

Women who practice Islam vary widely in reproductive attitudes and behaviors

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In predominantly Muslim countries, a woman's knowledge and use of contraceptive methods and her marital fertility differ according to whether she lives in a rural or urban area, her level of educational attainment and the degree to which she is exposed to the mass media. However, the effects of these factors vary from country to country. Thus, according to a study conducted among women in nine Muslim countries, there is no pattern of reproductive behavior that can be considered typical of women who practice Islam.¹

The study utilized Demographic and Health Survey (DHS) data to examine the socioeconomic characteristics and the contraceptive and fertility behaviors of women in Bangladesh, Egypt, Indonesia, Jordan, Morocco, Niger, Pakistan, Senegal and Turkey between 1990 and 1994. Muslims constitute a majority of the population in these countries, and recent data on fertility and socioeconomic factors are available. Countries also were chosen to ensure that several world regions would be represented.

In all but two countries, survey data were collected from women aged 15-49; the Bangladesh DHS included women aged 10-49, and the Turkey DHS included women younger than 50. In the study, data on socioeconomic factors and marital fertility were presented for ever-married women, while contraceptive data were for currently married women only.

Socioeconomic Factors

Some 66-70% of women in Indonesia, Pakistan and Senegal and more than 85% of those in Bangladesh and Niger lived in rural areas. In contrast, 64-74% of women in Jordan and Turkey were urban dwellers. Women in Egypt and Morocco were almost as likely to live in urban areas (457%) as they were to live in rural communities (53-55%).

Ninety-two percent of women in Niger had received no formal education, as was the case for 72-80% of those in Morocco, Pakistan and Senegal and 48-58% of those in Bangladesh and Egypt. More than 50% of Turkish women and more than 60% of Indonesian women had a primary education, while 23-32% of those in Bangladesh, Egypt and Jordan and fewer than 20% of women in Morocco, Pakistan and Senegal had completed their primary schooling. Attaining a secondary education was rare among women in the countries studied; typically fewer than 20% of women had done so. Only in Jordan had a majority of women (54%) received this amount of schooling. The age at marriage varied considerably among women surveyed. More than 80% of women in Bangladesh and Niger, and 63% of those in Senegal, had married before age 17, and fewer than 10% of women in these nations had married after age 20. While more than 50% of women in the remaining countries had married before age 18, delaying marriage until after the teenage years also was fairly common: In Egypt, Jordan, Morocco, Pakistan and Turkey, 22-28% of women did not marry until they were 21 or older.

The degree to which viewing television was a regular part of a woman's life was a measure of her overall exposure to mass media. More than 80% of women in Egypt, Jordan and Turkey watched television frequently (typically defined in the DHS as at least once a week), compared with 29-39% in Indonesia, Pakistan and Senegal and fewer than 20% in

Bangladesh and Niger.

Contraceptive Knowledge and Use

Knowledge. Knowledge of contraceptive methods was universal among women in Bangladesh, Egypt, Jordan, Morocco and Turkey, and nearly so among women in Indonesia (Table 1). In the remaining three countries-Niger, Pakistan and Senegal slightly more than three-quarters of women were familiar with a contraceptive method. In general, women were as likely to know of a modern method as they were to know of any method, although in Niger women were somewhat less likely to be

familiar with a modern method (58%).

Socioeconomic factors were not uniformly associated with differences in women's knowledge of contraceptives. In Bangladesh, Egypt, Jordan, Morocco and Turkey, for example, there were few differences in knowledge according to residential setting, level of education or exposure to television. In Niger and Senegal, however, rural residence, low educational attainment and infrequent viewing of television were all associated with a low level of general contraceptive knowledge, and even less familiarity with modern methods.

Ever-use. Some 65-70% of women in Bangladesh, Egypt, Indonesia, Jordan and Morocco had ever used a contraceptive method, and 80% of those in Turkey had done so. The proportion of women who had ever used a method was much lower in Niger (11%), Pakistan (21%) and Senegal (17%). In Senegal and Turkey, women were about as likely to have used a traditional method as they were to have used a modern method, while in Egypt, Indonesia and Morocco, the proportion of women who had ever used a modern method was a fraction of the proportion who had used a traditional contraceptive.

In all countries, women living in urban areas were more likely to have ever used a method than were those living in rural communities, although the degree of difference varied. The variation in ever-use was small (13% higher in urban areas than in rural areas) in Indonesia and Turkey, moderate in Bangladesh, Egypt, Jordan and Morocco (25-47%) and quite large in Niger, Pakistan and Senegal (2-3 times higher in urban than rural areas).

Women who had attained a secondary or higher level of education were in most cases more likely than less-educated women to have ever used a method; typically, ever-use was about 10% higher among those who had attained a primary education than among those who had received more schooling. In Niger, Pakistan and Senegal, however, the proportion of women who had ever used a method differed substantially by educational attainment: Some 10-15% of women with no education in these

countries had ever used a method, compared with 24-40% of those with a primary education and 53-69% of women who had attained at least a secondary education. In Egypt and Jordan, differences were negligible.

Regular access to mass media was associated with higher levels of ever-use among women in all countries. The difference was moderate in most countries, but fairly large in Niger, Pakistan and Senegal.

Current use. Nearly two-thirds of women in Turkey were currently practicing contraception, while 40-50% of those in Bangladesh, Egypt, Indonesia, Jordan and Morocco were doing so (Table 1). Levels of current method use among women in Niger, Pakistan and Senegal were low (4-12%). In countries where a sizable proportion of women were currently practicing contraception, women relying on traditional methods typically were a fraction of all current users. However, one-quarter of current users in Jordan relied on a traditional method, as did more than 40% of users in Turkey.

The level of current contraceptive use varied with the number of living children a woman had. Married women with no living children were unlikely to be current users. In Bangladesh, the country with the highest proportion of current users among married nulliparous women, 13% currently used a method.

Married women in Niger, Pakistan and Senegal were unlikely to be using a method regardless of the number of living children they had; even among women with five or more offspring, fewer than 20% practiced contraception. Among Jordanian women, however, the likelihood of method use increased with the number of living children, from 31% of women with one or two children to 47-48% of those with three or more children. In Bangladesh, Egypt, Indonesia, Morocco and Turkey, current use peaked among women who had three or four living children and then declined among those with more.

Socioeconomic factors were associated with current contraceptive use in much the same manner as they were with ever-use. Women who lived in urban areas were

more likely to be current contraceptive users than were those who lived in rural areas. Differences in use between these groups of women were greatest in countries where contraceptive prevalence was quite low. For example, in Pakistan, where only 12% of women reported method use, urban women were more than four times as likely as rural women to practice contraception (26% vs. 6%).

Considerable differences in current use also were apparent according to educational attainment, particularly in countries where overall contraceptive prevalence was low. In Niger, Pakistan and Senegal, 34-37% of women who had attained a secondary or higher level of schooling were current users, compared with 12-20% among those who had received only primary education and 4-8% among those with no education. In Bangladesh, Egypt, Indonesia and Turkey (countries where overall contraceptive use was at or above 45%), differences in current use according to level of education were less dramatic: Among women in these countries who had received secondary schooling, 56-72% were current users, compared with 46-66% of those who had attained a primary education and 36-48% of those with no education.

Marital Fertility

Among women aged 40-49, completed fertility was highest in Jordan (a mean of 8.3 children ever born) and lowest in Turkey (4.7 children). In most countries, women living in urban areas typically had completed families with one child fewer than women in rural areas. In Indonesia and Pakistan, urban-rural differences were negligible; however, marked differences were apparent in Egypt and Morocco, where women living in cities had an average of two fewer children than women living in rural communities.

A woman's level of educational attainment was consistently associated with her lifetime fertility: The more education a woman had received, the fewer children she was likely to have had. This relationship was particularly dramatic in Jordan, where women with no education averaged nine lifetime births, compared with about four among women who had obtained secondary or higher education. Large differences in

lifetime marital fertility according to educational level were also apparent in Egypt, Morocco and Turkey. In Indonesia, however, these differences were minimal: Women with no education had a lifetime fertility of 4.9 children ever born, compared with 5.3 among those who had a primary education and 4.4 among those with a secondary education.

Conclusions

The author notes that although all nine countries included in this study have predominantly Muslim populations, their social and economic development, contraceptive prevalence and family planning program effort vary widely. Thus, he adds, there is considerable variation among the countries in their success achieving fertility transition. The author concludes that the practice of Islam is neither a "a hindrance nor a stimulating factor in fertility decline, at the global level."-K. Mahler

Reference

1. Karim MS, Reproductive Behavior in Muslim Countries, DHS Working Papers, Calverton, MD, USA: Macro International; and New York: United Nations Population Fund, 1997, No. 23.

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