This chapter recapitulates the salient features of this work and presents noteworthy contributions with a view to arrive at some policy implications.

Religion has a significant relevance in the demographic study of socio-cultural groups. Religion prescribes a code of life, refers to a system of beliefs, attitudes and practices which individuals share in groups, and through this orientation towards life and death religion is supposed to affect one's demographic behaviour. Religion may influence all the three major components of population growth viz. fertility, mortality and migration. For example, religion may have significant bearing on fertility by encouraging to have a large family or prohibiting use of contraception or by a combination of both.

In India different religious groups are at different stages of demographic transition. Of the three variables which determine the size and growth of any population namely fertility, mortality and migration, migration may be important in altering the population size of religious groups only in border states. Mortality has come down significantly for all religious groups. Thus it is the fertility transition which determines the stage of demographic transition for different religious groups. Those religious groups with higher levels of modernization and status of woman had completed demographic transition earlier than other religious groups. In India, Parsis with low death rates and low birth rates and emigration are already in the final stage of
establishing a new demographic equilibrium. The Jewish community too seems to have reached this stage. Christians are also approaching this stage. Fertility of Hindus and Muslims too is falling. But the decline is sharper among Hindus than among Muslims.

The pace of demographic transition of any religious group is largely determined by socio-economic and cultural profile of the community. Changes in socio-economic variables such as education, status of woman and economic status will bring about changes in such proximate variables as nuptiality and contraceptive use which in turn affect fertility level. Although religion is an important variable, it is the other socio-economic variables such as female education and economic status which have overriding influence in the demographic processes. Muslims as the largest minority religious group in India are undergoing demographic transition, but factors and the mechanisms through which such changes are occurring are not well understood. Not much empirical research seems to have been carried out exclusively on Muslim population and so our knowledge on demography of Muslims is rather limited. Hence, it was felt that a detailed empirical investigation exclusively among Muslims would certainly enhance our knowledge on the determinants of the demographic processes among Muslim population.

The main objective of the thesis is to examine the possible association between certain socio-economic, cultural and some other background variables and fertility and family planning use in order to understand more clearly how important these
factors are in explaining the observed levels of fertility and contraceptive use in the study area. The specific objectives of the study are: (i) to portray the demographic, social and economic picture of the study population; (ii) to find the level of fertility and family planning practice among Muslims in the study area; (iii) to find the degree of religiosity and its influence on fertility and family planning; (iv) to ascertain the level of modernization and the status of Muslim woman and their influence on fertility and family planning; and (v) to find attitudes and perceptions of leaders of the community on issues related to population and family planning and how these leaders can play a useful role in promoting the small family norm among Muslims in general.

For the study purpose, a sample of 800 households in Malegaon city was selected. The 1991 census houselisting was used as the sampling frame for the selection of the sample. The information for sampling on wards and blocks came from the 1991 census records. For selection of sample units a three stage sampling design was adopted. In the first stage census wards, with Muslims in majority, were selected. In the second stage blocks were selected from each selected ward. In the third stage, households were selected from the census blocks. To identify the Muslim majority wards, the number of Muslims in each ward was estimated based on voter’s list. Those wards in which Muslim voters formed 75 per cent or more of the total population were selected. There were 35 Muslim majority wards in Malegaon city. These 35 wards had 265 blocks. Of these 265 blocks, 60 blocks were selected by PPS systematic sampling of blocks. From each
selected block, 15 households were selected by simple random sampling. The overall sample size was fixed as 900 households to give some allowance for non-response. Of 900 households selected, data were collected from 800 households. These 800 households had 961 eligible ever married women age 15-49 who were interviewed.

A list of 60 community leaders was compiled with the help of a few knowledgeable residents of Malegaon city. The sample of leaders comprised educationists, teachers, politicians, social workers, doctors, businessmen, professionals and grass-root level workers.

Data were collected from the eligible women through structured questionnaire which was administered to all the eligible women. The questionnaire consisted of questions on household characteristics, marriage and pregnancy history, family planning, religiosity, modernization and status of woman. There was another questionnaire which was administered to community leaders. Data were obtained from the community leaders on their perception of population problem and related issues.

Malegaon is an important powerloom centre in western India. With 3.4 lakh population in 1991, it constituted 25 per cent of Nashik district urban population. Its density was 26,455 persons per sq.km. and sex ratio was 961 per 1000 males in 1991. It is one of the areas characterised by high fertility and low family planning acceptance. The latest available statistics - Annual Vital Statistics of Maharashtra 1992 - published in 1993, indicated that the birth rate for Malegaon city was 48 per 1000 population. In 1987-88, Malegaon city had 46,966 eligible couples
with a couple protection rate of 26 per cent (Family Welfare Project for Low Acceptance Areas in Maharashtra: State Project Agreement Document, Annexure II). A distressing feature of Malegaon city is that a considerable proportion of its population lives in slums. It has poor medical facilities. Also as far as toilet facility is concerned it is in poor shape.

According to 1991 census, 73 per cent of the population in Malegaon was Muslim. Weaving is the major occupation among Malegaon Muslims. Historically Muslim community in Malegaon grew by migration mainly that of weavers from North India. After the mutiny in 1857, many Momin (Muslim weavers) from North India migrated to Malegaon in order to escape the persecution of the British. Again in 1863, Momin from Banaras migrated to Malegaon to escape the harshness of famine. These Muslim weavers continued their traditional occupation of weaving. In the past Malegaon was a traditional handloom centre. With the introduction of power in Malegaon in 1935, it became a powerloom centre and remains so till today and majority of the Muslims continue weaving as their main occupation. Most of these weavers live at subsistence level.

After the mutiny, along with weavers, many Alims and Hafizs (Muslim religious scholars) too migrated to Malegaon and over time established Religious Institutions in Malegaon. Presently there are a number of schools to give religious education to boys and girls separately.

The socio-economic and the demographic characteristics of the sample population are as follows. The age distribution of the Malegaon Muslims in the present study is typical of high fertility population with 48 per cent of the population below 15
years of age and 4 per cent of age 60 and above. The sex ratio is 965 women per 1000 men. Ninety-eight percent of the respondents were living in Malegaon since birth. A large majority of household heads are males. Eighty-two per cent of the household heads are currently married, 16 per cent widowed and 1 per cent divorced. One-third of the household heads are illiterate. Also one-third of the household heads have reported loom as their occupation while 16 per cent are engaged as labourers and 11 per cent in business. The average household size is large - 7.8. Around three-fourths of the households had only one eligible woman and 6 per cent had no eligible woman. Three-fifths of the households are in nuclear family and the rest in joint family. The young dependency ratio is very high.

For three-fourths of the households, the average monthly income is Rs. 2000. The per capita monthly income for the survey population is only Rs. 200. About half of the households live in one room and one-third live in two rooms. The housing conditions and ownership of consumer durables reveal a low level of economic status in the surveyed area. The standard of living too is low. Also most of the Malegaon Muslims in the study area are engaged in low income occupations. However, literacy level in the population is relatively high.

To have a concise picture of socio-economic status among Malegaon Muslims, an index of standard of living (SLI) was constructed by including consumer durables, housing characteristics and income. Based on this all the households were divided into low, medium and high categories. As many as 51 per
cent fell into the category of low, 39 per cent in the category of medium and only 9 per cent in the category of high SLI.

Ninety-five per cent of the ever married women in the survey population are currently married, 2 per cent are widowed and another 2 per cent are divorced. Twenty-nine per cent of the ever married women are illiterate and more than four-fifths of them are house-wives. About 6 per cent of the respondents are running charkha and 5 per cent are engaged in loom work. Very few women are engaged in occupations like teaching and medicine.

Religiosity could be one of the background variables that can explain high fertility among Malegaon Muslims. Therefore, an attempt was made to measure the religiosity of Muslim women in Malegaon in terms of their religious practices, viz. Namaz (prayer), Roza (fasting), paying of Fitra (charity) and participation in Waaz (religious congregation). Overall 67 per cent of the ever married women were offering Namaz daily. Almost all the respondents were observing fast during the month of Ramzan. Around 75 per cent of the respondents were giving charity and 84 per cent of the women were participating in religious congregation.

To get a clear and more concise picture of religiosity among Malegaon Muslim women, an index of religiosity was constructed by internally scaling the observance of the above four religious practices. Depending upon the score the women were divided into three groups of religiosity - low, medium, and high. In terms of the index of religiosity, as much as 62 per cent of the women exhibited high religiosity, 33 per cent exhibited medium religiosity and only 3 per cent were found to be of low
religiosity. It was further observed that the respondents had a fairly good idea about their own intensity of religiosity.

No differentials in religiosity by age of the woman were observed. Surprisingly, with each level of education, religiosity increased and this relationship was found to be statistically significant. Maybe with increasing education, the women understand their religion better and practise it more intensely.

Modernization and status of woman could be the other background variables that can explain high fertility among Malegaon Muslims. Therefore, an attempt was made to measure modernization and status of woman among Muslim women in Malegaon.

In the present study the variables modernization and status of woman are combined as it is observed that in general highly modernized societies are also the societies with high levels of status of woman and vice-versa. Here certain variables—purdah, female education, female labour-force participation, marriage, discrimination against girl child, female property rights, son preference, decision making, freedom of movement and exposure to media—have been used as indicators of status of woman and modernization among Malegaon Muslim women. These have been measured in a crude way. On each variable a number of questions were framed on both attitudes and practices.

Among the respondents 99 per cent approved purdah and 65 per cent of the women thought that purdah is not a hindrance to progress of women in modern world. Ninety per cent of the women had ever practised purdah while 74 per cent were currently
practising purdah. On female education, all the respondents felt that education for girls is as important as for boys. Ninety-seven per cent of the respondents favoured both types of education viz. modern and religious. Seventy-two per cent of the respondents felt that girls should complete at least S.S.C. or above. Also a majority (89 per cent) approved girls participation in sports.

Regarding attitudes towards gainful employment, almost all the respondents (98 per cent) opined that each woman should be economically independent. Again 85 per cent of the women felt that a woman should not leave her job for the sake of her husband. Strangely only 5 per cent of them were working and 45 per cent alone expressed a desire to work.

On marriage, the respondents universally opined that marriage is a must for women and almost all the women were in favour of arranged marriages. A majority of the women (68 per cent) disapproved polygyny among Muslims. Also almost all the women (98 per cent) have disapproved the triple Talaq. The custom of dowry is not prevalent among Malegaon Muslims. Mehr (dower) though theoretically an institution to empower Muslim woman, it was observed that in practice, it has failed to do so.

Almost all the women reported that there should be no discrimination in respect of feeding, clothing and medical care between boys and girls whereas some women thought that boys should be given better education (8 per cent), a greater share in property (17 per cent) and household work should not be taught to boys (26 per cent). Further, 65 per cent of the respondents affirmed that they do not discriminate between boys and girls. It
was also observed that Malegaon Muslims do not have preference for son.

Regarding property rights, only 4 per cent of the women got a share in property. However, 11 per cent of the respondents stated that they owned some asset like a house, land or loom.

On decision making, 80 per cent of the women felt that woman should have a say in important matters in her life like acquiring education, marriage, family planning, family size etc. Overall, only 35 per cent of the women, had an effective say in decision making.

On freedom of movement, 70 per cent of the women opined that women can go out alone and 65 per cent of the women reported that they go out alone for shopping etc. With regard to exposure to electronic media, the Muslim women in Malegaon have low exposure as 51 per cent never listen to radio and 44 per cent never watch T.V.

In order to peruse whether there existed correlations among the different variables of modernization and status of woman included in this study, indices were constructed separately for each variable. Later adding these indices an aggregate index was prepared. Even though the individual indices show small correlations among themselves, they show significant correlation ranging between .2 and .7 with the aggregate index.

On the basis of the scores in the aggregate index and the maximum variation between the groups, the women were divided into three groups of low, medium and high levels of modernization and status of woman. Thirty per cent of the respondents fell in
the category of high, 44 per cent in medium and 26 per cent in the low category.

Even though the Muslims in Malegaon as a whole are characterized by low levels of modernization and their women have lower status than women in other communities, it was found in the present study that education does make Muslim women modern and improve their status. Some association was found between age and index of modernization and status of woman.

With modernization religiosity may decline. Therefore, the relationship between index of religiosity and index of modernization and status of woman was examined. It is found that index of religiosity does not vary much with index of modernization and status of woman implying that no strong association exists between religiosity and modernization and status of woman among Malegaon Muslim women.

In the surveyed population marriage is universal. By age 25-29, 95 per cent of the women are ever-married, by age 35-39, 99 per cent of the women are ever married, and by age 40-44, 100 per cent of the women are ever married. In the age group of 15-49, about 2 per cent of the ever married women are divorced and less than 1 per cent are separated. The median age at first marriage for the ever married women in the age group 15-49 is 18 years. Over time age at marriage does not seem to have changed and not much variation in average age at marriage for girls has been observed. However, age difference between husband and wife is declining.

Knowledge of minimum legal age at marriage for females is low among Malegaon Muslim women. Only two-fifths of the women
could identify age 18 as the minimum legal age at marriage for females. Consanguineous marriages are not widely prevalent as only 12 per cent of the respondents have married among their close relatives.

The awareness about family planning methods is widespread among Malegaon Muslim women with 88 per cent of currently married women reporting the knowledge of at least one method of family planning. There exists considerable variation in knowledge by method of contraception. The most widely known method is female sterilization (86%) followed by pill (83%), condom and copper-T (62% and 81% respectively) and male sterilization (64%). No differentials in knowledge by age and education were observed. Among different sources of knowledge on contraception, health professionals viz. doctors, para-medical staff, Anganwadi workers and friends seem to be the main source for acquiring knowledge on family planning methods.

Of 914 currently married women, 32 per cent were found to be ever users of contraception. Among the ever users, 25 per cent were current users and 7 per cent were past users. It is very encouraging to note that there is a fair amount of method mix in the current use of family planning among Malegaon Muslims. Among the total users, only 39 per cent of the women or their husbands are sterilized and thus sterilization is not the mainstay among the users. It is again very satisfying to note that the use of spacing methods is higher than the use of sterilization (although the overall use is only 25 per cent). This is very much in keeping with the reproductive health
approach the government is now introducing which propagates a balanced method mix. The relationship between current use and age is typically curvilinear. The relationship between current use and education is weak. The use is higher in nuclear families than in joint families. The use rate does not differ between low and medium status couples while it is higher for couples with higher socio-economic status. The use of spacing methods generally increases with rise in socio-economic status while there is clear negative relationship between socio-economic status and female as well as male sterilization.

The past users were asked about their intentions for future use of contraception. Sixty-four per cent of them reported that they would like to use some method in future.

All the never users were asked about their intention for future use of contraception. A large majority of the never users (80 per cent) did not intend to use any method in future. An analysis of the reasons forwarded for not practising contraception in future reveals that the largest proportion (32%) do not intend to use contraception because they want children. Other major reasons for future non-use were health problems (19%), against Islam (16%), and opposition from husband (15%). Only 20 per cent of the never users showed an intention for future use. They prefer spacing methods to sterilization for their future use.

Many Muslims in their ignorance still believe that Islam does not allow the use of contraception. Hence an attempt was made to find whether extent of religiosity among women has an effect on their contraceptive use. An analysis of the
relationship between the index of religiosity and contraceptive use reveals that the percentage of women who had ever used a method of family planning increases with the intensity of religiosity. Thus it underscores that Islam does not disallow use of family planning methods.

In order to find from the women if according to them, there is anything in Quran or Hadees prohibiting contraception all the ever-married women were asked whether the Quran and Hadees contain a command on family planning. Of those who read Quran and Hadees, 64 per cent said that there is no command against family planning in the Quran and Hadees while only 2 per cent affirmed. Thirty-four per cent answered 'don't know'. This information would be highly useful to the planners and administrators of family planning programme among Muslims.

Since the family planning acceptance among Muslims is low, it is generally believed that the Muslims oppose family planning. So all the respondents were asked: "It is observed that Muslims in general oppose family planning. Do you agree with the statement?" Overall, 44 per cent of the respondents agreed with the statement while 42 per cent disagreed. Fourteen per cent reported 'don't know'. It is important to note that a majority of the respondents disagreeing with the statement (32 per cent) stated that even if the religion doesn't permit contraception, Muslims must practise contraception for the welfare of the family.

With modernization and increasing status of woman, contraceptive practice is expected to increase. A cross
The effect of independent variables on contraceptive practice can be known more precisely after controlling for the effects of other variables in multivariate regression analysis. Therefore, regression analysis was carried out to assess the net influence of the predictor variables on ever use of contraception. Regression model is fitted by taking all the explanatory variables which showed a significant association with contraceptive use. The predictor variables considered for the analysis of determinants of ever use of contraception were: education of women, age at marriage of woman, the type of family which she lives, index of standard of living, index of religiosity and index of modernization and status of woman. In this analysis number of children ever born is used as demographic control variable.

The logistic regression analysis revealed that among Malegaon Muslim women, higher modernization and status of woman has an independent positive effect on acceptance of family planning. This finding is important because modernization and status of woman increases the odds of acceptance of contraception even after controlling for education and number of children ever born. Unexpectedly increasing age at marriage is found to reduce the odds of contraceptive acceptance. The effect of other predictor variables included in the model - family type, index of standard of living and index of religiosity - on odds of
contraception is insignificant.

The fertility of Malegaon Muslims is very high. The total fertility rate is 4.4 children. The average number of children ever born for all women as well as currently married women age 40-49 is 6.6. The different indicators ‘birth order’, ‘age at first birth and ‘age at last birth’ too indicate high fertility for Malegaon Muslims. Sixty-six per cent of the women had third or higher order births. Only 34 per cent of the women had first and second order births. The Muslim women in Malegaon are not following the small family norm which the government propagates. Overall, 52 per cent of the women gave birth to their first child when they were between age 15 and 19 years. Twenty-five percent of the women in the age group 45-49 had completed their last birth when they were between age 40 and 44. All the above indicators of fertility show that Muslim women in Malegaon have very high fertility.

However, the gap of 2.2 children between TFR of 4.4 calculated for the two year period prior to the survey which is a current fertility measure and the mean number of children ever born (to women age 40-49) of 6.6 which is a cohort fertility measure, suggests that the fertility has declined among Malegaon Muslim women during the recent decades.

The variables age at marriage, education of woman and type of family are included for the study of differential fertility. Since one of the objectives of the study is to examine the relationship between fertility, religiosity, modernization and status of woman, these variables too are included in the
analysis of fertility differentials. The measures chosen to examine fertility differentials are mean number of children ever born (CEB) both non-standardized and standardized for age, and completed family size of the women age 40-49.

In the present study, mean CEB reduces with increasing age at marriage and increasing level of education. Fertility is higher among women in nuclear families than women in joint families. After age standardization too, the above differentials remain.

Women with high religiosity are expected to exhibit high fertility which was observed among Catholics. Among Muslims high religiosity may be even more strongly related with high fertility as orthodox Muslims are usually conservative because they hold to old beliefs and practices more tenaciously. Therefore, for Malegaon Muslim women, the relationship between fertility and index of religiosity was examined. It is found that fertility was lower among women with high religiosity than among women with medium religiosity. Even after age standardization, the relationship holds true.

Very often it is observed that with modernization and increasing status of woman, the fertility reduces. With modernization demand for children reduces. With increasing status of woman, women find less time for child bearing and child rearing. Therefore, among Malegaon Muslim women, the relationship between fertility and index of modernization and status of woman was examined. It is found that with increasing level of modernization and status of woman, the fertility reduces. After age standardization, even though fertility differentials by index
of modernization and status of woman narrow down, the direction remains the same.

The above analysis of differential fertility is not adequate to assess the net influence of factors affecting fertility. The significance of various factors can be examined by using multivariate regression analysis with appropriate controls for demographic and education variables. Hence an attempt was made to analyse factors affecting fertility using regression analysis. Children ever born was used as dependent variable to represent fertility. The explanatory variables used for the regression analysis of fertility were age at marriage, family type, index of standard of living, index of religiosity, index of modernization and status of woman. Education and age of woman were used as control variables.

The regression analysis for children ever born indicates that, all the seven predictor variables together explain 50 per cent variation in children ever born. But, of the seven variables considered, only three variables - age at marriage of woman, family type and index of religiosity - are found to influence fertility significantly. As expected, higher age at marriage among Muslim women reduces their fertility significantly. Women living in joint family have significantly lower fertility than women living in nuclear family. The effect of religiosity of women on fertility is significantly negative, i.e., higher the religiousness lower the fertility. Education of women is found to have some negative effect on fertility (significant only at 11 per cent level). Though the coefficient
of index of modernization and status of woman is negative it is not a significant factor to influence fertility. Index of standard of living is not at all a relevant factor to alter fertility levels.

With a view to ascertaining the role of community leaders in the promotion of family planning message and acceptance among Muslims, 60 community leaders in Malegaon were interviewed to know their perceptions on population, family planning programme and related issues. There was a mixed response from the various types of community leaders although majority of them agree that population problem exists, approve population policy and family planning programme of the Government of India, small family norm, family planning message on electronic media, discuss small family norm with their followers and believe that the attitudes of Muslims are favourable towards family planning. Thus, Muslim leaders in Malegaon are in favour of small family norm and family planning for Muslims. Further most of the leaders perceive Muslims to be backward in different aspects of modernization and more religious than other communities. Though almost all have said that the status of Muslim woman is better than a Hindu or Christian woman in family as well as in social life, they do want to improve her status by giving her more education, jobs outside home, better role in decision-making at home and better implementation of property rights.

It is a fact that a considerable proportion of Muslims are yet to be convinced about the benefits of a small family norm and accept family planning in large numbers. The leaders have recommended that the best way is to educate the Muslims about
small family norm and teach responsible parenthood.

The role of religion may seem to be ambivalent as Quran and Hadees can be used to oppose or support family planning. Some leaders have suggested to use the Quran and Hadees to promote family planning while others have misquoted from the above sources to oppose family planning. Even the thinking of the religious leaders on small family norm and contraception seems to be confused and outdated. For example, at one place, a religious leader says that Islam is against family planning. At another place she says Islam is only against artificial means of family planning.

The necessary measures for increasing the contraceptive practice among Muslims as recommended by community leaders are: providing a sense of security, eliminating communal riots, removal of poverty and illiteracy, present population as a national and environmental problem, and involve Muslim leaders and officials in propagation of the message. On the other hand, the quality of the services should be improved by incorporating the personal touch. Further, the programme should be re-oriented to maximize the participation of men in family planning. The community pressure should be removed by holding continuous programmes.

Even though the Muslim attitudes are becoming favourable towards contraception and family planning practice is increasing, in order to accelerate this process, co-operation from the religious leaders will help in promoting family planning whereas in the long run it is by education, development.
improvement in the status of Muslim woman by providing her with education and economic opportunities, and large scale participation by political leaders alone will bring about a higher level of family planning acceptance among Muslims.

The policy implications of the present study are as follows:

1. The Muslims in the study area are a homogenous population who are mainly engaged in the low income occupation of weaving. Their housing characteristics, possession of consumer durables and per capita income, all suggest a low level of economic development. Even though literacy levels are relatively high, educational levels are low. Therefore, it is recommended that general socio-economic developmental programmes to uplift the Muslim community in Malegaon should be undertaken.

2. Overall, only 34 per cent of the births in the study area are of first and second order births. The government propagates a two-child family. However, 66 per cent of the Malegaon Muslim women have three or more than three children. Therefore, a strong information, education and communication campaign is to be mounted for Malegaon Muslim women.

3. It is encouraging to note that there is a fair amount of method-mix in the current use of family planning among Malegaon Muslims. Among the total current users only 39 per cent of the women or their husbands are sterilized, thus sterilization is not the mainstay among the users. It is again very satisfying to note that the use of spacing methods is higher than the use of terminal methods (although the overall use is only 25 per cent). This is very much in keeping with the reproductive health
...approach the government is now introducing which propagates a balanced method mix. Therefore, it is recommended that the family planning authorities may lay more emphasis on making spacing methods available to Muslims in Malegaon.

4. It seems from the remarks of the opinion leaders that the family planning services in Malegaon are poor. Roy et al's baseline survey of Malegaon city too has found the same. Therefore, it is recommended that the quality of family planning services in Malegaon city should be improved.

5. The largest proportion of the never users reported that they do not use contraception because they want children. The other important reasons for non-use of contraception are health problems, husband's opposition and 'against Islam'. So it seems that there is substantial scope for furthering the contraception among Muslim women in Malegaon by providing proper contraceptive information and education.

6. The present study reveals that religiosity neither promotes fertility nor hinders contraceptive use. As such it is suggested that religion should be given a back-seat while propagating family planning among Muslims.

7. There is a need for modernizing Muslims in Malegaon. Also status of Muslim woman needs to be improved by providing her with education and employment opportunities.

8. It is observed that a number of community leaders are willing to propagate small family norm and contraceptive use among Muslims. These leaders' services can be utilised by the family planning programme administrators.
To conclude, the study population is a homogenous population of Muslims mainly of weaving community with low levels of socio-economic development characterized by high fertility and low family planning acceptance which is passing through the mid-transition stage wherein the fertility continues to be high yet declining. Religion does not seem to explain their high fertility and low family planning acceptance while modernization and status of woman seem to be important in explaining their high fertility and low family planning acceptance.

The Contribution of the Study

The contribution of the present study is that it covers a fairly large sample size (961 ever-married women) representing exclusively Muslim community which is characterized by low socio-economic development in an area ridden by communal tensions. Earlier several studies were carried out on Muslim fertility and family planning mainly in relation to other communities such as Hindus. Most of these studies revealed a higher fertility and lower family planning practice among Muslims. However little attempt has been made to look into high Muslim fertility taking into account various social, cultural and religious factors exclusive to Muslims. The present study tries to fill up this gap. This study has found that it is not religiosity but the factors such as modernization, status of woman and female education which are important contributory factors that can explain high fertility and low family planning practice among Muslims. Thus the present study dispels the misconception that fertility is high and family planning acceptance is low among Muslims because they are a highly religious community.
Again very few studies have tried to study the opinions and attitudes of the Muslim leadership towards various aspects such as status of woman, modernization, religiosity, female education, small family norm, use of contraception etc. The present study has covered this area by trying to get the Muslim leadership's views and attitudes regarding above mentioned variables in Muslim community. The findings of the present study are revealing in light of the fact that in the lower socio-economic group of Muslim community leaders wield a lot of influencing power.