

HEALTH STATUS OF MUSLIM WOMEN: A SOCIOLOGICAL STUDY



University with Potential for Excellence

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CHAPTER VII

FINDINGS AND CONCLUSION

The main objective of the present study has been to examine the health status of Muslim women. It was conducted in the Bhatkal Town of Uttara Kannada District. For the present study 400 Muslim women were selected on the basis of purposive sample. This study focused on role of socio cultural issues on health, reproductive and child health status and the health seeking behavior of Muslim women. In this chapter the major findings of study have been presented in a nutshell.

The conceptualization of health concept has been elaborated in the *first chapter*. This chapter elaborates the various dimension of women's health status. Methodology of the study, hypotheses, theoretical approach, the sample and the brief history of Uttara Kannada District also are depicted in this chapter.

An analysis of Islamic perspective of health is provided in the *second chapter*. Description about health, family planning, child health, and food consumption are analyzed in this chapter. How Islam interprets and teaches about health? What are the basic pillars of Islam about health? What the followers of Islam faith should follow regarding health are also described in this chapter.

Socio-economic background of Muslim women is examined in *third chapter*. The study consists of Muslim women who belonged to different socio-economic backgrounds. More than two thirds (69%) of the respondents of this study belonged to age group of 22 to 45. It is shocking to note that 38.9% of the Muslim women got married before the legal age of marriage. It

was found in this study that even the boys also are marrying in their early age. The data shows that in recent times Muslim women are not only keen on acquiring religious but also the modern education. More than one fourth (32.5%) of the Muslim women possess graduate level and other type of education like Post Graduation, Diploma in Education (D.Ed), Bachelor of Education (B.Ed) and Islamic Scholar etc. It is heartening that most of the young Muslim girls are pursuing higher education. Nearly three fourth (72.6%) of the respondents obtained their education in government schools and colleges. Majority (80.3%) of the respondents of the study are home makers. 14.5% of them are employed in Government and Private jobs like anganwadi teachers/helpers, teachers, clerks etc . Only 2% of them are engaged in small business and self employment. This data shows that even today majority of the Muslim women are found at home. Participation of Muslim women in economic activities is less than any other women in society. In this study not even a single woman was in political field. Generally it is believed that formal educated women are not favoring religious education. This has been found untrue. In the present study majority (95.5%) of the respondents know to read *Quran*. And most of them were educated.

More than two thirds (69%) of the respondents belonged to nuclear family and others had joint family. Earlier Muslim women were restricted to move out of the house. They were never allowed to go outside house to participate any social, economic and cultural activities. But now a day we can see sea of changes. Majority of the women visit outsides of their houses. Most of the respondents' husbands are working in Gulf countries. Inevitably they have to move outside the time of exigencies. In fact this has helped the

Muslim women to interact with the outside world. This is blessing in disguise. Muslim men generally dislike their women moving outside. They are also enjoying freedom to some extent. It is found that Muslim women are visiting hospitals at least for their children vaccination and relatives and friends marriage functions.

Nature of house indicates the economic status of a person. About half (48.3%) of the respondents residing in tiled house. Nearly three fourth (74.3%) of them are having own houses. 38.8% of them possess BPL card. It is observed that 30.5% of the respondent's husband's educated up to primary level, 31.8% of them possess either PUC or Degree education, 3% of them possess professional education, 0.8% of them possess Post graduation and 4.0% of them possess B.Ed, Diploma. More than one fourth(27%) are working in Gulf, another one fourth (25.8%) of them are involved in small business. 24.8% of them are involved in other works like welding works, auto and tempo driver, salesman, *moulvi*. Only one tenth (9.5%) of the Muslim men are government employees like teachers, clerks, supervisors. Majority of the Muslim men (husbands) are involved and depends on private sector. It is also surprising to note that 2% of them are unemployed. Nearly three fourth (68.5%) of the respondents are living with their husband. Data related to occupation shows that Muslims representation in Government sector is abysmally low.

It is observed from the study that Muslims in Bhatkal also have better sex ratio. Muslims have favorable sex ratio as well as child sex ratio than their counterparts other religion. It is evident in this study that 400 respondents

possess 499 boys and 507 daughters. Fertility rate of the Muslim women of the present study is 2.51.

The marriage of girls at young ages in India leads to teenage pregnancy and mother hood. It is reported that 34.8% of women's became mothers in the age 19-21. But it is sad to note that one fourth (25.25%) of the respondents became mother in their teenage. This trend continued even today in the sampled area.

Health and well being of the Muslim women are discussed in the *fourth chapter*. Nearly one fourth (23.5%) of the respondents revealed that their health is excellent, which means one fourth (25%) of them said their health is very good. More than one fourth (37.8%) of the respondents said that their health is good. This shows that more than three fourth of the respondents felt that they are healthy and are not suffering from any major health complications. But 23.5% women underwent some kind of illness in the last one year. 5.8% of them reported that they are suffering from health complications like hypertension, (sugar) diabetes, allergy, asthma, arthritis. These complications found more among older women. Most of these diseases are age related. We can see there is a positive relationship between education and health status of women. Majority of the higher educated respondents reported that their health condition is good and excellent. Among the primary level educated 15.6% of them reported their health is poor. One fourth (24.8%) stated that their health is better than last year and nearly half (44.0%) of them rated their health is the same compare to last one year. 7.3% of them were revealed that their health is much worse than one year ago. Two thirds (60.35%) of them stated that they did work less carefully than usual. It

shows that because of their ill health respondents could not concentrate on their health.

It is observed that more than two thirds (63%) of the Muslim women had weight between 41-60 kilograms, 2.8% of them were weighting between 83-95 kilograms. Almost 10% of them were over weighted or obese. Thus Muslim women have average Body Mass Index (B.M.I) Consumption of non vegetarian food without physical work causing majority Muslim women to be more obese than others. More than three fourth (89%) of the respondents are of average height. It is shocking that 18.8% of the respondents had allergy problems. About forty (39.8%) percent of the respondents revealed that they have health problems. In recent times, Muslims too are affected by life style diseases. Generally it is believed that health problems starts at old age but surprisingly it is quite opposite among Muslims women. It is disheartening to note that more than half (55.34%) of the respondents said that they acquired health problems between the age group of 21-40. Illness is believed to occur due to a lack of balance and moderation in one's life style. 38.8% of the Muslim women thought that their illness is only due to their negligence, 32.5% of them were of the opinion that stress is the reason for their illness. And 15.5% of the respondents said that because of overload of the work they became ill. Two thirds (64.5%) of the respondents revealed that they are discussing their health problems with their husbands. Majority of the respondents husbands are working in Gulf. In the absence of their husbands more than one fourth (28%) of them discussed their health problems with parents, sister, children and daughter in law.

Generally it was found that Muslim women are conservative in nature. This has affected Muslim women in maintaining proper health. Availability of female doctors is less in the government hospitals than in the private. Only poor Muslims are visiting Government Hospitals. It is also evident that more than three fourth (79.3%) of the respondents consult private doctor, only 12.5% of them consult government doctors.

The study area is one of the coastal towns. Thus it is found that about two thirds (61.8%) of the respondents consume fish, 4% of them beef, and 21.5% of them consume only vegetarian food. The data shows that majority of the Muslims are non vegetarians.

It is also noted that 44.5% of them are eating non-veg food once in a year. About half (47.5%) of the respondents are visiting hotels. Even though majority of the respondents aware that eating food outside may damage health, 34.7% of them visiting hotels along with their family once in a month. Three fourth (74.3%) of the respondents revealed that themselves alone prepare food. A little above three fourth (77%) of the respondents were not having made at home. Majority (92.3%) of the respondents using iodized salt. Even today in some of the traditional families male members are consuming food first at home. But in this study about two thirds (66.5%) of them said that they eat all together, 21.0% of them stated that their children are eating first.

Fifth chapter inspects the issues and challenges of Reproductive and child health of Muslim women. In this chapter, respondents' knowledge pertaining to immunization and family planning, perception towards small family are discussed. It is found that nearly one fourth (20.8%) of them facing problems related to menstruation. Like any other women most of the Muslim

women of the present study having painful and irregular periods. It is clear from the data that now a day's young girls of poor families also using sanitary napkins. Only older women due to their childhood practices use cloths.

It is surprising to note that almost one fourth of the respondents of the study became pregnant before attaining the age of 18 and 39.8% of the respondents had their first pregnancy at an early age of 19-21. This is one of the major reasons for their higher fertility rate.

Abortion and the miscarriage is one of the major curses for women. It is disheartening to note that above one fourth (26.5%) of the Muslim women had undergone abortions or miscarriage. The data revealed that Muslim women have serious pregnancy related issues. Stillbirth is one among them. 6.8% of them experienced one pregnancy which terminated in stillbirth. A little above three fourth (77.7%) of the Muslim women received antenatal care from private hospital/maternity home/clinic. Majority (90%) of the respondents have done all medical tests during their last pregnancy. It is shocking to note that 9.6% of them not done any medical tests. Most of them were not aware of it.

In this study considerable number of Muslim women got married at an early age. Above two thirds (67.8%) of the respondents received the advice of breast feeding and one tenth (11.3%) of them were advised for better nutrition to mother and child. It is evident in this study that young Muslim are consulting doctors during their pregnancy and more than half (56%) of them are consuming iron folic tablets as prescribed by the doctor. More than (78.7%) three fourth of the respondents did not receive supplementary nutrition, only 21.3% of them were received during their last pregnancy. It is observed that nearly three fourth (72.6%) of the Muslim women's delivery took place in

private hospital/clinic. Overall 80% of the delivery took place in institutional setup. Nowadays young Muslim women aware of delivery care. More than three fourth (81.5%) of the respondents' deliveries were conducted by the Doctor, ANM/Nurse. It is evident from the present study that more than half (51%) of the respondents obtained information about Immunization from their family Doctor, ANM/ASHA workers. Majority (90.2%) of them were given all the vaccination to their children and majority (81.8%) of them received polio vaccine. It shows that Muslim Women too are acquainted with the importance of immunization.

Birth control in its modern form was not practice in the early days of Islam. But in this study for different reasons they had undergone family planning operation. Some of the older Muslim women faced health problems to have children. Educated young Muslim women were in favor of small family and they want to limit their child birth. Three fourth (78.3%) of the respondents were never undergone family planning operation. Generally it is believed that only educated women undergone family planning operation. But it is surprising to note that even low educated women had undergone family planning. It shows that Muslim women are also becoming modernized. No doubt they are slow accepters of change. Majority (91%) of them heard/seen the messages related to the family planning, only 9% of the older respondents never heard.

In present study most 38.6% of the respondents are motivated by Doctors to adopt small family norm, 19.3% of them reported their husbands insisted them for using family planning method, and nearly one fourth (21.0%) of the respondents themselves have taken decision. This shows that in these

days Muslim women are also enjoying relatively more freedom. Now-a-days throughout the world better education is associated with smaller family size. Small family norm was accepted by majority (72%) of the respondents. Two thirds (69.1%) of them stated that to take care children effectively and to give quality education small family is essential. Little above one fourth (28%) of the respondents are not favoring small family and nearly half of them expressed that children are the gift of God. More than three fourth (84.3%) of the respondents opined that girl child is gift as well as grace of god and they felt happy to have a daughter. Nowadays son preference is less among educated people. They are not concerned with gender of the child. They show more concern about the health of mother and child. Only about 14.8% of them are expecting their next child as baby boy. It is clear from the data of present study that son preference has declined considerably among Muslims.

Sixth chapter investigates the health related issues and health seeking behavior of Muslim women. It is observed that above two thirds (62.5%) of the respondents obtain drinking water from dug well and little above (one fourth) 28% of them are rely on Piped water. 44% of the households have their own dwell. Nearly three fourth (71%) of the respondents felt that the water they are using is safe to drink. 27% of the them adding bleach/chlorine tablets to their dwell and 31.5% of them boiled water.

Sanitation is important for girls / women health, safety and dignity. Toilets are essential for clean and healthy community. Three fourth (74.5%) of the Muslim household have independent /own toilet facility. It is disheartening to note that nearly one fourth (21.5%) of them do not have their own toilet facility; they share with other households. It affects women, girls and overall

health of the family. In these days, most of the people after certain age they start regular health checkups. This helps them to find problems early. In present study about half (47.8%) of the Muslim women said that they go for regular health checkup. But another half (52.3%) of the respondents do not have the awareness of regular health checkup. Nearly three fourth (72.0%) of the respondents household members consult Private Doctor/Clinic. Only 15.75% of them get treatment from Government hospital/PHC. It shows that very less number of the Muslim household depends on public sector. They give several reasons for not going to government hospitals. A little above one fourth (28.5%) of them stated that they do not have hospitals nearby, 14.5% of them said that timings of hospital was not convenient.

It is surprising to note that 7% of the respondents are still are using fire wood while cooking and LPG is most common fuel for cooking. Only 10.3% of Muslim women are cooking under chimney. Majority (96.8%) of the respondents' household have separate room for kitchen. All the respondents have separate bed room. 90.8% of the household possess Bank /Post office account. Nowadays health care insurance plan is a major necessity of people. It is surprising to note that only 19% of the Muslim household covered by health insurance scheme. 16% of them prefer LIC and SBI health insurance scheme. It revealed from the respondents response that majority (84.5%) of them were aware of HIV and two thirds (60%) of them heard it through media. In the present study greater proportion (97.8%) of the Muslim women possess freedom to spend money for their health care. 46% of the respondents said that both (respondent and her husband) will decide how to use their husband's earnings.

Nowadays we can see Muslim women's in public places like market, garden, etc. In present study it is observed that half (50.3%) of the respondents said that they are allowed to go to market alone and 48% of them go only with family members. Nearly three fourth (71%) of the respondents opined that they are not allowed to go hospital alone. Only 28.5% of them go alone to hospital. It was observed in this study that nearly three fourth (72.5%) of the respondents do not take any medicine daily. Only above one fourth (27.5%) of the respondents are taking medicines daily. More than one fourth (28.1%) of them taking medicine daily for high/low Blood Pressure, 3.3% of them for Diabetes, 36.4% of them for Obesity, Arthritis, Hypertension. This data shows that Muslim women are too suffering from lifestyle diseases rather than chronic diseases. More than half (53.8%) of the members of respondents are taking medicine for different health problems. Nearly two thirds (58.5%) of the respondents on an average spend less than hundred rupees per week. Only 3.3% of them spend above 501 rupees to purchase medicine every month.

Hypothesis stated

1. Education and women's health is related to each other
- 2 . There is a close association between religion and health
3. Native health practitioners (Hakims) and traditional healer influence health seeking behavior.

Hypothesis Tested

1. Education and women's health is related to each other, it is proved. It is seen in the present study that most of the higher educated women enjoy better health status. More than half of the college level educated

respondents stated that their health status is either excellent or very good.

This kind of trend was not found among lower educated women.

- 2 There is a close association between religion and health, it is proved. This is evident from the data that those who offer namaz regularly and follow Islamic principles possess relatively better health status than those women who do not strictly adhere to Islamic principles.
3. Native health practitioners (Hakims) and traditional healer influence health seeking behavior, it is not proved. Only 2.3 per cent of the respondents of this study seek medical help from traditional healers.

Suggestions/Recommendations

Most of the Muslims in India are conservative. Even today some of them give importance to marriage than education. It is found in this study that majority of the Muslim men/women are married at an early age. Some efforts have to be made to bring awareness among Muslim community about the age of marriage. Government girls' schools and colleges are not found this area. It has affected the girls' education. Therefore there is a need of establishing Government girls schools and colleges. Muslim community should emphasize on both religious and formal education equally. Improving Muslim girls as well as boys education is most important in this part of Karnataka. There must be some efforts to increase political participation of Muslim community. There is a need for the establishment of social associations belonging to all the religions. They should have frequent interactions. It is seen in this study that only one tenth the Muslims are Government servants. But most of them are working as teachers, clerks, assistants in aided schools, colleges and government offices. . Thus it is necessary to encourage Muslims to take

Government Jobs. Government should provide loan facility to Muslims to have self employment. There is a need for organizing health awareness programmes at Muslim area. It is observed that majority of the Muslim women are not visiting government hospitals. Due to the lack of lady doctors in Government Hospitals. Government should appoint more lady doctors.

On the whole it is observed that the health status of Muslim women is satisfactory. They are not suffering from major diseases like Cancer, TB or HIV. They are showing concern about their health and wellbeing. No doubt they too have life style diseases, which is matter of great concern for entire community. High fertility, unmet family desires, abortions, miscarriages are coming in the way of maintaining able health status.