Osonwa, K. O., Osuchukwu, N. C., & Offiong, D. A. (2013). Prevalence of contraceptive use among women of reproductive age in calabar metropolis, southern Nigeria. *International Journal of Humanities and Social Science Invention*, 2(6), 27-34
- [9] Kumar, A., Bhardwaj, P., Srivastava, J. P., & Gupta, P. (2011). A study of family planning practices and methods among women of urban slums of Lucknow city. *Indian Journal of Community Health*, 23(2), 75-77
- [10] Mathu, A., & Pandya, R. (2008). *Women and development the indian experience*, Sage Publication
- [11] Nagla, M. (2018). *Sociology of health and medicine*, Rawat Publications
- [12] Okoye, M. M. M., Osaro, B. O., & West, C. T. (2017). Knowledge of modern contraceptives and their use among rural women of childbearing age in rivers state Nigeria. *Ann Trop Med Public Health*, 10(4), 1043-1048
- [13] Quereishi, M. J., Mathew, A. K., & Sinha, A. (2017). Knowledge, attitude and practice of family planning methods among the rural females of Bagbahara block Mahasamund district in Chhattisgarh state, India. *Global Journal of Medicine and Public Health*, 6(2), 1-6
- [14] Ravindra, N., & Ravindra, P. (2015). Assess the reproductive health problems among reproductive age group women in the selected urban and rural of Jalgaon. *International Journal of Science*, 5(7), 152-157
- [15] Sakhuja, S. (2008). *The medical and health care of women*, Gyan Publishing House
- [16] Shumayla, S., & Satwanti. K. (2017). Knowledge, attitude and practice of family planning among Muslim women of north India. *International Journal of Medical Science and Public Health*, 6(5), 847-852
- [17] Shetty, M., Kiran, K. G., Balgir, S., & Kempaller, V. J. (2017). Awareness of women on reproductive tract infections in rural field practice areas of a medical college in Mangalore, *National Journal of Community Medicine*, 8(9), 546-549
- [18] Srivastava, D.K, Kumar, P. G. & Roli, G. (2011). A Study to Assess the Unmet Needs of Family Planning in Gwalior District and to Study the Factors that Helps in Determining it, *National Journal of Community Medicine*, 2. (3), 28-31
- [19] Shabbir, S. (1991). *Muslims and family planning*, Datsons
- [20] Thapliyal, N. M. (2014). Family planning knowledge, use and nonuse, a cross sectional study in Meghalaya, India. *Greener Journal of Social Science*, 4(2), 139-142
- [21] Timilsina, S., & Rojana, D. (2015). Knowledge on postnatal care among postnatal mothers. *Med. Pharm Sci*, 1(4), 87-92
- [22] Weiss, G. L., & Lonnquist, L. E. (2000). *The sociology of health, healing and illness*, Prentice Hall
- [23] Yusuf, J. B. (2014). Contraception and sexual and reproductive awareness among Ghanaian Muslim youth: issues, challenges and prospects for positive development. *Sage Journals*, 4(3), 1-12..