IMPACT OF DEVELOPMENT PLANS ON WOMEN AND REPRODUCTIVE HEALTH OF MUSLIM SOCIETIES OF GAYA

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Abstract

The time has gone very far when the Muslim women were orthodox. In present time the Muslim women are walking shoulder to shoulder with women of other communities. When the representation ratio of Muslim community's women was suffer in every field expert in house hold management, but in present days Muslim women are driving the car, working in banks and other government offices. They are also in key post in the field of education and also expert of server technology, art culture and cinema and also in another field of social development which shows the time of orthodoxy in Muslim women is gradually vanishing with the hike of time and they are becoming also a part of necessity in the modern society and building of national development and progress. Government is also taking keen interest according every possible help for the development of Muslim women through many type of action plans such as educational plans, health plans, awareness programs etc. Through these programs women are coming out from veils and proving them self in various fields. In last five years rapid change has been noticed in women of Muslim society of Gaya. Level of education has increased its bar where women of rural areas were very little matriculated now they are trying to learn at least up to graduate. Now women are working outdoors in rural areas as Anganwadi Sevika, Sahaiyka, Asha, school teachers, doctors, nurses etc. Education, health plans and especially electronic media has played an important and successful role in upliftment of women especially in rural areas. Now they are more conscious about their health. Mostly women of rural areas of Gaya go for checkups in Anganwadi centers or in primary health centers and if delivery takes place in house Dai use delivery kit which is provided to Asha of every village by government. This shows slow and steady change in society of Muslim women.

This paper focuses the impact of development plans and programs on women of Muslim society of Tinderi punchayat of Gaya district.

Key words: *Development plans, Women, Reproductive health, Muslim society*

Introduction

This research has been conducted in three villages (Karmain, Maduka, and Bham) of Tinderi Panchayat of Konch Block of Gaya District. The main objective is to explore the impact of development plans on women of rural areas of Gaya. Illiteracy, unawareness are the major problem

among Muslim women of rural areas. Women of rural areas are more unconscious of their health. They ignore the values of nutrition 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). Impact of development plans are observed in the rural Muslim societies. Change in educational status and in health status is very slow due to cultural barriers in these societies. 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 Survey1992 – 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). Poor communications and transport infrastructure can be important in preventing access to services in rural areas, especially in maternal health care where transport to referral services is an essential component of dealing with emergencies and preventing mortality (Moles worth 2005).

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 etal. 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 andSibani (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. Chaterjee (1993), Pandey (1993), Yadav (2000), Gupta and Dasgupta (2001), and Gharami and Sharma (2002)

Objective

To study the social status of Muslim women of research area. The study also analyses the effect of development plans in change of Muslim society and its effect on health among 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. For analysis of the data, help of computer has been taken.

Area of research

The study has made the target area to three villages Karmain, Maduka and Bham of Tinderi Punchayat under the Konch Block, of Gaya district of Bihar. These villages are Muslim majority villages of Tinderi punchayat. 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.

Demography of research area

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 i-s 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 punchayat and Karmain 18 km Maduka 16 km and Bham 17 km from Konch block. Tinderi Punchayat is situated 47 km in the north west of Gaya on Konch road. Konch Block is 30km from Tinderi Punchayat. 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.

Educational status of respondents

Education is the most important factor for upliftment of society. Awareness comes from education.

Table No. 1

Academic status	**Frequency**	**Percentage %**
Post Graduate	01	0.49%
Graduate	06	2.96%
Intermediate	03	1.48%
Matric	15	7.39%
Secondary	42	20.69%
Primary	22	10.84%
Madarsa	31	15.27%
Illiterate	83	40.89%
Total	**203**	**100%**

Source: - Ph.D. research field Survey 2011 – 13

Table no. 1 shows the educational status of women respondents of the research area. Highest percentage out of total 203 respondents 83 (40.89%) are illiterate. 42 (20.69%) respondents are secondary pass. 31 (15.27%) are educated from Madarsa. 22 (10.84%) respondents are primary pass. 15 (7.39%) are Matriculated 06 (2.96%) are graduate. 3 (1.48%) respondents are intermediate. Least 01 (0.49%) respondents are post graduate.

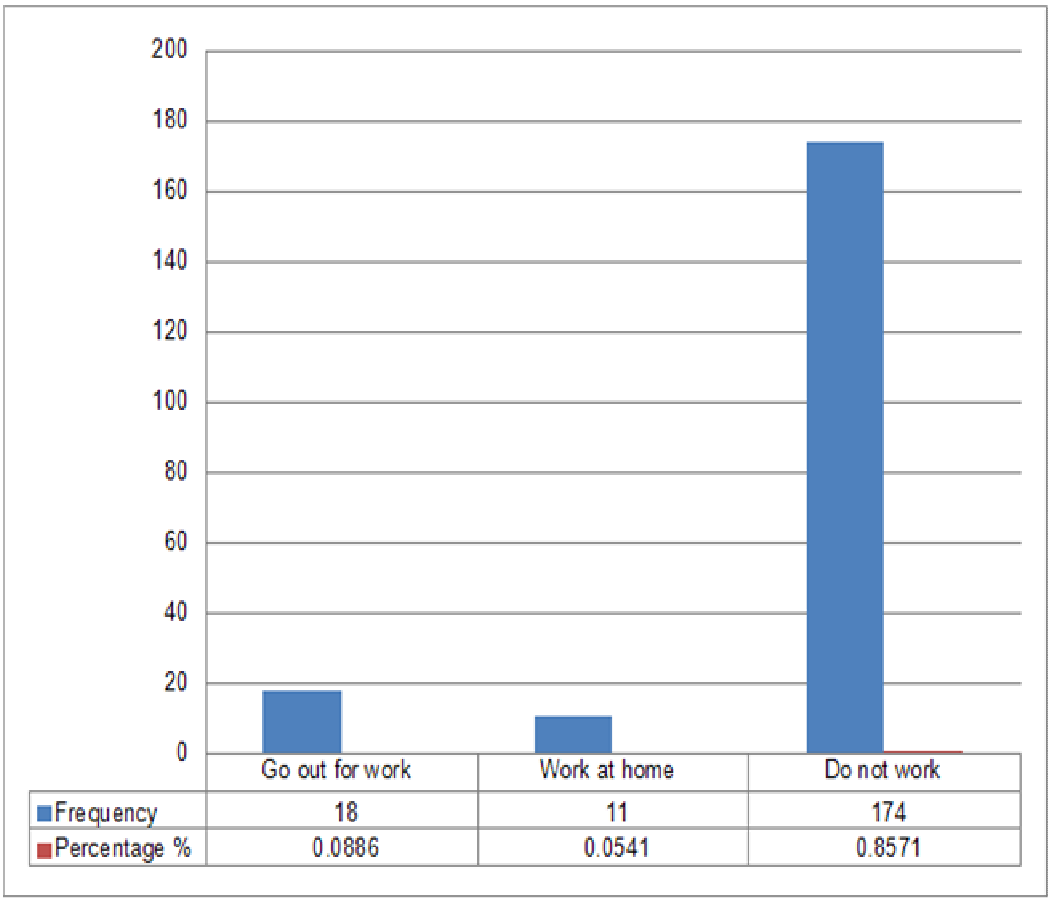

Figure 1: Economic status of women

Majority of women 85.71% (174) of total do not work. 8.86% (18) go out to work. 14 out of 18 are working in any type of educational institutes. And 4 out of 18 work as labour. 5.41% (11) of total work at home. 8 out of 11 are involved in agarbatti (incense sticks) making. And 3 out of 11 work as tailor at home.

Figure 2: Age structure of respondents of three villages

Figure 2: shows the current age of the respondents of the research area. Most of the respondents are in 28 – 32 age groups 28.09% of the total. Age groups 23 – 27 are 21.67% & 33 – 37 are 17.73% of total. Age groups 38 – 42 are 17.24% of total. 18 – 22 age groups are 13.30% of the total. Least is of 43 – 47 age groups 1.97% of the total.

Table No. 2

Age at the time of marriage	**Frequency**	**Percentage %**
Below 18 year	80	39.40%
18 – 21 years	117	57.63%
22 – 25 years	06	2.95%
Total	**203**	**100%**

Source: - Ph.D. research field Survey 2011 – 13

Table no. 2 shows the status of age at the time of marriage of three villages. 39.40% are >18, maximum 57.63% are married in the age of 18 – 21 and least 2.95% are married in the age of 22 – 25.

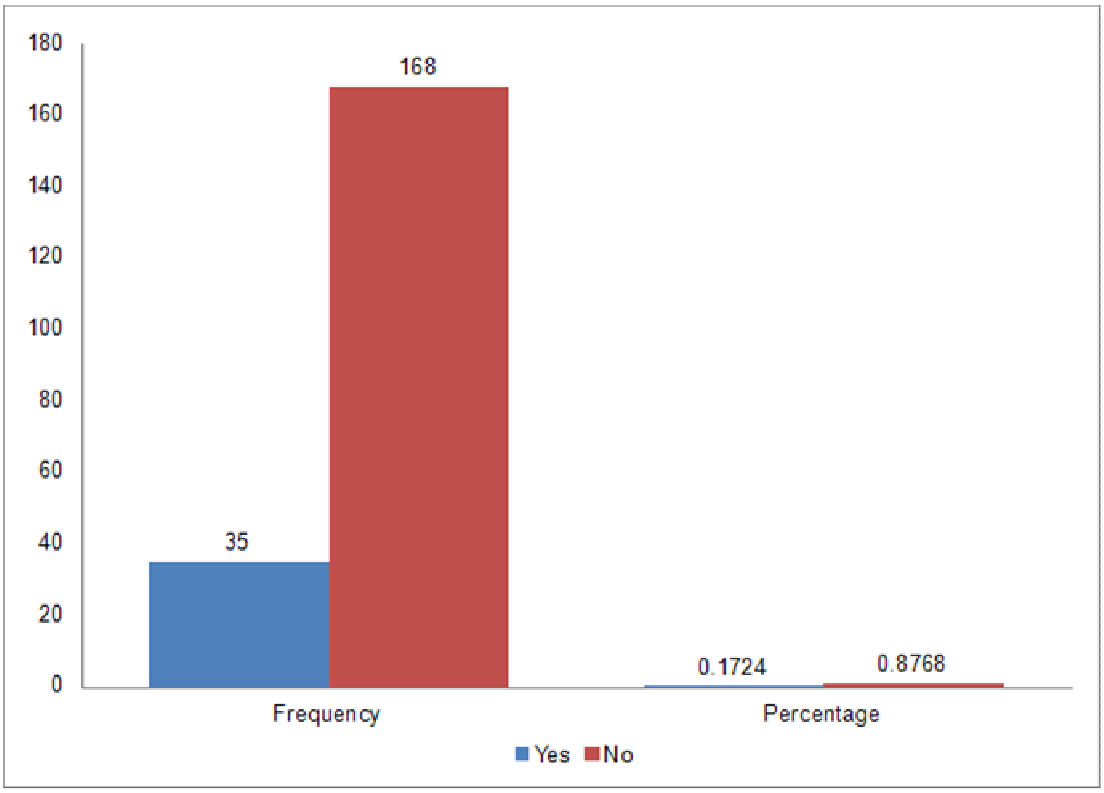

Figure 3: status of use of contraceptives

According to figure no. 15, 17.24% (35) of the total use contraceptives. Majority 87.68% (168) do not use contraceptives.

Table no. 3

Material used during menstruation (Status of Respondents)	**Frequency**	**Percentage**
Sanitary pad	115	56.65%
New cloth piece	05	2.46%
Old cloth piece	83	40.88%
Total	**203**	**100%**

Source: - Ph.D. research field Survey 2011 – 13

56.65% (115) women use sanitary pads during menstruation. 40.88% (83) respondents use old cloth piece. Least number of respondents 2.46% (5) use new cloth piece.

Disposal kit

Facilities are available in the nearby areas and by government, but in several families deliveries are taken place in home also there are several reasons for delivery at home. Government has provided

facilities for safe deliveries at home also. Disposal kit for delivery is provided to ASHA for hygienic and safe delivery of child born in home. Disposal kit is used in 87% deliveries done at home in presence of ASHA from 2010 – 2013.

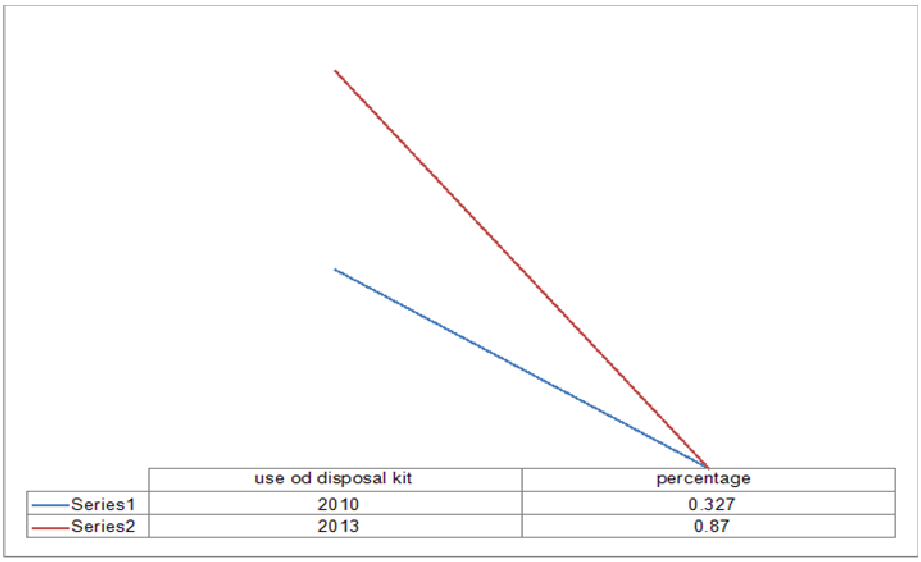

Figure 4: Status of Use of Disposal kit

After delivery respondent have received vaccination or not and where they have received vaccination. Data shows the awareness about vaccination is 100% in every village. Respondents of Maduka village have reported 50 – 50% vaccination in AWC and in hospital. Whereas; respondents of Karmain village and Bham village has reported 31.25% and 29.3% vaccination in hospital and 70.6% respondents of Bham and 68.75% respondents have reported vaccination in AWC.

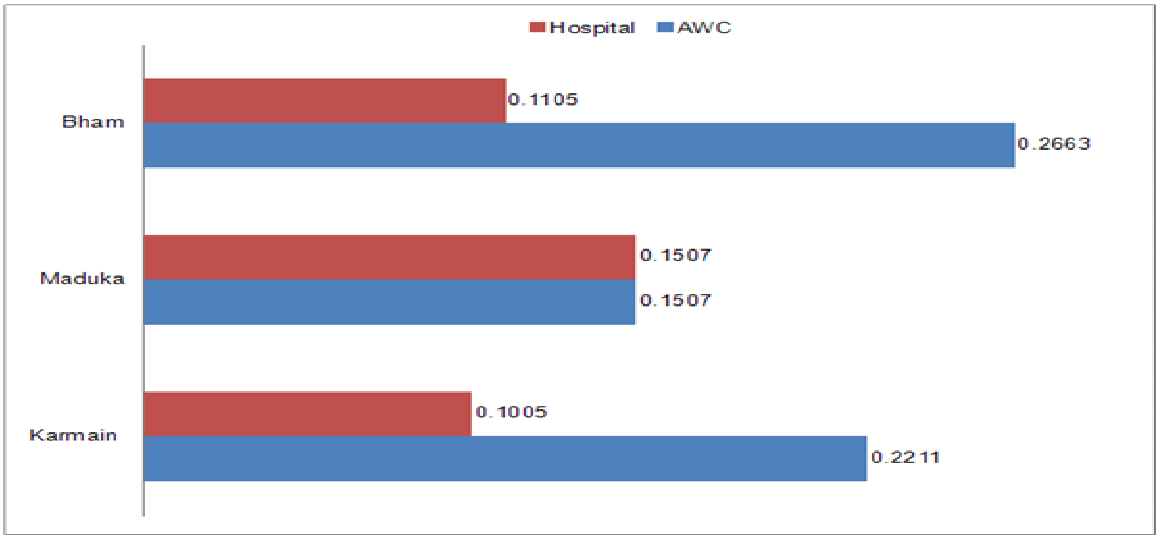

Figure 5: Comparative Status of three villages of Vaccination after Delivery

Figure 5 shows that majority of respondents of Karmain and Bham have received vaccination from anganwadi Centre and least from hospital. Whereas; respondents of Maduka village have received vaccination from AWC and hospital in equal proportion.

Status of knowledge of proper diet of three villages

Table No. 4

Status of knowledge of proper diet of three villages	**Frequency**	**Percentage**
Yes	63	31.03
No	140	68.96%
Total	**203**	**100%**

Source: - Ph.D. research field Survey 2011 – 13

Table no. 4 Shows status of knowledge of proper diet of respondents. 68.96% have no knowledge of proper nutrition. 31.03% have knowledge of proper diet.

Impact of development plan on Education

Table No: 5

Village			**Total**
	2009	**2013**	
Karmain	00	05	13
Maduka	02	07	
Bham	01	01	

Source: - Ph.D. research field Survey 2011 – 13

Table no. 5 shows the educational status of respondents (Daughter in law of village) of research area. Education status of respondents has been defined previously in table no- 17 of Karmain village, table no – 18 Maduka village and table no – 19 Bham village. As the table show progress in the educational status. In 2009 total graduate women were 03, 00 in Karmain, 02 in Maduka and 01 in Bham. In 2013 status of graduate women (daughter in law, respondents) are 13, 05 of total in Karmain, 07 of total in Maduka and 01 of total in Bham.

Impact of education on health and reproductive health

Table No. 6

Knowledge about	**Literate**	**Illiterate**
Sanitation	100% (120)	100% (83)
Contraceptives	93.3% (112)	80.72% (67)
Sexually transmitted disease	80.83% (97)	43.37% (36)

Source: - Ph.D. research field Survey 2011 – 13

Table no. 6 shows impact of education on reproductive health. It shows the level of knowledge and differences between literate and illiterate. Literate and illiterate both have 100% knowledge about sanitation. 93.3% literate have knowledge about contraceptives and 80.72% illiterate have knowledge about contraceptives. 80.83% literate and 43.37% illiterate have knowledge about sexually transmitted disease

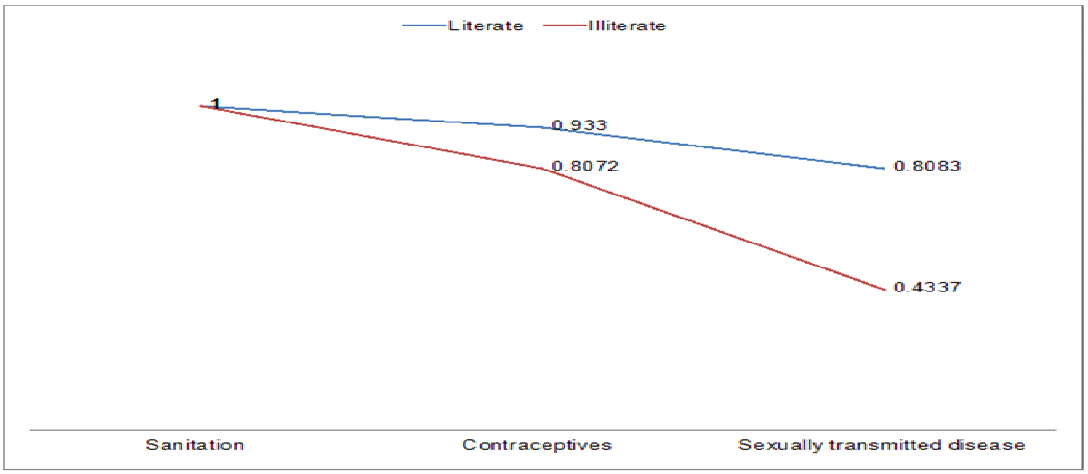

Figure 6: Impact of education on health and reproductive health

All women have knowledge about sanitation. Graph shows an impact of education in knowledge of contraceptives and sexually transmitted disease. Illiterate women have little knowledge about contraceptives and sexually transmitted disease in comparison to literate.

Impact of development plan on family planning

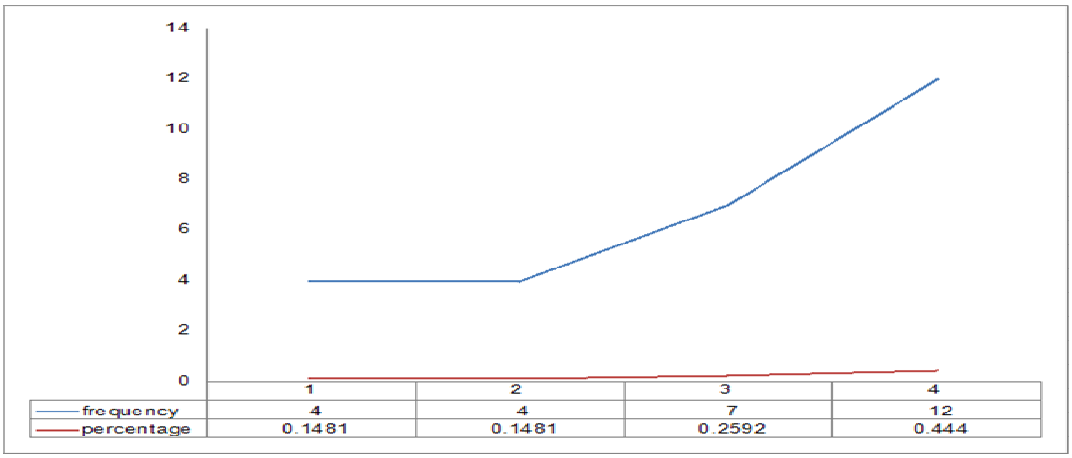

Figure 7: Growth chart showing impact of development plans on family planning

Figure 7 shows impact of development plans on family planning. No. 1 shows the status of 2011. In 2011 14.81% (4) operations of family planning reported. No. 2 shows the status of 2012. In 2012 14.81% (4) operation reported. In 2013 (3) 25.92% (7) family planning operation reported. In 2014 (4) 44.40% (12) family planning operation reported.

Conclusion

- Majority of population depends 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. 99.36% households have their own hand pump in their houses. 99.21% households have toilets in their houses.

- 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.
- Educational status of women shows 40.89% are illiterate. 20.69% respondents are secondary pass. 15.27% are educated from Madarsa. 10.84% respondents are primary pass. 7.39% are matriculated, 2.96% are graduate, 1.48% respondents are intermediate. Least 01 (0.49%) respondents are post graduate.
- The time of orthodoxy in Muslim women is gradually vanishing with the hike of time and they are becoming also a part of necessity in the modern society and building of national development and progress. Government is also taking keen interest according every possible

help for the development of Muslim women through many type of action plans such as educational plans, health plans, awareness programs etc. Through these programs women are coming out from veils and proving them self in various fields. In last five years rapid change has been noticed in women of Muslim society of Gaya. Level of education has increased its bar where women of rural areas were very little matriculated now graduate with support of their parents.

- Now women are working outdoors in rural areas as Anganwadi Sevika, Sahaiyka, Asha, school teachers, doctors, nurses etc. Education, health plans and especially electronic media has played an important and successful role in upliftment of women especially in rural areas. Now they are more conscious about their health. Mostly women of rural areas of Gaya go for checkup in Anganwadi centers or in primary health centers and if delivery takes place in house Dai use delivery kit which is provided to Asha of every village by government. Impact of development plans on family planning shows the status of research area. In 2011 14.81% (4) operations of family planning reported. In 2012 14.81% (4) operation reported. In 2013 (3) 25.92% (7) family planning operation reported. In 2014 (4) 44.40% (12) family planning operation reported.
- Government organization is working in research field area such as; Anganwadi Centre's, appointing Asha's and most important part of awareness programs telecast by television is now too much responsible in breaking cultural barriers. 38.33% literate and 16.86% have knowledge about law of abortion. 8.33% literate and 0% illiterate have knowledge about legality of induced abortion in case of married women. 5% literate and 0% illiterate have knowledge about legality of induced abortion in case of unmarried women. 51.66% literate and 30.12% illiterate have knowledge about statutory age at marriage for males. 70.83% literate and 79.51% illiterate have knowledge about statutory age at marriage for women.
- Impact of education on reproductive health shows the level of knowledge and differences between literate and illiterate. Literate and illiterate both have 100% knowledge about sanitation. 93.3% literate have knowledge about contraceptives and 80.72% illiterate have knowledge about contraceptives. 80.83% literate and 43.37% illiterate have knowledge about sexually transmitted disease. This shows slow and steady change in society of Muslim women.
- It was revealed from the present study that 54.2% of respondents had correct knowledge about the ideal age of marriage, which was less than the findings of the earlier study (75% had knowledge about ideal age of marriage).

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