

Title of the thesis: “A STUDY OF RELATIONSHIP BETWEEN EDUCATION OF MUSLIM WOMEN, THEIR FERTILITY BEHAVIOUR, HEALTH CARE AND EDUCATION OF THEIR CHILDREN”

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ABSTRACT

Introduction

The study titled “A Study of Relationship Between Education of Muslim Women, Their Fertility Behaviour, Health Care And Education of Their Children” was conducted to find out the probable relationship subsisting between education of Muslim women with the size of family, number of children to be born/ health care of children, mode and manner of child upbringing, and level, kind and quality of education of children. In this, a comparative study of illiterate and literate women was undertaken to ascertain the impact of education. In addition, probable impact of different levels of educational attainment on the aspects under study was also ascertained. The study aimed at ascertaining the empowering potential of education on Muslim women by finding out the role of women in decision-making and then, to understand fertility behaviour in relation to education as a whole and levels of educational attainment in general.

Objectives of the study

1. The Size of family, number of children to be born/ had; Healthcare, and Education of children. The study was geared to ascertain the women’s role in Decision-making and then:
2. To find out Muslim women’s fertility behaviour and its probable relation with education and different levels of educational attainment.
3. To find out the Muslim women’s practices in regards to healthcare of their kids, (their own inclusive) with reference to mother’s educational status.
4. To find out the Muslim women’s role regarding desired or actual type, and quality of their children’s education with reference to mother’s educational status.

Methodology

The study focuses upon a single township to seek answer at micro level, the sample was selected from Amroha, a town in Western Uttar Pradesh. The researcher herself developed tool. The final tool had five sections: personal details, questions related to decision-making, fertility behaviour, child health, and child education. Data was collected by the researcher herself with the help of tools described above. The interview schedule was inter-changeably used as Questionnaire wherever appropriate co-operation and willingness was available. The collected data was simultaneously checked and edited by the researcher herself. According to the plan, the data was processed manually as well as through computer. The processed data was analysed in terms of frequencies, percentage averages and deviations. Selectively *bi-variate* tables were also obtained and such data was analysed in term of t-test. The analysed data was interpreted with the support of relevant references and research findings. Level of significance was set on 0.05. The following factors were analysed for ascertaining imparted of literacy upon the aspects mentioned above: 1. Age of subject-women 2. Age at the time of marriage 3. Nature of family (joint/ nuclear) 4. Professional Status and type of employment 5. Nature of Education 6. Decision Making on (a) Domestic Affairs (b) Self Health Care 7. Fertility Behaviour (a) Spacing between two conceptions (b) Decisive say

on the use of (temporary) Preventive devices (c) Family Planning: Causes and Consideration 8. Health Care (a) Medical assistance for Children: sources 9. Education of Children (a) Muslim Women's Preference regarding Nature of Child Education.

Conclusions

- Over all impact of education of women on decision-making in their respective families is stronger and positive.
- The nature of women's say in decision-making shifts towards mutual consensus as level of education of women increased.
- Literate woman preferred to plan size of family, knew what to do to regulate the size of the family and how to regulate it. In this, their proportion is far higher than those of the illiterates.
- In cases, the actual family sizes as it emerged exceeded the planned size, which happened mainly due to son preference. Secondly, the women failed to procure required devices from the open market because of social inhibitions, conceived against their will and very few of them could resort to MTP because of demands of beliefs and social compulsions.
- In regards to the adoption of various family planning devices, the Muslim women as well as their husbands preferred rather decisively the temporary devices. Pre-dominant majority of them disfavoured adoption of permanent devices.
- The gender detection instances were confined to better-educated women. It may be due to better awareness-level of educated women about screening or detection of gender, and due to poor knowledge of uneducated women regarding this.
- The educated women had no preference for traditional methods of treatment. They depended rather increasingly upon modern technique of health care.
- As the level of education of women increased, the level of consciousness about quality of nutrition, about medical care and about mental, cognitive and emotional development also increased. Thus, women's education also played a strong role and registered positive impact on child health care.
- Increasing level of education of women also increased the level of awareness about nature of education to be provided to their children, about planning of education of their children and it also made them aware about their duties to provide assistance in their education.

Women education thus holds the key not only to keep the population growth rate under control but also in giving India healthy children and educated children. In spite beginning limited score and coverage, the present study reinforces the trends suggested by the Census 2001. The census figures relating to the population growth rate and status of literacy indicate an inverse relationship between literacy and population growth rate at all India level including Muslims. This in a way suggests a silver lining. Coupled with the findings of the present study the Census based indicator would lead to the suggestion that family size can be more effectively regulated by educating women at least up to elementary level and to render it all the more effective up to secondary level. Thus, women education may lead to eradication of the literacy and thereby poverty and ill health and finally reverse the trend of population explosion. The state should come forward for educating women with greater enthusiasm.