



**ORIGINAL RESEARCH PAPER**

**Sociology**

**SEXUAL AND REPRODUCTIVE HEALTH PROBLEMS AMONG MUSLIM WOMEN**

**KEY WORDS:** Reproductive, Health, Muslim Women, Sexual

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**ABSTRACT**

Muslim Women have facing various problems of health, particularly the sexual and reproductive health. They are not aware of their health problems during pregnancy and childbirth. This paper inspects the socio-economic profile of the Muslim women and identifies the Sexual and reproductive health problems among Muslim women. In this paper, the researcher looks-over the occurrence by using interview schedule and observation method from the Jansath town of Muzaffarnagar district in western U.P. (India). The result divulges that the socio-economic depiction of the Muslim women in the matter of fact their age, education, types of family, profession and earnings is significantly associated with the Sexual and reproductive health problems. They were not concern the sexual and reproductive health problems caused by deficiency and inadequate knowledge regarding sexual and reproductive well-being. Thus we conclude that awareness and the knowledge of sexual and reproductive health and its concerned problem is co-related to poor socio-economic condition of the women. Considering poor social status of the Muslim women is failing to manage sufficient sexual and reproductive well-being. It is very essential to improve the sexual and reproductive health in true sense by providing complete support services from the providers of the human society. Government and policy makers also have responsibility to provide support service for creating awareness that will help sexual and reproductive health among Muslim women.

**INTRODUCTION:**

The concept of reproductive health, according to the united nation (UN,1990), is a state of complete physical, mental and social well- being and not merely the absence of disease or infirmity in all matters relating to the reproductive system and to its functions and process. (Jyoti Prasad Saikia, 2019:103).

In other words, reproductive health implies that women can go safely through pregnancy and child birth that fertility regulation can be achieved without health hazards and that people are safe in having sex. (Laxmi Thakur 2011:298).

According to the world Health Organization (2002) "Sexual health is a state of physical, emotional, mental and social well-being in relation to sexuality, dysfunction or infirmity. Sexual health requires a positive and respectful approach to sexuality and sexual relationship as well as the possibility of having pleasurable safe sexual experience, free of coercion, discrimination .and violence for sexual health to be attained the maintained sexual rights of all persons must be respected, protected and fulfilled". (World Health Organization: 2006)

B. R Pokhrel ....et al (2012) reported on health seeking behavior during pregnancy and child birth among Muslim women of Biratnagar, Nepal. Data were collected with the help of structured questionnaire technique. They traced that overall institutional delivery in study population was found 24.5% low socio- economic status, illiteracy and poverty in women are the major challenging features of pregnancy and childbirth..

R.S Balgir, J. Panda, A.K. Panda and M.Ray (2011) discussed a cross sectional study of anemia in pregnant women of Eastern coast of Odisha. Data were collected by survey method. They discussed that the 95% anemia cases during pregnancy are due to iron deficiency. Nutritional supplementations were suggested to overcome the low level of hemoglobin in the pregnant women. Anemia is the major cause of material mortality in India.

Mohammad Jawed Qureshi....et al (2017) studied on Knowledge, attitude and practice of family planning methods among rural females in Chattishgarh state. Data were gathered by Interview schedule technique. They notice that growth in level of education, awareness also increased. Most of the respondents have the considerable knowledge & favorable attitude towards contraceptive methods but a wide knowledge practice gap was evident in this study.

Jibrail Bin Yusuf (2014) reported that contraception, Sexual and Reproductive Health among Ghanacian Muslim Youth in Ghana Country. Data were congestive with the help of interview schedule method. He explains that awareness of Muslim Women is high but not in a positive sense as the general care among couple is low and they think that contraception can reduce the Muslim Population.

Thus, the large numbers of studies were conducted in several aspects of health, despite all this, there are few studies conducted on sexual and reproductive health problems, and not such perusal was found that particularly focused on sexual and reproductive health problems among Muslim women. The purpose of the study is to explore the sexual and reproductive health problems among Muslim women. Current study more focuses on socio-economic profile of the Muslim women and their Sexual and reproductive health problems between ages 15-45 years in Jansath town of district Muzaffarnagar.

**OBJECTIVE:**

Keeping the Several issues related to women health in mind was made with the following objectives in the study-

1. To assess the socio-economic profile of the Muslim women.
2. To explore the sexual and reproductive health problems among Muslim women.

**Area:**

Jansath town of Muzaffarnagar district was selected for the purpose of present study. It is a town of Muzaffarnagar district. It is located on Panipat-Khatima road and 48 km. towards from headquarter Meerut. This area is divided in 14 wards. The total population of the town is 19786 as per 2011 census. Male population is 10385 and female population is 9401 sex ratio is 904/1000. Literacy rate of Jansath town is 71.58% in which male literacy rate is 79.57% and female literacy rate 62.76. The majority of population belongs to the Muslim community and some other caste also live in town such as, Sikh, Hindu. It is a mixture of modern and tradition culture. I shall selected 100 women for the interview.

**METHODS**

**(A) Participants**

Jansath town of Muzaffarnagar district was selected for the

purpose of present study. It is a town of Muzaffarnagar district. Data have been collected out of 100 reproductive women between age group of 15 to 45 years to fulfill the information.

**(B) Instruments**

This area has been selected purposively to get the adequate sample. Primary data have been collected from the field and prepared interview schedule and questionnaire accordingly. The Study is based on primary and secondary techniques in used for collecting data.

Random sampling method has been used for the congestive primary data, secondary data taken from books and Journals etc.

**(C) Statistical Analysis**

After collecting the data by interview scheduled and ended in depth survey the details were tabulated and analyzed by simple statistical technique to detect the outcome.

**RESULTS**

**Socio- Economic Profile OfThe Muslim Women**

Socio-economic profile of the Muslim women plays an essential role in sexual and reproductive health. In socio-economic profile include age, type of family, education, occupation, and income etc.

**Table I. Socio-Economic Background OfThe Muslim Women**

Characteristics	Percentage (%)
<b>Age ( In Years)</b>	
1. 15-25	16
2. 26-35	69
3. 36-45	15
<b>Education</b>	
1. Illiterate	44
2. Up to 8th	12
3. 10 <sup>th</sup> to 12th	27
4. Graduation and above	17
<b>Type of family</b>	
1. Nuclear	46
2. Joint	54
<b>Occupation</b>	
1. Farming	34
2. Labour	27
3. Business	58
4. Service	03
<b>Income</b>	
1. 1000-5000	42
2. 6000-10000	30
3. 11000-15,000	20
4. Above to 15,000	08
Total	100

**Table I** reveal that 16% of the women related to the age group of 15-25 ,69% of the women related to the 26-35 age group and disparate 15% of the women related to the 36-45)age group. Whereas 44% women were Illiterate, 12% women related to up to 8th education, 27% of the women belong to 10th to 12th level education and 17% women were Graduate and beyond. There 46% of the women live in nuclear family and 54% of the women were living in joint family.34% of the women occupation is farming,27% of the women were involve in labour occupation, 58% of the women were businessmen and 3% of the women were related to service sector, 42% of the women related to low income group 1000-5000, 30% of the women related to income group of 6000-10000 ,20% of the women related to income group of 11000-15000 8% of the women related to the income group of above15000.

Thus we can say that 69% of the Muslim women related to the young age group of 26-35 , 44% of the women were Illiterate , 54% of the women were living in joint family, 58% women

were engaged in business and 42% had family income between rupees 1000-to 5,000.

**Sexual And Reproductive Health Problems OfThe Muslim Women**

Sexual and Reproductive health was a major problem in area of concern as the women do not had adequate knowledge and awareness about it. Women suffered different sexual and reproductive health problems like - Psychological problems, STI problems, RTIs Problem, Prenatal Problems, Postnatal Problems, Menstrual Problems, Contraceptive Problems, etc. Distribution of the sexual and reproductive health problems is discussed in the below table-

**Table 2- Sexual And Reproductive Health Problems Among Muslim Women**

S. No.	Sexual and Reproductive Health Problems	Number of women	Percentage (%)
1.	Psychological	73	73
2.	STI	66	66
3.	RTIs	65	65
4.	Prenatal	82	82
5.	Postnatal	85	85
6.	Menstrual	78	78
7.	Contraceptive	42	42

**Table 2** indicates the sexual and reproductive health problems among Muslim women in India. 73% of the women suffered from psychological problem like stress, anxiety, hyper tension etc. It was seen that 66 % women faced STI problem during sexual intercourses. On the other hand, RTIs were suffered by 65 % women, 82 % women suffered from prenatal problems during pregnancy like weakness, oedema in legs & hands. Again 85% women suffered from Postnatal problems like anemia, infection etc. In this research it was see that 78% women faced problems during menstruation like irritation, irregularity, over bleeding etc. Again 42% women suffered contraceptive related problems like fear of side effect, unknown methods, Religious prohibition etc.

Thus we found that Muslim community had large majority of the women suffered from several sexual and reproductive health complication. They were not aware concerning the sexual and reproductive health problems due to lack of awareness and inadequate knowledge regarding sexual and reproductive health.

**DISCUSSION:**

These studies worked like supported material and proved helpful in making further studies. In our study, we found that 69% of the Muslim women related to the young age group of 26-35, 44% of the Woman were illiterate, 54% of the Women were living in joint family, 58% Women husband were engaged in self business and 42% had family income between rupees 1000 to 5000. B.R Pokhrel, P.Sharma, B. Bhatta, B. Bhandari and N. Jha found the same result in the study of Biratnagar, Nepal. They found 24.5% low socio-economic status, illiteracy and poverty in women which were the major challenges features of pregnancy and childbirth. Jibrail Bin Yusuf of Ghana Country in 2014 find out that awareness of Muslim women was high but not in a positive sense as the general care among couple was low and they think that contraception can reduce the Muslim population. In the present study they were not aware concerning the sexual and reproductive health problems due to lack of awareness and inadequate knowledge regarding sexual and reproductive health. Mohammad Jawed Qureshi, Ann Kavitha Mathew and Ashish Sinha of Chhattisgarh study in 2017 noticed that growth in level of education, awareness also increased. The current findings are not in accordance with the findings of Chhattisgarh Study.

**CONCLUSION:-**

Study findings suggest that awareness and the knowledge of

sexual and reproductive health and its related problem is connected to poor socio- economic condition of the women. Considering poor social status of the Muslim women is failing to manage adequate sexual and reproductive health. It is extremely crucial to improve the sexual and reproductive well being in true sense by providing complete support services from the providers of the human society. Government and policy makers also have responsibility to provide support service for creating awareness about sexual and reproductive health among Muslim women.

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