



IMPACT OF ECONOMY ON REPRODUCTIVE HEALTH OF MUSLIM WOMEN OF GAYA

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ABSTRACT

This research focuses about the reproductive health problems of rural Muslim women of Gaya district (Bihar) where education is very low. Among women the most important factor effecting health is a poor economic condition. Mostly they depend on farming and they spend their livelihood on agricultural products. Families depend on farm products face crisis of farm products in last two three months of year. This causes lack of nutrition and it causes health problems and reproductive health problems. Other than farming they work as labours in industries in other states. Lack of awareness makes women careless about reproductive health and antenatal care that can cause maternal deaths: obstructed labor, abortions, sepsis, toxemia etc.

The social status, religious factors and traditional practices are also responsible for effecting reproductive health of women. Economic factor is the most important factor responsible for health, nutrition, social status and many other factors. Government is also working in the field of adolescent and women for the betterment of their health and to control health problems of women.

Muslim women face many social problems related to reproductive health. One burning social issue is to give birth of a son. Son is very important in a family for the betterment of the economic condition. Even if they have son then also they want more boy child to increase their economy. This increases birth of child and it is also responsible for bad health of women. Some cultural beliefs are very strong among these Muslim societies. They refuse to use any type of precaution related reproduction. They do not prefer to go to hospital for antenatal checkups or for delivery. Most of them recommend that it is much easier to deliver a child at home through "Dagrin" (Dai) and it is cheaper from hospital if there is not anything serious. Mostly Muslim women do not come out and do not discuss the matter of reproductive health even with their husbands or with their mothers ., Even if they are facing problem they do not discuss it with their family and it cause a big problem. But in recent years 5 to 6 years back change in Muslim women behavior related to reproductive health has been noticed.

Introduction

This research has been conducted in three villages namely: Karmain, Maduka and Bham of Tenderi panchayat of Konch Block of Gaya district, Bihar. The main objective is to explore the impact of economy on reproductive health of Muslim women. Reproductive health is a major problem in rural areas of Muslim societies. Women of rural areas are more unconscious of their health included reproductive health. They ignore the values of nutritious and medical health care system at the time of pregnancy and delivery. Prenatal care and postnatal care is very important factor for the health of mother and child. Many government plans are running over there for prenatal and postnatal care for the betterment of health of women through National Rural Health Mission (NRHM) but the ignorance of people is responsible for increasing Maternal Mortality Rate and Infant Mortality Rate.

UN population division, department of economic and social affairs, with support from the UN population fund ICPD (1994) reproductive health is a state of complete physical, mental and social well-being and not merely the absence of reproductive disease or infirmity. Fertility is the natural capability of giving life. Human fertility depends on factor of nutrition, sexual behavior, culture, instinct, endocrinology timing economics, way of life and motions .

NFHS (National Family Health Survey 1992 – 93) in India few pregnant women receive the entire complement of recommended services. Mothers of only 20% of births receive all of the different types of antenatal care. Less than of all deliveries are attended by a health professional and only one third 1/3rd of births take place in medical institutions. Only 17% of births not delivered in a medical institution receive a postpartum checkup within two months of births .

Martin (2004) observes that many Muslim women from immigrant background face challenges in obtaining health care due to some common barriers such as; family pressure. The study has tried to know about the reproductive health and Maternal Mortality Rate (MMR) and Infant Mortality Rate (IMR) .

Reproductive health practices among Muslim women in India have been little researched. In Muslim Community it is generally believed that men and women do not in principle entertain the idea of birth control. For most of these women the decisions regarding the timing and physical and financial cost of health services sought are closely connected to work and sought are closely connected to work and production demands of the household, its assets and resources.

Health is considered in Islam as a blessing given by god to human beings. The prophet (PBUH) said," there are two blessing which may people do not appreciate: health and leisure time" . (Shih al-Bukharin, Book 81, chapter 1, Hadean 10 no 6412, pg.1232). In the context of reproductive health, this means that all should be done to prevent women's reproductive roles (i.e. pregnancy, child birth) from jeopardizing their health. As the scholars say that modern use of contraception such as oral pills, injections etc. can used if it is done to avoid pregnancy of a women of ill health, or if it is not taken to abort any child.

Review of literature

Besides, the International agencies like WHO, UNDP, UNICEF, CARE, etc. there are many national governmental, Non-governmental organizations and small and big regional organization are engaged in the field of reproductive Health in particular and health in general. Governmental health department are providing health care and RH care through governmental institutions and infrastructures. India was the first country to adopt the Family Planning Program (FPP) in 1952 (Reddy et al. 2003). Maternal health remains a serious matter of concern in India for quite a long. Various goals have been set in National Population Policy (NPP -2000) in order to fulfill its objectives. In mid 1970s, Unicef helped to launch the Universal Immunization Program (UIP) with the objective of under five years of age and pregnant women with basic immunizations. Recently formulated National Rural Health Mission (NHRM) has also prioritized this domain of Maternal health Care. Sharma

(1995), Deodhar (2000), Singh (2000), Padamnabhan (2000), Pattanaik (2004), Soman (2002), Narahari and Rani, (2002), Narahari and Sibani (2002), Sharma and Sharma, (2002), are the others who have done researches on health significantly. On the aspects of health seeking behavior a number of studies have been made by various investigators viz. Chatterjee (1993), Pandey (1993), Yadav (2000), Gupta and Dasgupta (2001), and Gharami and Sharma (2002)

Objective

To study the social and economic status of Muslim women. The study also analyses the effect of economy on nutrition the effect of economy and nutrition on health and the problems relating reproductive health among the muslim women of Gaya District of Bihar.

Methodology

In this research, Anthropological methods are applied. Research is mainly based upon the Schedule , interview, case study and focus group Discussion in data collection. Village, household and women schedule are used for collecting data. For secondary data, intensive library work is done. Newspapers, Blogs, Net, and archives are the main source of data.

Area of Research

The study has made the target area to three villages Karmain, Maduka and Bham of Tinderi Panchayat under the Konch Block, of Gaya district of Bihar. These villages are Muslim majority villages of Tinderi panchayat. Only two religions are resident in these villages Hindu & Muslim. Overall 67.98% of these villages cover Muslim population from total population and very little work has been done on Muslim women especially on reproductive health. Karmain village shows demography of Total households 171 out of which 69 are Hindu households & 102 are Muslim households, total population is 1253 out of which total Hindu population is 547 & total Muslim population is 706, total male population is 646 in which Hindu male population is 281 & Muslim male population 365, total female population 607 in which Hindu female is 266 & Muslim female is 341. Maduka village shows demography of Total households 129 out of which 44 are Hindu households & 85 are Muslim households, total population is 982 out of which total Hindu population is 342 & total Muslim population is 640, total male population is 571 in which Hindu male population is 178 & Muslim male population 339, total female population 465 in which Hindu female is 164 & Muslim female is 301. Bham village shows demography of Total households 333 out of which 124 are Hindu households & 209 are Muslim households, total population is 1938 out of which total Hindu population is 447 & total Muslim population is 1491, total male population is 1041 in which Hindu male population is 253 & Muslim male population 788, total female population 897 in which Hindu female is 194 & Muslim female is 703. Karmain village is 6 km Maduka is 5 km and Bham is 2 km from Tinderi panchayat and Karmain 18 km Maduka 16 km and Bham 17 km from Konch block. Tinderi Panchayat is situated 47 km in the north west of Gaya on Konch road. Konch Block is 30km from Tinderi Panchayat. All three villages are connected by pitch single road on North West from Gaya on Konch road. Altogether 63 ever married Muslim women

respondents are taken from 61 households of these villages into account for this research.

Table No. 1 : Social Structure of Three Villages

| Religion | Caste | Total House Hold | Total population | Male | % | Female | % |
|---------------|-----------|------------------|------------------|-------------|---------------|-------------|---------------|
| 2 | 15 | 633 | 4173 | 2204 | 52.81% | 1969 | 47.18% |
| Hindu | 09 | 237 | 1336 | 697 | 52.17% | 639 | 47.83% |
| | Chamar | 39 | 330 | 158 | 47.88% | 172 | 52.12% |
| | Yadav | 39 | 306 | 157 | 51.31% | 149 | 48.69% |
| | Dusadh | 37 | 280 | 151 | 53.93% | 129 | 46.07% |
| | Badhi | 30 | 214 | 117 | 54.67% | 97 | 45.33% |
| | Lohar | 13 | 95 | 51 | 53.68% | 44 | 46.32% |
| | Bania | 06 | 44 | 27 | 61.36% | 17 | 38.63% |
| | Bhuiya | 05 | 28 | 18 | 64.29% | 10 | 35.71% |
| | Sonar | 04 | 20 | 08 | 40.00% | 12 | 60.00% |
| | Pasi | 03 | 19 | 10 | 52.63% | 09 | 47.36% |
| Muslim | 06 | 396 | 2837 | 1492 | 52.59% | 1345 | 47.40% |
| | Seikh | 291 | 2105 | 1112 | 52.82% | 993 | 47.17% |
| | Ansari | 35 | 244 | 125 | 51.23% | 119 | 48.77% |
| | Kasai | 20 | 109 | 57 | 52.29% | 52 | 47.71% |
| | Sai | 13 | 95 | 47 | 49.47% | 48 | 50.53% |
| | Darzi | 31 | 238 | 127 | 53.36% | 111 | 46.64% |
| | Hajam | 05 | 46 | 24 | 52.17% | 22 | 47.83% |

Source: – Konch Block survey 2011

Table No. 2 : Age Structure of Respondents

| Age structure of respondents | Frequency | Percentage % |
|------------------------------|-----------|--------------|
| 18 – 22 | 03 | 4.76% |
| 23 – 27 | 15 | 23.81% |
| 28 – 32 | 13 | 20.63% |
| 33 – 37 | 15 | 23.81% |
| 38 – 42 | 17 | 26.98% |
| Total | 63 | 100% |

Source: - Field Survey 2011 – 12

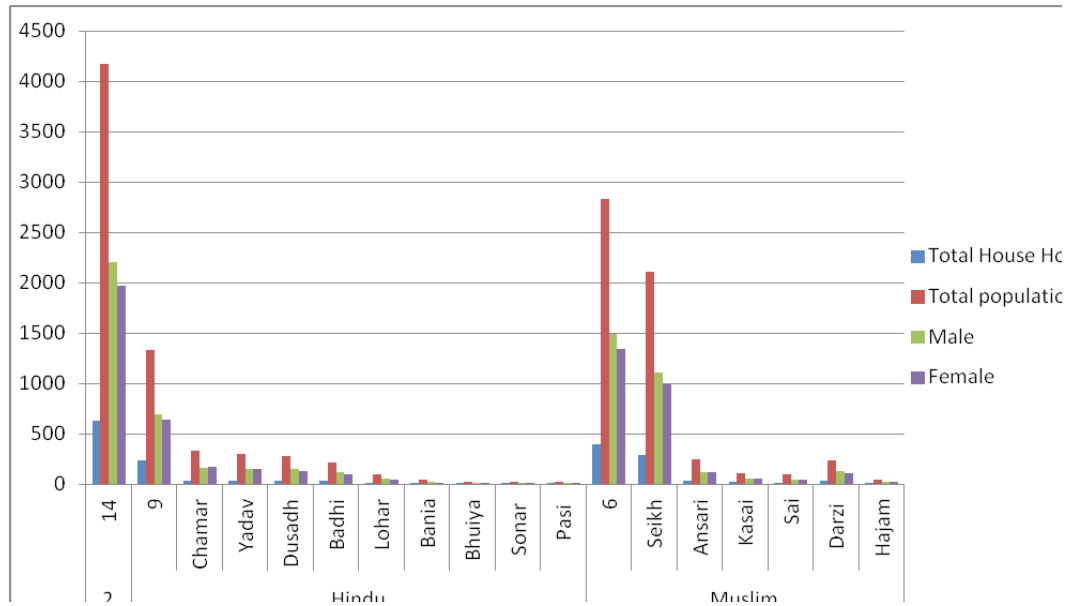


Table shows Total household of these villages are 633. Total Hindu household are 237. Total Muslim household are 396. Total population is 4173. Total Hindu population is 1336. Total Muslim population is 2837. Total male population is 2204. Total female population is 1969. Two religions Hindu and Muslim are resident in these villages. 15 castes 9 from Hindu and 6 from Muslim are in these villages.

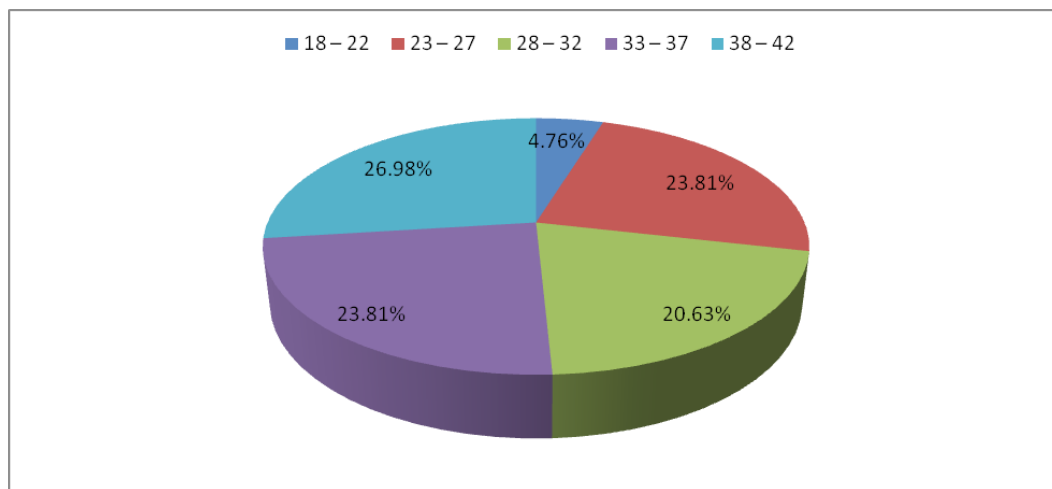


Table no. 2 shows the current age of the respondents of the research area. Most of the respondents are in 38 – 42 age groups which forms 26.98% of the total. From age groups 23 – 27 & 33 – 37 are 23.81% each of total. 20.63 % are belongs to age group 28-32 age and in the age group of 18-22 age has least i.e. 4.76 % of the total.

Table No. 3 : Occupational Status of Respondents

| Occupation | Frequency | Percentage % |
|--|------------------|---------------------|
| Labour | 25 | 39.68% |
| Tailor | 05 | 7.98% |
| Business | 16 | 25.40% |
| Driver | 02 | 3.17% |
| Job | 06 | 9.52% |
| Agriculture | 09 | 14.29% |
| Total | 63 | 100% |
| Agriculture with other occupation | 58 | 92.06% |

Source: - Field Survey 2011 – 12

Table no. 3 shows the economic status (occupation) of the household of the respondents of the research area. Most of them are depended on labour work for their livelihood. About 39.68% of the whole samples are labour. But they have agriculture land and they use agriculture products for their livelihood. 92.06% are involved in other occupation with agriculture as mentioned in table. Few are drivers in private vehicle. 3.17% are also involved in agriculture. 7.98% are in the occupation of tailor and they do not have their agriculture land they spend their livelihood only on their occupation.

Table No. 4 : Income of the Household as Per month of Respondents

| Income per month | Frequency | Percentage % |
|-------------------------|------------------|---------------------|
| 1,000 – 4,000 | 03 | 4.76% |
| 4,001 – 8,000 | 31 | 49.21% |
| 8,001 – 12,000 | 17 | 26.98% |
| 12,001 – 16,000 | 09 | 14.29% |
| 16,001 – 20,000 | 03 | 4.76% |
| Total | 63 | 100% |

Source: - Field Survey 2011 – 12

Table no. 4 shows income structure of the respondents. As shown in table 49.21% earn 4,000 – 8,000 per month and least 4.76% respondents are belongs to 1,000 – 4,000 and 4.76% are from 16,000 – 20,000 per month earning group.

Table no. 5 shows the daily nutritional status of women respondents. 68.25% of total respondents have normal diet as depend from farm products. Those who don't have agriculture land and work as labour have lack of nutrition. Very low percentages i.e. 14.29% respondents have proper diet.

Table No. 5 : Nutritional Status of Respondents

| Nutritional status | Frequency | Percentage % |
|-------------------------------|-----------|--------------|
| Proper diet | 09 | 14.29% |
| Normal diet (as availability) | 43 | 68.25% |
| Lack of nutrition | 11 | 17.46 |
| Total | 63 | 100% |

Source: - Field Survey 2011 – 12

Table No. 6 : Nutritional Status of Respondents During Pregnancy

| Nutritional status during pregnancy | Frequency | Percentage % |
|-------------------------------------|-----------|--------------|
| Proper diet | 09 | 14.28% |
| Normal diet | 38 | 60.32% |
| Lack of nutrition due to economy | 10 | 15.87% |
| No knowledge | 06 | 9.52% |
| Total | 63 | 100 % |

Source: - Field Survey 2011 – 12

Table no. 6 shows change in nutritional status during pregnancy. Maximum 60.32% respondents have normal nutrition during pregnancy. 9.52% respondents do not have knowledge about nutrition and 15.87% lack of nutrition due to their low economic condition.

Table No. 7 : Health Status of Respondents

| Types of health problems | Frequency | Percentage % |
|--------------------------|-----------|--------------|
| Low blood pressure | 35 | 55.55% |
| High blood pressure | 09 | 14.29% |
| Anemia | 12 | 19.04% |
| Over bleeding | 02 | 3.17% |
| Lower abdomen | 02 | 3.17% |
| Unconsciousness | 01 | 1.58% |
| No problem | 02 | 3.17% |
| Total | 63 | 100 % |

Source: - Field Survey 2011 – 12

Table no. 7 represents the status of health problems in respondents. 55.55% maximum respondents are suffering from low blood pressure whereas rather than High blood pressure 14.29% Anemia 19.04% over bleeding and lower abdominal problem is 3.17%. Only 3.17% respondents do not have any type of health problems.

Case Study

Munni Khatoon, Karmain, age 23, have lost her four children 2 girl child and two boy child at previous deliveries. Her husband work as labour and she make incense sticks for her livelihood. After four children she went hospital. Doctor said she is Anemic and she need proper diet and medicines for healing blood and then only she can save her child from still birth. She took treatment from Primary health Centre and now she has one son and two daughters. She took all IFA tablets and also ration from Anganwadi Centre.

Shabnam khatoon, Bham, age 20, she was suffering from Anemia during her pregnancy. She did not go to hospital for her regular checkup. Only once she consulted to a private doctor during her pregnancy. She delivered a girl child. After her delivery she had over bleeding. On the way to hospital she died. Her parents earn only 4,000 per month and they had 5 children. Her parents lost their 1st son. He was abnormal. They lost her younger daughter too. All together they lost their 3 children because they can't give them proper treatment due to their financial condition.

Conclusion

- Maximum people are dependent on agriculture with hard labour work. 39.68% of the total respondents use agriculture products as their daily nutrition and for their daily household needs are depended on the earnings from their daily work. 14.29% household depends only on agriculture products. Last two three months, they face the problem of food crisis. They do not have proper diet throughout year and at the time of crisis they suffer from health problems.
- 4.76% respondents earn 1,000 – 4,000 per month besides agriculture products. About 49.21% of the total population earns 4,001 - 8,000 per month.
- 14.29% take proper diet daily. Who are in private or in government jobs and stay in cities and are in contact of other societies and some who are joined in government or educational programs having knowledge of proper diet. Majority (68.25%) take normal diet or as availability of food products. 17.46% are suffering from lack of nutrition because they do not know about nutritious diet and the most prominent problem low economic condition is responsible for unavailability of nutritious food.
- 15.87% have lack of nutrition due to their low economic condition during pregnancy. Government is providing ration from Anganwadi centers to pregnant women but it is not sufficient for those who are very low in their economy. Some time they do not take benefits provided by government because they do not have proper knowledge about these schemes.
- 55.55% maximum respondents are suffering from low blood pressure. Anemia 19.04% over bleeding and lower abdominal problem is 3.17%. Only 3.17% do not have these types of health problems. Low blood pressures, Anemia, over bleeding are the causes of weakness and it is mostly affected from nutrition.
- The cause of poor reproductive health is poor economic status of Muslim women. They also do not take seriously the matter of reproductive health and they are also not

aware they have some strong ritual belief which restricts them to compromise their health. They do not want to understand the importance of their health and reproductive health.

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