IJAR&D
Peer-reviewed | Open Access

International Journal of Academic Research and Development (IJAR&D)
ISSN : 2395-1737 (Print), Volume 12, No. 2, Page No 49-54
DOI : https://doi.org/10.70381/23951737.v12.naj2.2026.6
A Quarterly Journal Published by Bharti Publications, New Delhi, India

Family Planning Practice Amongst the Muslim Women of India: Evidence from Two Rounds of National Family Health Survey

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Abstract

This paper tries to examine the practice of family planning methods among Muslim women in India based on secondary data gathered from the fourth and fifth rounds of the National Family Health Survey. The findings of the study indicate that the adoption of family planning methods Substantially increased amongst the Muslim women of India. Moreover, the study finds that the practice of modern and traditional methods among Muslim women has significantly increased. However, this paper also shows that Muslim women of India are associated with significantly lower levels of contraceptive methods than their Hindu counterparts. Based on the findings, we urge that the government of India, state governments, and NGOs should implement some necessary steps to popularise the practice of contraception among Muslim women. Moreover, the study also highlights the need for awareness campaigns related to sexual and reproductive health, more specifically for Muslim women.

Keywords: *Contraception, Family Planning Practice, Muslim Women, NFHS-5, Religion*

Introduction

The WHO (2025) defines Family planning (FP) as the ability of individuals and couples to anticipate and attain their desired number of children and the spacing and timing of their births. According to the United Nations (2022), 966 million women who are of reproductive age use some kind of contraception worldwide. Almost 1.1 billion of the 1.9 billion women who are of reproductive age need FP. Approximately 92 million of them use traditional methods, while 874 million use modern FP methods. Moreover, the number of contraceptive users has almost doubled worldwide since 1990. In 2021, almost 164 million women, who are in the reproductive age group, wanted to prevent unintended pregnancies and hadn't used any FP methods. Currently, 10% of women have an unmet need for family planning. The proportion of women who have their need for FP and are satisfied with modern contraception methods has increased from 67 to 77 % from 1990 to 2022 (United Nations, 2022).

The National Family and Health Survey 5 (NFHS 5, 2019–21) revealed that the adoption of modern contraceptives by currently married women has increased from 48 to 56% between 2015–2016 and 2019–21. Female sterilisation is the most popular modern contraceptive in India; almost 38% of currently married women have adopted it. However, in the five years preceding the survey, 50% of the women who started using a contraceptive discontinued the method in less than 12 months, due to the desire to become mothers. The NFHS 5 (2019–21) also reveals that Muslim women in India have a lower adoption of modern contraceptives (47.7%), compared to women from other religious groups.

Family planning is a critical component of reproductive health, enabling individuals to make informed choices about their fertility and well-being. In India, FP practices vary significantly across different socio-economic and cultural groups. Muslim women, in particular, face unique challenges in accessing and utilising modern contraceptives. Studies have also highlighted the role of religious leaders and community influencers in shaping attitudes towards FP (El Hamri, 2010; Mohanan et al., 2003; Quraishi, 1996). However, there is a need to better understand the interplay of these factors and their impact on Muslim women's access to FP services.

So far as existing studies are concerned, we have found a very limited number of works devoted to the Indian context to examine the usages of FP methods amongst the Muslim women in India. Against this backdrop, this paper tries to examine the status of family planning methods among Muslim women in relation to their Hindu counterparts in India, based on a nationally representative survey.

Review of Literature

Numerous studies have been conducted to examine the status of FP measures undertaken by people around the world to examine the practice of FPM. In this connection, Lasong et al. (2020) documented that only 43% of the currently married women of reproductive age in rural Zambia are using modern contraception. OlaOlorun et al. (2016) found that modern contraceptive use increased in Nigeria, but slightly declined in Ethiopia and Ghana. While Sinai et al. (2020) revealed that in 2017, just one-fifth of married women of reproductive age were using contraception. The study conducted by Sapkota et al. (2016) found that in Nepal, more than half of the women expressed their interest in FP use, while reported users are only 24%. Dhakal et al. (2020) found that 94.5% of women know about FPM, but only 79.3% of women have practised temporary methods of FP, while none of them was found using a permanent method of FP. Also, Ataullahjan et al. (2019) found that in Pakistan, only 25% of couples are using modern contraception. They also state that a large number of the literature suggests that using FPM is a sin in Islam (El Hamri, 2010). In a study, Alomar et al. (2020) addressed that, in Islamic societies, issues related to sexual and reproductive health (SRH) are rarely discussed and considered sensitive subjects. While in Bangladesh, Roy et al. (2021) discovered that the prevalence of FP methods among the currently married women was 36.03%, which dropped by 23 % after the Covid pandemic.

The study conducted by Shumayla and Kapoor (2017) found that in India, 87% of women knew about FP, but only 47% currently practice FP methods. Moreover, age of marriage, educational level, socioeconomic status, parity, and sex of the first child are significantly associated with the current use of FPM. Interestingly, 34.5% of women are not involved in FP practices due to religious constraints. Patra and Singh (2015) revealed that the prevalence of total unmet needs is highest in Bihar, 48.5%, which is two times higher than the national level. Moreover, Rasheed et al. (2015) found that the current use of FP methods was similar for Hindus and Muslims. However, ever-use of contraception was found to be more common among Muslims than Hindus. Spacing methods were found to be more popular among Muslim couples. In contrast, a larger number of Hindu couples preferred terminal methods. Moreover, the study also pointed out that religion plays a critical role in the acceptance of FP methods. The study conducted by Mondal et al. (2024) found that in Northeast India, Sikkim has the highest prevalence rate of modern contraceptives, whereas the lowest is in Manipur. Moreover, the study found that social category, religion, place of residence, media exposure, wealth index, desire for more children, fertility status, number of living children, and region are the key factors of modern contraceptive use. Overall, in the north-eastern state, use of the male method is low, implying that contraceptive use is more inclined toward women's responsibility.

The existing body of literature regarding FP in India highlights the intersection of education, economic status, and religious identity. Historically, the Muslim community in India has shown lower rates of FPM adoption, often attributed to lower literacy rates, limited access to healthcare infrastructure, and religious constraints. However, very limited attention is paid to examining the practice of FP of Muslim women of India in relation to other religions. This paper tries to address this gap by examining the FP of Muslim women of India in relation to their Hindu counterparts.

Data and Methodology

The present study is based on secondary data collected from the Fourth (NFHS 2015–16) and Fifth (NFHS 2019–21) rounds of the National Family Health Survey. The NFHS 4 is based on a nationally representative sample of 601,509 households, which includes 699,686 women and 103,525 men. The NFHS (2019–21) survey is based on a nationally representative sample of 636,699 households, 724,115 women aged 15-49, and 101,839 men (Choudhury & Roy, 2025). However, due to the COVID-19 pandemic, NFHS published its 5th round in two different phases. In the first phase, 22 states and UTs reference period 2019-20, and in the second phase, in 2020-21, 14 states and UTs. Additionally, the present study made use of descriptive statistics, Spearman's rank correlation, and Student's t-test to interpret the results.

Empirical Findings and Discussion

This section shows the state-wise adoption of family planning methods among the Muslim women in relation to their Hindu counterparts in India, based on the Fourth and Fifth rounds of the National Family Health Survey.

Table 1. State-wise Use of FP Methods of the Muslims in India

States	NFHS 4	NFHS 5	States	NFHS 4	NFHS 5
Andra Pradesh	61.9	69.7	Maharashtra	58.5	58
Assam	50.1	60.1	Manipur	24.1	62.3
Bihar	10.8	38.9	Meghalaya	43.2	29.9
Chhattisgarh	54.8	66.2	Nagaland	24	57.1
Goa	39.3	77.4	Odisha	51.6	73
Gujarat	40.5	60.9	Rajasthan	46.4	44
Haryana	25.8	47.5	Tamil Nadu	49.3	62.7
Himachal Pradesh	36.5	69.4	Telangana	49.6	64.8
Jammu & Kashmir	55.8	55.5	Tripura	66.3	59.8
Jharkhand	28.3	52	Uttar Pradesh	38.3	56.4
Karnataka	46.2	63	Uttarakhand	35.1	60.9
Kerala	43.4	57.3	West Bengal	63.9	73.3
Madhya Pradesh	61.9	65.5	Mean	43.56	59.42
Spearman's rho = 0.38*			t value (48) df = -4.54***		

*Source: Calculated by the Authors, ***, *, Significant at 1% & 10% level of significance*

The practice of family planning methods (FPM) among Muslims in India is shown in Table 1. It is observed that during the fourth round of NFHS, the use of FPM is found to highest in Tripura, followed by West Bengal, and lowest in Bihar, followed by Nagaland. The mean value suggests that 43.56% of Muslims in India have used FP methods. During the fifth round, it was observed that the adoption of the FP method among Muslim women is found to be highest in Goa, followed by West Bengal, and lowest in Bihar and Rajasthan. Table 1 also reveals that 59.42% of Muslims are users of FP methods. As reflected in Table 1, the adoption of FPM among the Indian Muslims has declined in Jammu and Kashmir, Maharashtra, and Rajasthan. The value of the t-statistic is statistically significant at the 1% level of significance, indicating that the adoption of FPM significantly improved during the period of NFHS 5. The improvement of FPM from 43.56 to 59.42% indicates that the socioeconomic development and health outreach programs are efficiently reaching the Muslim women. Inter-state disparities in the adoption of FP methods among the Muslims of India are also found to be relatively higher during the period of the fourth round of NFHS. The value of Spearman's rho indicates that there is a significant difference in the rankings of the state in terms of the use of FP methods over the two rounds of NFHS.

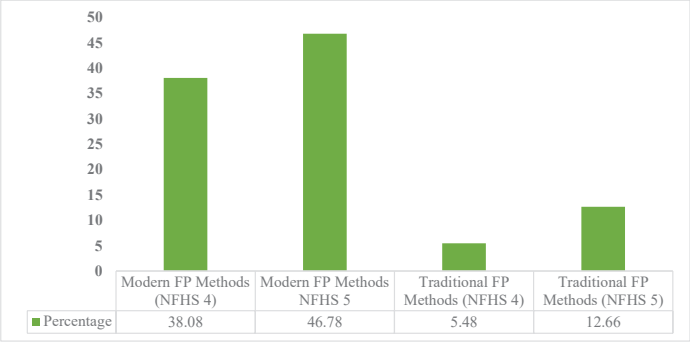

Fig.1. Adoption of FP Methods of the Muslims: Modern and Traditional

Source: Drawn by the Authors

The practice of modern and traditional FP methods amongst the Muslim women of India is illustrated in Fig 1. It is seen that the adoption of modern FPM increased from 38.04 to 46.78%, and the use of traditional FPM increased from 5.48 to 12.66% over the two rounds of NFHS. It also indicates that the practice of modern and traditional FP methods substantially increased among the Muslim women of India. Moreover, Fig. 1 highlights that the adoption of traditional FP methods substantially increased among Muslim women.

Table 2. Use of FP Methods of the Muslims and Hindus of India: Evidence from NFHS – 4

States	Muslim	Hindu	States	Muslim	Hindu
Andra Pradesh	61.9	70	Maharashtra	58.5	65.2
Assam	50.1	53.6	Manipur	24.1	25.9
Bihar	10.8	26.4	Meghalaya	43.2	34.7
Chhattisgarh	54.8	58	Nagaland	24	35.3
Goa	39.3	25.1	Odisha	51.6	57.2
Gujarat	40.5	47.4	Rajasthan	46.4	60.9
Haryana	25.8	66.2	Tamil Nadu	49.3	53.5
Himachal Pradesh	36.5	57.3	Telangana	49.6	58.1
Jammu & Kashmir	55.8	60.4	Tripura	66.3	64
Jharkhand	28.3	45.1	Uttar Pradesh	38.3	46.9
Karnataka	46.2	52.9	Uttarakhand	35.1	56.2
Kerala	43.4	57.7	West Bengal	63.9	73.6
Madhya Pradesh	45.2	51.7	Mean (India)	43.56	52.13
Spearman's rho = 0.69***			t value (48) $_{df}$ = -2.23**		

*Source: Calculated by Author, ***, **, meaning significant at 1 & 5% level of significance*

Table 2 shows that, during the Fourth rounds of NFHS, the adoption of FP methods among Muslims is found to be highest in Tripura, followed by West Bengal, and lowest in Bihar. The mean value indicates that 43.56% of Muslims in India have adopted contraception during the fourth round of NFHS. At the same time, for Hindus, the adoption of FPM is found to be highest in West Bengal, followed by Andhra Pradesh, and lowest in Goa. The mean value indicates that the practice of FPM is significantly higher among Hindus than Muslims in India. The value of Spearman's rho indicates that there is a significant difference in the ranking of the states in the adoption of FP methods.

Table 3. Use of FP Methods of the Muslims and Hindus of India: Evidence from NFHS – 5

States	Muslim	Hindu	States	Muslim	Hindu
Andra Pradesh	69.7	71.6	Maharashtra	58	67.1
Assam	60.1	61.1	Manipur	62.3	62
Bihar	38.9	58.5	Meghalaya	29.9	29.1
Chhattisgarh	66.2	68	Nagaland	57.1	59
Goa	77.4	69.8	Odisha	73	74.2
Gujarat	60.9	65.7	Rajasthan	44	72.8
Haryana	47.5	74.6	Tamil Nadu	62.7	68.8
Himachal Pradesh	69.4	74.6	Telangana	64.8	68.5
Jammu & Kashmir	55.5	67.7	Tripura	59.8	72.1
Jharkhand	52	64.5	Uttar Pradesh	56.4	63.5
Karnataka	63	69.4	Uttarakhand	60.9	72.2
Kerala	57.3	62.3	West Bengal	73.3	74.7
Madhya Pradesh	65.5	72	Mean (India)	59.42	66.55
t value = -2.50 ** Spearman's rho = 0.51***			SD (India) 10.84 9.24		

*Source: Calculated by Author, ***, **, Significant at 1&5% level of significance*

Table 3 depicts the state-wise adoption of FP methods among the Muslims and Hindus of India. During the period of the fifth round of NFHS, the adoption of FP methods amongst the Muslim women is found to be highest in Goa, and lowest in Meghalaya, followed by Bihar. While for Hindus, the practice of FP methods is highest in West Bengal, and lowest in Meghalaya, followed by Bihar. The t-statistic turned out to be statistically significant at the 5% level of significance, indicating a significant difference between Muslims and Hindus in the adoption of FP methods. Inter-state disparity in the matter of FP adoption is also found relatively higher among the Muslims. The value of Spearman's rho indicates that there is a significant difference in the ranking of the states in terms of the use of FP methods.

Table 4. Use of Modern and Traditional FP Methods of the Muslims and Hindus of India

Modern FP Methods		T value	Traditional FP Methods		t value
Muslim	46.78		Muslim	12.66	
Hindu	55.58	-2.33**	Hindu	10.97	0.61

*Source: Calculated by Author, **, Significant at 5% level of significance*

Table 4 revealed that during the period of the fifth rounds of NFHS, 46.78% of Muslim women in India are using modern FP methods, whereas 55.58% of Hindu women are using modern methods of FP. Additionally, Table 4 also revealed that Muslim women of India are associated with significantly lower adoption of modern contraception than their Hindu counterparts. The findings of the study are also in line with Nasreen et al. (2024). The adoption of traditional FP methods among the Muslim women of India is 12.66%, while for Hindus, it is 10.97%. The findings of the study are consistent with existing works (Rasheed et al., 2015). Moreover, it is also observed that Muslim women are using relatively more traditional FP methods than their Hindu counterparts.

Conclusion and Policy Recommendations

The present study examines the practice of family planning methods among Muslim women in India, based on secondary data gathered from the two rounds of the National Family Health Survey. Empirical findings indicate that the adoption of FP methods significantly increased over the two rounds of NFHS amongst the Muslim women of India. Moreover, the study also revealed that the adoption of both modern and traditional FP methods has increased amongst the Muslim women of India. However, Muslim women of India are found to be associated with significantly lower adoption of FP methods than their Hindu counterparts. Based on the findings, this study recommends that the government of India, state governments, and NGOs should implement some necessary steps to popularize the use of contraception among Indian Muslims. Moreover, the study also highlights the need for awareness campaigns related to sexual and reproductive health, more specifically for Muslim women.

Further Research Scope

The present study is confined to state-level analysis only. Thus, to get more insight into the status of Family planning practice amongst the Muslim women of India and its possible correlates, studies need to be taken up at inter as well as intra-district levels in the future.

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