

HINDU-MUSLIM FERTILITY DIFFERENTIALS IN INDIA

A DISSERTATION
SUBMITTED TO THE
UNIVERSITY OF POONA
IN PARTIAL FULFILMENT
OF THE REQUIREMENT
FOR THE DEGREE OF
MASTER OF PHILOSOPHY
(IN ECONOMICS)

BY
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JUNE 1990

ACKNOWLEDGEMENTS

I express my deepest debt of gratitude to my guide Professor K. Sivaswamy Srikantan without whose constant encouragement, acute perception of logical weakness, willingness to discuss difficulties and extremely patient guidance, this dissertation would not have appeared in this form. I am thankful to Professor K. Balasubramanian for many helpful discussions and valuable comments. I am grateful to the authorities and the staff of the Gokhale Institute for providing me an opportunity to do the M.Phil. Programme. I also thank the library staff and my friends for the help and cooperation I received from them. My special thanks are due to my family (especially my sister-in-law) for keeping me in good spirit and humour throughout. Shri H.V. Inamdar did the typing work in a short time and I thank him for his diligent typing. However, I am responsible for all the defects that remain.

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June 1990

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"Allegations have been made in several quarters that Muslim fertility is higher than Hindu fertility and this is often advanced as an argument against family planning by Hindus. ... This problem is not a political problem but a technical problem in demographic analysis. It is easy to quote stray figures and mislead the people and arouse passions. I think it is the duty of the demographers and statisticians to analyse this problem in a scientific manner and place before the country the findings of their studies."

- Ashish Bose (1969, p. 78)

CHAPTER I

GROWTH DIFFERENTIALS BETWEEN HINDUS AND MUSLIMS IN INDIA

1.1 Introduction

An important aspect of fertility research is the study of fertility differentials among population groups classified in terms of various socio-economic and cultural characteristics such as place of residence, income, ethnicity, language and religion. Information about such differentials is necessary to identify the factors and assess the prospects for change in the composition of population in various groups. It is also useful for identifying the major determinants of the fertility level of the population. Further, it provides clues with regard to future fertility trends of the population.¹

Religious affiliation has been found to have a significant bearing on differential fertility by background variables such as income, education and occupation. Further, religious groups show substantial fertility differentials in a number of countries. In India, the study of differential fertility by religion is important as several religious groups of large size co-exist in large numbers. In this context, Hindu-Muslim fertility differentials assume significance because Hindus are the majority community and Muslims are the largest minority community in India. According to

1981 Census, in India, there were 550 million Hindus and 76 million Muslims. Hindus constituted 82.6 per cent and Muslims 11.4 per cent of the total population. By rural and urban areas, Hindus and Muslims constituted 84.5 per cent and 9.8 per cent of the rural population; and 76.5 per cent and 16.3 per cent of the urban population of India, respectively.²

1.2 Factors Making Hindu-Muslim Fertility Differentials Important

Besides the above-mentioned demographic conditions, there are other historical, social, cultural, economic and political factors which make the study of Hindu-Muslim fertility differentials a contentious issue.

1.2.1 Historical, Cultural, Social and Religious Differences

Muslims dominated the Indian scene for centuries.³ They ruled India and thereby Hindus for a millenium. The Muslim way of life and philosophy differ radically from that of the Hindus. "Idolatry including cow worship and caste are anethma to Muslims, however much they might borrow in detail from Hindu customs. So were such doctrines as Karma or the law of consequences and reincarnation, fundamental to Hindu thought."⁴ Festivals, marriage customs, etc., are different among Muslims and Hindus. There is very little intermarriage between these two communities. Often intermarriage between a Muslim and a Hindu, especially among lower socio-economic classes, leads to social conflict as in the Palwal case of 1988.⁵

1.2.2 Economic Conditions

India is an underdeveloped economy where rapid population growth, which is the result of high fertility, adversely affects the health and welfare of individuals and families, particularly among the poor, and seriously impedes economic and social progress.⁶ Population growth has implications for capital accumulation, employment levels, income and its distribution, public expenditure on social services and food availability.⁷ In such an economy, where the population is large in comparison with the development of resources, there is a severe competition among the different groups for the available resources. With increasing population, this competition becomes more severe and the tensions between the competing groups increase. Hindu-Muslim fertility differentials aggravate a situation of limited economic opportunities.

1.2.3 Political Situation

Compositional changes in a population, particularly differential growth by cultural groups, have major consequences in political and administrative spheres. Communal tensions may arise. It may have profound effects on local government and national politics.⁸ Before partition, the Muslim League had demanded separate electorates for Muslims in free India and certain "rights of minorities".⁹ Rejection of these demands by the Congress was one of the factors which led to the partition of India. There may be a fear among the majority community that history may repeat itself, if Muslims' numerical

strength increases. Minority communities may be afraid of discriminatory treatment for historical and political reasons. Such issues may be politicized for gaining short-term advantages.

1.3.1 Hindu-Muslim Population Growth Rate Differentials

Present Hindu-Muslim fertility and population growth rate differentials are not large and are likely to narrow down in future. Even if the present growth rate differentials continue over a long period, the question arises whether Muslims can ever become a numerically dominant community in a reasonable time span, in the country as a whole. According to the 1981 Census, Muslims form only 11.4 per cent of total population of India. But in certain urban centres where they constituted more than 25 per cent, such as Lucknow Urban Agglomeration (UA) with 27.8 per cent Muslims, Hyderabad UA with 33.5 per cent, Miraj Municipality with 25.16 per cent (from Maharashtra), if the annual exponential growth rates observed for 1971-81 for Muslims (2.7 per cent) and Hindus (2.2 per cent) continue, then the Muslims could numerically exceed the Hindus in the long run.

To illustrate how long it takes for a minority group with a higher growth rate than the rest of the population to attain numerical majority, Table 1.1^{*} has been constructed. The table shows for the two parameters, initial percentage of the minority group and the difference in the annual exponential growth rates between the minority group and the rest of the

* Tables are given at the end of the text for each chapter.

population, what percentage the minority group constitutes after 50, 100, 150 and 200 years. The formula used is:

$$q_t = 1/[1 + (P_2/P_1) \cdot e^{(r_1 - r_2)t}]$$

where P_1 = initial percentage of the rest of the population

P_2 = initial percentage in the minority group with
 $P_1 + P_2 = 1$

q_t = percentage in (minority) group after 't' years

r_1 = annual exponential rate of growth for the rest of the population, and

r_2 = annual exponential rate of growth for the minority group.

It is assumed that r_1 and r_2 remain constant over the projection period of 200 years. Thus the model can only determine the percentage in the minority group in future years on the assumption that the rates of growth do not change. The model shows that the difference in growth rates ($r_1 - r_2$), and not the actual levels of r_1 and r_2 , determines the future population composition. The initial ratio for the two groups (P_2/P_1) is also needed for this.

Depending upon the initial percentage of the minority group we consider three situations: when the percentage is 10, 25 and 50. Where the initial percentage P_2 is 10 and the annual growth rate differential ($r_1 - r_2$) is 0.002, after 50 years q_t becomes 10.9 per cent, after 100 years 12 per cent, after 150 years 13 per cent and after 200 years 14.2 per cent. As against this, when ($r_1 - r_2$) is 0.006, q_t becomes 13 per cent, 16.8 per cent, 21.5 per cent and 27 per cent after 50, 100, 150 and 200 years.

Where the initial population percentage (P_2) is at the highest level of 50, with $(r_1 - r_2)$ 0.002, q_t becomes 52.5 per cent, 55 per cent, 57.4 per cent and 59.9 per cent after 50, 100, 150 and 200 years respectively. When $(r_1 - r_2)$ is 0.006, q_t becomes 57.4 per cent, 64.6 per cent, 71.1 per cent and 76.8 per cent after 50, 100, 150 and 200 years respectively.

The model shows that a minority can become a majority, only when three conditions are jointly met: (i) the minority constitutes a significant proportion (above 25 per cent) of the total population, (ii) the population growth differential ($r_1 - r_2$) is large (more than 0.005) and (iii) the time period involved is long (over 200 years). An observation of Indian scene reveals that differential annual growth rate of Muslims and Hindus is around 0.005 currently (vide Table 1.2), at national level Muslims constitute only 11.4 per cent (according to 1981 Census). With the exception of the Kashmir valley, the pockets in which Muslims constitute 25 per cent or more, whether rural or urban, are few. Following the method explained earlier, one can say that, at national level, Muslims cannot attain a majority in the near or far future. But in certain places, as mentioned earlier, they may constitute equal numbers with Hindus after 200 years if the present growth differential persists.¹⁰ Further, 200 years is a long period of time during which changes are bound to take place in the society leading to a reduction in the difference between Hindu and Muslim growth rates.

The above model can be used to project the population of a group backwards into the past. At present if the Muslim population (P_2) is assumed to be 13 per cent and the annual growth rate differential is assumed to be 0.006 over the last 50 years then the Muslim population may be placed at 10 per cent 50 years back. The Indian census figures for the period 1981 to 1941 (vide Table 1.2) show that in 1941, Muslims constituted 24.3 per cent of total population of India, whereas in 1981, they constituted 20 per cent. Thus over a period of 50 years, the proportion of Muslims in undivided India increased by 4.3 per cent. We further note that the average annual Hindu-Muslim growth differential was 0.0046 over the period of 60 years. In post-partition India, Muslims constituted 11.4 per cent of the total population in 1981 whereas in 1951 they constituted 9.6 per cent (both figures exclude the State of Assam for the sake of comparison). During these 30 years, the percentage of Muslim population has increased by 1.8 and the growth differential has been 0.0067. This trend shows that Muslims cannot become a majority at the national level in the foreseeable future.

The simulation model above shows that Muslims cannot become a majority at the national level in the next few centuries. The historical growth differentials between Hindu-Muslim populations are examined next. The mean rate of Hindu-Muslim population growth differential (HMGD) per decade is calculated by the formula:

$$e^{10.d} = (Y/X)/(U/V)$$

with d = growth differential between the two communities,

Y = per cent of Muslims to total population of India,
at one census,

U = per cent of Hindu to total population of India,
at one census,

X = per cent of Muslim to total population of India
at the previous census,

V = per cent of Hindu to total population of India
at the previous census.

To illustrate the Hindu-Muslim growth differential (HMGD) for the decade 1881-1891 is given by (Table 1.2):

$$e^{10.d} = \frac{20.41}{19.97} \bigg/ \frac{74.24}{75.09}$$

$$\text{HMGD} = d = 0.33 \text{ per cent.}$$

The HMGD for decennial periods between 1881-1941 and between 1951-81 is given in Table 1.2. The HMGD for the decades 1881-91 to 1931-41 shows no consistent trend. For the period 1951-71, HMGD shows a declining trend. The decade 1951-61 has the highest value of HMGD at 0.93. This figure cannot be depended upon as during the decade 1950-60, unsettled conditions existed in the aftermath of Partition. In the 1981 Census, Assam was excluded and so the rate for the decade 1971-81 is smaller (0.13) compared to the decade 1961-71. Therefore the rate for the Indian Republic, excluding the State of Assam has been calculated to yield comparable figures. Here too HMGD shows a declining trend. If this trend continues, the Hindu-Muslim growth differential may be expected to narrow

down in future.

1.3.2 Non-Muslim Growth Differential

The non-Muslim and Muslim growth differential (NMGD) can be calculated in the same way as HMGD. The non-Muslim population would include, besides Hindus, other religious groups like Christians, Sikhs and Jains. However, numerically the Hindus predominate this group. NMGD by decades for the period 1881-1981 is given in Table 1.3. The rate over the period 1881-1941 shows no steady trend. The rate for the period 1951-81 (excluding the State of Assam) shows a declining trend. NMGD for the decade 1971-81 is only marginally less than that of 1961-71. This analysis too suggests that growth differentials between non-Muslims and Muslims will narrow down over time. A comparison of HMGD with NMGD shows that, at the national level, religious groups other than Muslims too had high growth rates. Over time growth differentials between different communities are generally narrowing down.

1.3.3 HMGD and NMGD for Selected States

HMGD and NMGD for selected States (depending upon the percentage of Muslims in a State) for the post-Independence period has also been examined. HMGD and NMGD for the States of Uttar Pradesh, West Bengal, Bihar, Kerala, Jammu and Kashmir and Rajasthan is given in Tables 1.4 and 1.5.

According to the 1981 Census, in Uttar Pradesh, Bihar and Kerala, Muslims form a considerable proportion of the population (vide Table 1.4). In Jammu and Kashmir they form

a majority. In Rajasthan they form a less significant proportion of total population of the State (7 per cent). For the decade 1961-71, HMGD shows an increase in Uttar Pradesh, West Bengal, Kerala and Rajasthan as compared to 1951-61 decade. For the decade 1971-81, HMGD shows a decline in Uttar Pradesh, Kerala and Rajasthan. For West Bengal, HMGD shows an increase which suggests that there might have been more than proportionate migration of Muslims from neighbouring Bangladesh. For the State of Bihar, HMGD shows a continuous decline. For the decade 1951-61 for Bihar, and decades 1961-71 and 1971-81 for Kerala, HMGD is around 1 per cent. This large growth difference during these decades, in the different States, might arise either from inter-state migration or from differences in the onset of demographic transition or for both reasons. Jammu and Kashmir, with a Muslim majority, is the only State in India where the percentage of Muslims is declining. Here HMGD is negative for the decades 1961-71 and 1971-81 as the proportion of Muslims has declined. Compared to 1961-71, for the decade 1971-81, the decline in HMGD is relatively less.

NMGD for the above-mentioned States is given in Table 1.5. A comparison of the Tables 1.4 and 1.5 shows that HMGD and NMGD have the same trend for the States of Uttar Pradesh, Bihar, Jammu and Kashmir and Rajasthan. They differ for the States of Kerala and West Bengal.

1.3.4 Hindu-Christian Growth Differential

The analysis of HMGD and NMGD at state level supports the argument that different communities enter the demographic transition at different times. The duration of transition may also vary. Breton Roland has done a study of demographic change in India over a century of detailed censuses.¹¹ This study, he states, reveals a characteristic behaviour in each socio-religious community, although within the context of its own traditions and susceptibility, to more or less rapid change. He further argues that "the highest growth rates at the time of the British Raj were recorded among Christians, but since Independence, birth rates among them have clearly begun to fall, much as in the West. Other communities have tended, each in its own fashion, towards slower growth, but much more gradually, notably the Moslems. The transition of India towards a regime of increasively controlled fertility has occured at very different rates in different religious groups and provinces."¹²

Christians form the third largest religious group (and the second largest minority) in India. Hindu-Christian growth differential (HCGD) is given in Table 1.6 for India by decades for the period 1881-1981. HCGD for the period 1881-1941 has been quite significant. For the period 1891-1921, HCGD has been above 2 per cent. For the decade 1921-31, it was 1.87 per cent. For the decades 1881-91 and 1931-41, it has been 0.93. The high growth differential for the period 1891-1931 suggests that there might have been a considerable number of

conversions to Christianity from Hinduism as natural increase alone cannot account for such high HCGD. Roland has overlooked this aspect, namely the growth of Christians by conversion, in his study. For the Indian Republic, over the period 1951-81, HCGD declined compared to that of 1881-1941. For the decade 1951-61, HCGD was 0.55 whereas for the decade 1961-71, it increased to 0.73 and for the decade 1971-81, it has been negative (-0.67).

For the Indian Republic, excluding the State of Assam, for the period 1951-81, we observe the same pattern as above. For the decade 1951-61, HCGD was 0.70 whereas for 1961-71, it increased to 0.91. During the decade 1971-81, it became negative (-0.59). Thus it seems that the Christian population will, in future, grow at a lower rate compared to Hindus. It may be surmised that the Christians have entered an advanced stage of demographic transition in which the fertility rate is low as discussed in the next section. Muslims too may enter this stage of demographic transition, though later than the Christians and the Hindus.

1.4 Demographic History of India

India had been populated even before the Aryan advent to this country. Muslims came to India as conquerers in the eighth century A.D. However, a majority of the present day Muslims in India are descendants of indigenous converts. The demographic history of India is shrouded in mystery as the evidence is scanty.

At the beginning of the Christian era, it is estimated that the world population was between 200-400 million.¹³ Demographic statistics from earlier periods in India¹⁴ are lacking. Only certain figures for a few cities and local regions are found in the medieval and ancient chronicles, without indicating their source. It is believed that population registers were kept in ancient India but this practice went out of fashion during the early Christian era.¹⁵ Yet India had been one of the most populous regions of the world, since long before the beginning of the Christian era. Greeks in Alexander's time recognized this. Further archaeological data bear witness to the fact that a relatively large and dense population with urban centres was established in the Indus valley 3000 years ago. "But the order of the size of the population at the time of Christ and the form of the trend over next sixteen centuries remain in doubt."¹⁶

Different demographers have made estimates of the population of India for different times which are given in Table 1.7. Durand points out that all these estimates for the periods before nineteenth century have no firm basis. Among these estimates Moreland's figure of about 100 million in India at the death of the Mogul emperor Akbar, about 1600 A.D., is more solidly based. Yet it is no more than a crude indication. Moreland estimated the population in North India at 70 million mainly on the basis of tax records indicating the extent of cultivated lands in various parts of Akbar's domain together

with estimates of labour requirements per unit of land and the ratio of dependents per agricultural worker. For South India, Moreland resorted to reports on the strength of military forces as the best available basis for a population estimate of 30 million.¹⁷

Datta postulated a rising trend of population between 1600 and early 1700s, giving historical evidence of cultivated land, increasing trade and increasing salt consumption.¹⁸ Dasgupta agrees with Datta that the population might have increased during the 17th century when Mogul power in North India was still strong but allowed no further growth between 1675 and 1800.¹⁹ Davis assumes that the population was static between 1600 and 1750 and grew thereafter at a gradually accelerating rate.²⁰ Dasgupta estimated the population of India at 154 million in 1800, 189 million in 1850 and 237 million in 1900.²¹ Durand has given an indifference range of population estimate for India (Table 1.8).

U.N. experts comment that India's population was probably about the same size at the beginning of the modern period as it had been two thousand years earlier. After periods of some increase, calamities of one form or another wiped out a large part of population, leaving the long run trend more or less stationary.²² Thus we observe that whenever most of the country came under one sovereign ruler and peace and prosperity prevailed - such as during the peak of the country's ancient and medieval periods under Chandra Gupta

Maurya (300 B.C.), Ashoka (III century B.C.), Chandra Gupta Maurya II, Vikramaditya (400 A.D.), Harsha (650 A.D.), Akbar (1600 A.D.) and his immediate successors, the population of India reached a peak of 100 million and during the intervening periods it dwindled when there were uncertain social, economic and political conditions.²³ However, growth rates over 50 year periods in the territory of modern India, and Pakistan and Bangladesh show a trend of acceleration²⁴ (Table 1.9). The highest growth rate has been during 1950-65 period, which was a result of declining mortality and unchanging fertility.

In this thesis mainly the data from the Indian censuses are analysed as they give demographic information on Hindus and Muslims for the whole country. From history, it is difficult to get estimates of foreign Muslim migrants to India. But it can be assumed that they were not in considerable numbers as the Muslim peoples of Central Asia, Iran and Iraq were under constant threat of Mongol invasions. Referring to the period 1200-1526 A.D., Thapar says "In an indirect way, the Mongols ... cut off the possibility of large-scale immigration from Afghanistan and Western Asia. Each year, the sea brought a mere handful of traders, who settled in the west coast ports. Islam therefore had to rely increasingly on Hindu converts. ... Muslims have always been a minority community in India. ..."²⁵

1.5.1 Definition of a Hindu

To be precise, the exact definitions of Hindus and Muslims used in this thesis are explained in this and the next sections. The term Hinduism was given currency by the Arabs

in eighth century A.D. when they conquered Sind. They used the word 'Hindu' primarily to mean the inhabitants of the Indian subcontinent and by extension to distinguish them with their non-Islamic religion from themselves, the followers of Islam.²⁶ "Hinduism was not found by a historical personage as a result of a revelation. It is not a revealed religion but grew and evolved from a variety of cults and beliefs some of which have their foundations in Vedic religion and others were popular cults which became associated with the more sophisticated religion, a concession which the priests (Brahmans) had to make to popular worship."²⁷

According to Dr. Whitley Stokes, the term 'Hindu' is used as a "theological term and denotes only persons who profess any faith of the Brahmanical religion or the religion of the Puranas."²⁸ The Hindu Marriage Act, 1955, Section 2, defines a 'Hindu' as a person "who is a Hindu by religion in any of its forms or developments, including Virashaiva, a Lingayat, or a follower of the Brahmo, Prarthana or Arya Samaj."²⁹ For legal purposes, Budhists, Jains or Sikhs by religion and converts or reconverts to Hindu, Budhist, Jain or Sikh religion are also considered 'Hindus'.³⁰

In the olden days, there was no conversion to Hinduism as it was believed that a person could be a Hindu only by birth. Yet various communities which conquered India before the Muslims like Shakas, Kushanas, Huns,³¹ were absorbed into Hinduism but Parsees, Jews, Christians and Muslims retained

their religious identity. Later on (we do not know from when) reconversion to Hinduism was introduced. A Hindu who got converted to any other religion could be reconverted to Hinduism by performing religious rites of expiation and repentance.³²

In this dissertation, all those persons who are enumerated as Hindus by Census authorities are considered as Hindus by religion. Sikhs, Jains and Budhists are not included among Hindus. Scheduled castes are included among Hindus. We ignore information on sects among Hindus though it is partially available from census data, as we do not need it for the purposes of this study.

1.5.2 Definition of a Muslim

Islam was found formally by the Prophet Muhammad, a historic prophet, in the 7th century A.D.³³ Islam spread throughout the world by conversion or proselytization. In India too, in the past, the majority of Muslims were converts from Hinduism and Budhism. A person is a Muslim "if he/she believes in the oneness of Allah (God) and the message of the Prophet".³⁴ The words Mohamedan, Musalman and Muslim all mean the followers of Mohammad subscribing to the religion of Islam.

The legal definition of a Muslim is as follows: "Any person who, professes the Mohammedan religion, that is, acknowledges (1) that there is but one God and (2) that Mohammad is his prophet, is a Mohamedan. (a) Such a person may be a Mohamedan by birth or he may be Mohamedan by conversion. (b) It is not necessary that he should observe any particular rites

or ceremonies, or be an orthodox believer in that religion; (c) It is sufficient if he professes the Mohamedan religion in the sense that he accepts the unity of God and the prophetic character of Mohammed."³⁵

There are two sects among Muslims, viz., Sunnis and Shias. There is also a class among Muslims called Mutazilas. It is not known whether they form an independent sect or an offshoot of Shia sect. Sunnis are divided into four subsects, viz., Hanafi, Malikis, Shafis and Hanabalīs. The great majority of Indian Muslims are Sunnis and are Hanafis. A considerable number of Muslims of South India, such as those of Kerala and Malabar Coast, are Shafis.³⁶

Shias are divided into three main subsects, viz., Athna-Asharis, Ismailiya and Zaidias. Most Shias are Athna Asharis. Shias are in minority in India. Khojas and Bohris of Maharashtra (subgroups of Muslims) belong to Ismailiya subsect.³⁷ Compared to other groups of Muslims, Khojas and Bohris have a higher socio-economic status due to better economic conditions and higher educational levels found among them.³⁸ There are also other groups of Muslims known as Sufis, Qadiyanis and Wahabis. Scholars of religion suggest that Sufis belong to all religions. Sometime ago, the Pakistani Government had enacted a law placing the Qadiyanis outside the pale of Islam.

In the past, many of the Muslims in India were converts to Islam. Many groups of Muslims, after conversion, followed Hindu law in certain aspects. For example, Khojas and Kutchi

Memons, two groups of Indian Muslims, were originally Hindus. They converted to Islam 400 years ago, but retained their Hindu law of inheritance and succession as a customary law. For matters relating to joint property and matrimony, they did not follow Hindu law.³⁹ So also the Sunni Bohras of Gujarat and the Molesalam Girasias of Broach, who had also converted to Islam from Hinduism in the past, were governed by Hindu law in matters of succession and inheritance.⁴⁰

In this dissertation, we do not consider various sects and subsects of Muslims. All those enumerated as Muslims by the census authorities, are considered as Muslims by religion. Though information on some Muslim subsects is available partially from the census, it has not been used in this study due to its inadequacies.

1.5.3 Indian Muslims Mostly Indigenous Converts

The growth components of a population are natural increase (difference between birth rate and death rate) and migration. For religious groups, conversion could also be a component of change. As regards Indian Muslims, natural increase alone could not account, historically, for their numbers. History reveals that only a handful of Muslims in the form of foreigners came and settled in India and they were mostly males as they were soldiers. As Islam imposed purdah (segregation) on its female believers, females did not accompany males usually. These early Muslim settlers who were foreigners intermarried local women and procreated.⁴¹ This small number of foreign settlers

cannot account for the whole body of Muslims in India historically.⁴² Thus conversion of indigenous people played a very important role in the growth of Muslim community in India.⁴³ Therefore, Indian Muslims exhibit ethnic similarities with other Indians.

1.6.1 Demographic Transition Theory

The demographic experience of Western European countries since the industrial revolution (circa 1750) has been summarized in terms of a theory of demographic transition. In brief, demographic transition theory states that starting from a Malthusian regime of high levels of fertility and mortality, a modern regime of low levels of both is reached. In the transition, mortality begins declining ahead of fertility. This speeds up the natural increase in the initial phase. In the later phase this rate declines and a new balance between mortality and fertility is reached at lower levels. During the transition there is an initial period when fertility decline lags behind mortality decline and the size of the population expands rapidly.⁴⁴

Notestein had outlined various factors which brought about demographic transition in Europe: "The new ideal of the small family arose typically in the urban industrial society. It is impossible to be precise about the various causal factors, but apparently many were important. Urban life stripped the family of many functions in production, consumption, recreation and education. In factory employment, the individual stood on

his own accomplishments. The new mobility of young people and the anonymity of city life reduced the pressures toward traditional behaviour exerted by the family and community. In a period of rapidly developing technology, new skills were needed, and new opportunities for individual advancement arose. Education and a rational point of view became increasingly important. As a consequence the cost of child rearing grew and the possibilities for economic contributions by children declined. Falling death rates at once increased the size of the family to be supported and lowered the inducements to have many births. Women moreover found new independence from household obligations and new economic roles less compatible with child bearing."⁴⁵

The "European Fertility Project" was carried out to explore the factors responsible for European fertility decline.⁴⁶ The analyses were done province-by-province, historically for the whole of Europe. The important findings were: "(1) between 1870 and 1960, declines in marital fertility were usually greater than declines in overall fertility; (2) the decline in overall fertility was unambiguously due to changes in marital fertility rather than nuptiality; (3) once the decline in a province had begun, it almost always continued monotonically - that is, it was not reversed - until very low levels were reached; and (4) the initiation of the decline spread like an epidemic across Europe, so that by 1930, very few provinces remained untouched."⁴⁷

The decline in marital fertility was due to adoption of innovative behaviour of terminating child bearing at an earlier stage in the couple's reproductive years by the use of contraception and this behaviour was adopted with great rapidity. "Within a province, once marital fertility had fallen by 10 per cent, the decline almost always continued - albeit sometimes slowly and hesitantly, sometimes quickly and precipitously - until very low levels of marital fertility were reached."⁴⁸

The findings of the European Fertility Project suggest that the "effect of modernization need not be confined to those individuals who adopt new occupations, who move to the city, who learn to read. Education facilitated the spread of new attitudes and techniques even to the uneducated. The establishment of centers of industrial production within a province not only affected those who entered the factory, but also altered the context of work for those who remained in traditional occupations. Relations between town and country took on new forms and intensities as production developed, thus changing the nature of rural agricultural production. The environment of the city may have rearranged the relative values of investments in children and in other goods, but its bright lights were also reflected far beyond its boundaries, in tales told in the hinterland. The new ways of making a living that were adopted by some surely expanded the horizons of the possible for others; offering avenues of opportunity - either escape or negotiation in situ - that were not perceived earlier."⁴⁹

"The details of pretransition circumstances and the pattern of decline differed from province to province, region to region, country to country, and roughly comparable measures of modernization do explain some of the differences in the initiation of what was to be an irreversible decline in marital fertility. Although relatively modernized provinces usually began the transition earlier, those with relatively high infant mortality and illiteracy and relatively low levels of industrialization and urbanization followed within a few decades."⁵⁰

1.6.2 Demographic Transition of Different Religious Groups

For India we are interested in examining demographic transition within religious groups. Mortality has come down significantly for all religious groups, whereas fertility levels differ. Religion imposes endogamy on its followers. Rarely intermarriage among followers of different religious groups takes place. Nuptiality patterns and marital fertility differ between religious groups.

Different religious groups enter demographic transition at different times due to various factors. But, in adapting to a modern integrated industrial society, ultimately all communities have to complete the demographic transition. The demographic transition and associated changes in proximate variables relating to nuptiality and contraception may take place at different periods for different communities. This would set forth a cycle of increasing differentials in fertility which would finally narrow down when the new demographic regime

is well established in all communities.⁵¹ This would lead to a convergence in fertility and mortality levels of all communities in the long-run and population stabilization in each community and in the country as a whole.

In India, different communities are, apparently, at different stages of demographic transition. Parsees with low death rates and low birth rates are already in the final stage of establishing a new demographic equilibrium. Since 1951, the population of Parsees has been on the decline. The decrease during 1951-61 and 1961-71 has been at an average rate of one per cent per year.⁵² The average birth rate during 1960s was about 12 per thousand. "In fact the Parsis have completed their demographic transition so effectively that their birth rate has been lower than the death rate for nearly twenty years now."⁵³ The negative growth of Parsee population is due to a substantial reduction in fertility level along with decline in mortality. However the exclusion from the Parsee-fold, of children born to Parsee women married outside their community may also be a contributory factor for the low birth rate of Parsees. In 1962, the Parsees of Bombay had a total fertility rate of 1.72 and a gross reproduction rate of 0.84.⁵⁴ The decline in fertility is due to high levels of modernization of the Parsee community. By 19th century, in India, Parsees had assumed a position of leadership in economic, educational, political and social spheres and even now they remain so.

The Christian community too is reaching this stage. Due

to modernization of Christians, their fertility has come down significantly. Social change was important in lowering Christian fertility.⁵⁵ During British rule, Christians had the highest growth rates as seen by the HCGD percentages given in Table 1.6. This was due to lower mortality as a result of opening of hospitals and schools by Christian missionaries, preferential treatment given by the state which raised their socio-economic status and also a significant number of conversions mainly from lower caste Hindus. After Independence, the population growth of Christians has fallen substantially.

Fertility of urban Hindus too has declined significantly. For Hindus, according to 1981 Census, the TFR was 2.7 for urban areas as against 3.8 for rural areas (vide Table 2.8). Likewise, Muslims too would reach the final regime of demographic transition at some future time. Even if it is later than Hindus, Muslims will have to undergo the demographic transition to ultimately adapt to a modern industrial society. With increasing education and economic prosperity, Muslims too may be expected to show a declining fertility trend which will lead to a narrowing down of Hindu-Muslim fertility differential.⁵⁶ Already in some States like Haryana, Kerala, Orissa and Tamil Nadu, Muslims have shown a declining growth rate.⁵⁷ This may be indicative of a future trend in Muslim fertility converging to the Hindu fertility level.

1.7 Contemporary Socio-Economic Conditions of Muslims in India

Besides modernization, changes in socio-economic conditions

and the status of woman have an important role in reducing fertility. In this section we compare the socio-economic conditions of Muslims with the rest of the population of India. In a later section we compare the status of woman between Hindus and Muslims. The "characteristics" hypothesis explains the high fertility of minorities in terms of their socio-economic backwardness compared to other groups.⁵⁸ According to this view, the socio-economic backwardness of Muslims is one of the main factors accounting for their higher fertility than Hindus.

Indian census data do not give us information about education and income by religion. But there is fragmentary evidence to support the contention that Muslims are more backward socially and economically than other communities. "... there is no denying that they have been at the lowest rung of the ladder in terms of the basic categories of the socio-economic indicators of development."⁵⁹ "Over 70 per cent of the Muslims in India live in the rural areas and are small/medium farmers or self-employed artisans. Of the remaining 30 per cent who live in the towns roughly 80 to 85 per cent are skilled workers, tailors, retailers, petty businessmen, small manufacturers or are engaged in traditional industries like Bidi-making, perfumery, block-making, etc."^{60,61} Thus, more than 90 per cent of Muslims are small and marginal farmers, artisans and workers.⁶² The occupational structure of Muslims makes them poor. Their educational backwardness and lack of

modern skills do not allow them to enter high income occupations. In modern industry and trade, except for rare instances, Muslims have not owned large scale industry or business and generally lack high entrepreneurial traits. There is not a single Muslim house among the 50 industrial groups, while at the lower end of the scale, most Muslims are poor and backward.⁶³

1.7.1 Educational Backwardness of Muslims

Muslims lag behind other communities in education to a significant extent. There is some evidence to support this position. Muslim enrolment in schools and colleges in different States for the year 1981-82, is given in Table 1.10. The Muslim education index for different educational levels varies between 0.72 and 0.27 which is considerable. The index is also well below the par value of 1.0 at levels above the secondary school. The population percentages in column 3 are based on 1971 Census whereas figures in columns 4 and 5 relate to the year 1981-82. As the percentage of Muslims has increased from 10.8 in 1971 to 11.4 in 1981 (for both excluding the State of Assam) we can assume that there would be a corresponding increase in the figures given in column 3. The degree of urbanization is higher among Muslims as we have already noted. Urban areas have a larger share of institutions of learning. If both these factors are adjusted for, the education index would be lower than it is in column 7. Thus at high school and higher levels, Muslims are at least three to four times behind other communities.⁶⁴

The performance of Muslim students in Rampur town in

the Intermediate Examination, 1982 is given in Table 1.11. Though 72 per cent of the total population of Rampur town is Muslim, only 37 per cent of the total number of students appearing for Intermediate Examination were Muslims. Among those who passed this examination, only 29 per cent were Muslims and out of those who got first division only 0.07 per cent were Muslims. This shows that not only the number of the Muslim students taking part in education is small but also that their performance is poor.

Shervani studied the enrolment and performance of Muslim students of tenth standard for the year 1978 in the States of Uttar Pradesh, Bihar, Madhya Pradesh, Punjab, Rajasthan and the Union Territory of Delhi.⁶⁵ As compared to non-Muslims, he found that, Muslim students were lagging behind in both enrolment and performance. He concluded that "Muslims can be said to be about four to five times behind the others in the Hindi area".⁶⁶

An all-India survey of 430 Muslim managed schools and 44 Muslim managed degree colleges was undertaken by the Hamdard Education Society. In Tables 1.12 and 1.13 the distribution of students by sex, religion and level of education, in Muslim managed schools and degree colleges, is given. The percentage of Muslim students, both boys and girls, decreases as the level of education rises, and that of non-Muslim students increases with the level of education (Table 1.12). In degree colleges the percentage of non-Muslim students is much higher

(59.6 per cent) as compared to Muslim students (40.4 per cent) (vide Table 1.13). Another striking feature is the widening gap in the proportion of Muslim male students and female students with increasing education levels. For example, at higher secondary level, the percentage of Muslim female students is 19.3 whereas that of Muslim male students is 44.0. At degree level, this percentage drops to 8.3 for female students against 32.1 for male students.

A national survey on socio-economic conditions of Indian Muslims was carried out in 35 districts of India spread over 14 major States and the Union Territory of Delhi during 1970-71. In the sample 3,992 male respondents - 2,995 Muslim and 997 non-Muslim selected from 46 towns and 24 villages - were interviewed. The respondents were drawn as a random sample of males in ages 18 to 60. Muslim respondents were, in most cases, interviewed by Muslim investigators and non-Muslims by non-Muslim investigators. The study was directed by Gopal Krishna under the auspices of the Centre for the Study of Developing Societies, Delhi, for the Ministry of Home Affairs, Government of India. In Table 1.14 the educational qualifications of Muslim and non-Muslim respondents from this survey are given. We find that in all categories, from illiterate up to university and higher and technical levels, Muslims lag much behind non-Muslims.

From the above cited evidence, we may conclude that:

(i) "the drop-out rate of Muslim students is significantly

higher than that of non-Muslims with the result that the number of Muslim students as percentage of the total keeps on declining as the level of education goes up" and (ii) "At the high school and intermediate level (which is significant for getting Government jobs) the percentage of Muslim students is roughly one-third to one-fourth of what it should be according to their populations."⁶⁷ Thus it seems that the "educational backwardness of Muslims is at the root of all their problems".⁶⁸

1.7.2 Reasons for Educational Backwardness of Muslims in India

It is usually argued that Muslims are educationally backward because of their innate religious conservatism which discourages pursuit of secular education.⁶⁹ This argument finds support in the fact that due to the historical conflict between Islam and Christianity in Europe, Muslims all over the world have associated secular education and modern technology with westernization and have been hostile to or slow in acquiring education and adapting to modern technology. Only now they are realizing the importance of education and scientific knowledge.⁷⁰ The other explanation for the educational backwardness of Muslims is that Indian Muslims suffer from an acute 'minority' complex.

Intiaz Ahmad rejects both these explanations by questioning the assumptions on which they are based.⁷¹ The assumptions are: (i) that Muslims are an undifferentiated community and (ii) that the appeal of education is universal to all

social strata. He argues that both these assumptions are wrong as Muslims in India are not a community with homogeneous values regarding education and the appeal of education cannot be universal to all social strata.

According to informed opinion, the Muslims in India are stratified along two distinct axes. The first is the axis of caste-like groupings which are based on descent and racial origin. Historically, Indian Muslims have been grouped into two broad categories called ashraf and ajlaf. The other is the axis of occupation or political power according to which at least four broad social strata can be identified - upper class, middle class, lower middle class and lower class. Even though these axes are quite distinct and separate and can be said to have existed side by side, there has always been a considerable degree of congruence and overlap between them. The so-called ashrafs have usually belonged to the upper and middle classes while the ajlaf have constituted the lower middle and lower classes.⁷²

The number of educated persons in any group or community is likely to be dependent upon the size of the classes or segments which see a direct relevance or need for education in terms of their future aspirations and occupational opportunities. A low aggregate percentage of Muslims among the educated of all communities is due to the "rather small size of the section or social strata from which recruitment to the educational sphere is actually made".⁷³ Among Muslims historically this social stratum has been small.

Emergence of a middle class in India is dated from the introduction of western education. When it was first introduced Hindus found it socially and economically advantageous to go in for secular education whereas Muslims did not find it so, as the majority of Muslims belonged to low and intermediate social positions and were oriented to occupations such as trade and agriculture to which modern formal education had little relevance in those days. Unevenness in the educational response of Muslims in different provinces placed severe limits on the growth of the Muslim middle class. Following Partition, the size of the Muslim middle class was further depleted in post-Independence India.

Thus we find that an important reason for the educational backwardness of Muslims is that historically they did not find secular education relevant as most of them were engaged in occupations such as small and marginal farming, crafts and petty trade.

1.7.3 Economic Backwardness of Muslims in India

We shall examine the economic backwardness of Muslims mainly in terms of their employment in Central Government, State Government, public and private sectors and also in terms of the effect of government programmes for the upliftment of the poor. Muslims' share in various government jobs is given in Table 1.15. In the year 1981, among the IAS officers, only 3.0 per cent were Muslims. In the same year, only 2.9 per cent of all the IPS officers in the country were Muslims. About 3.1 per cent of income-tax officers recruited during the period

1971-80 were Muslims. For the same period, of the officers recruited to Railway Traffic and Accounts Service, only 2.7 per cent were Muslims. In banks, the Muslim officers formed only 2.2 per cent. In Central and State Government offices, the percentages of Muslim employees were 4.4 and 6.0 respectively which are slightly higher than the figures given above. The percentage Muslim is still higher at 10.8 in public sector undertakings. Compared to the rest of the population, these figures reveal that Muslim representation in Government jobs is poor and only in public sector undertakings, their share comes nearer to their proportion in the population of the country.

The representation of minorities in Uttar Pradesh State services as on 1-1-1980 is given in Table 1.16. Since Muslims form 15.9 per cent of total population of this State (according to 1981 Census) and other minority groups form a negligible percentage (0.8), we can safely assume that the figures in column 3 refer mostly to Muslims. We observe that the share of Muslims is the least (3.4 per cent) in Class A and the highest (9.2 per cent) in Class D. Thus Muslim representation increases as we move from higher to lower posts. The share of Muslims in West Bengal Government services as on 31-8-1977, is given in Table 1.17. According to 1981 Census, 21.5 per cent of West Bengal population is Muslim. In IAS and IPS, Muslims constitute 1.3 per cent and in executive and judicial categories, Muslims constitute 2.6 per cent, in Police department, 6.4 per cent and in Calcutta Corporation, 10.4 per cent.

Considering the proportion of Muslim population in the State, the Muslim share in public services is low and only in Calcutta Corporation, their share rises to 50 per cent. Since the organized sector is mostly urban, it is appropriate to consider the percentage of urban Muslim population in these States. In Uttar Pradesh and West Bengal, according to 1981 Census, the percentage of Muslims in the urban population was 28.5 and 12.2 respectively. This lowers the representation of Muslims in Uttar Pradesh and somewhat improves it in West Bengal in the organized sector.

1.7.4 Reasons for Low Share of Muslims in Public Employment

The main reason for the low share of Muslims in Government employment is their educational backwardness. In the previous paragraphs of this section we have seen that Muslims at High School and higher levels, are at least three to four times behind other communities and the quality of their education is poor. Out of those few who have a higher level of education, few appear at competitive examinations for entry to higher Government posts. The possible reasons for the lower participation of Muslim students in competitive examinations are: tendency on their part to avoid hard and rigorous work, lack of planning, absence of proper advice from parents and teachers, lack of competitive spirit, University courses not helpful for competitive examinations, lack of proper coaching and absence of family motivation and finally the unreasonable fear that the Muslim students may be discriminated against.⁷⁴

The details of Muslims' performance in competitive examinations held during the period 1978-80 in different States are given in Table 1.18. It is found, except in Bihar, pro rata participation by Muslims is only around 50 per cent. In Uttar Pradesh, the percentage share of Muslims in the selections is less than one-fourth of their share among those that appeared for the examinations.

1.7.5 Muslim Share in Private Sector Employment

The share of Muslims in private sector employment is given in Table 1.19. In general we find that the Muslim share is low in executive and supervisory cadres and somewhat better in the workers cadre. In TISCO, Orkay and Calico, it is slightly above 10 per cent which comes closer to the proportion of Muslim population in India. However, it is below the share of Muslims in the urban population (16.3 per cent, 1981 Census) which provides the labour market for organized sector employment.

N.C. Saxena collected data from 145 enterprises in 33 districts of 12 States which show that Muslim share in the category of technical supervisory posts, and workers, was 2.5 per cent and 7.9 per cent.⁷⁵ The lower proportion of Muslims in executive and supervisory cadres is, as we already noted, due to lack of higher education and technical skills necessary for manning those posts.

1.7.6 Income Disparities between Muslims and Non-Muslims

The data relating to distribution of income among Muslims

and among non-Muslims are rather scanty. From Gopal Krishna's study, mentioned previously, break-up of incomes for Muslims and non-Muslims is given in Table 1.20. It is observed that in both lower and middle income groups, the percentage of Muslims is higher and in upper income group, it is much lower, less than half the percentage for non-Muslims. Thus proportionately the poor are more and the rich are fewer among Muslims.

The occupational status of Muslims and non-Muslims is given in Table 1.21, from the survey mentioned above. In the low income occupations, there is a significantly higher percentage of Muslims. In the lower middle income occupations, the difference is not much between Muslims and non-Muslims. In the middle income occupations, a significantly higher percentage of Muslims are employed. The percentage in the upper middle occupations among non-Muslims is over twice as much as among Muslims. In higher income occupations, the difference in percentage is still larger. Only 0.7 per cent of Muslims as against 4.4 per cent of non-Muslims belong to this category.

The socio-economic structure of different religious groups was studied in depth in 1974, by conducting a sample survey in Bangalore city covering 1,745 households of which 10.5 per cent were Muslims and 80.6 per cent were Hindus. The percentage distribution of the rich and the poor groups from this survey is given in Table 1.22. A significant percentage of Muslims (9.9 per cent) are observed to be in the poor group whereas a low percentage (1.5 per cent) are in the rich group.

Among Hindus the difference between the rich and poor groups is smaller. These figures suggest that the inequality in the distribution of income is much higher among Muslims than among Hindus in Bangalore.

The main reason for the relatively low income of Muslims in Bangalore city was found to be their concentration in less remunerative occupations. Only 13.1 per cent of Muslim households were engaged in professional, administrative or clerical jobs as against 30.7 per cent Hindus, 29.5 per cent Christians and 45.4 per cent of Jains. While 32.8 per cent of Muslim workers were occupied in family based cottage industries, only 8.4 per cent Hindu workers were engaged in this sector. Only 7.1 per cent of Muslims had graduate or equivalent qualification as against 17.2 per cent Hindus.

The benefits of various government schemes, aimed at improving the lot of the weaker sections, have not accrued to Muslims. Of the houses allotted by State governments to lower and middle income groups, only 2.9 per cent went to them. Of the licences issued for fair price shops, only 6.9 per cent were awarded to Muslims.⁷⁶ Finally Muslims received only 0.2 per cent of the tangible benefits extended to artisans by the Khadi and Village Industries Commission. In the cooperative sector too, Muslims do not fare well. Of the loans advanced by financial institutions only three percent of those between Rs.50,000 and Rs. 1 lakh went to Muslims. Of loans between Rs.1 lakh and Rs.2 lakh, less than 2 per cent was received by

Muslims. For loans between Rs.2 lakhs and Rs.10 lakhs, the figure was under 1 per cent.⁷⁷

The Muslim population is seen to be backward not only in terms of education but also in terms of occupational status and income. As discussed in the subsequent chapters, improvement in the socio-economic status of Muslims in India can be expected to lead to fertility decline also.

1.8 Status of Woman in India

The status of woman is an important determinant of fertility level. Worldwide data reveal that high fertility prevails in areas where the status of woman is low and low fertility exists in areas where the status of woman is high. "Revisions of the theory of the demographic transition have taken into account the fact that the rising status of women can generally be an effective spur to economic development and growth, partly by generating motivations for smaller families. Women tend to gain status by engaging in activities formerly reserved for men - especially obtaining an education, engaging in non-agricultural labor force activities, and becoming involved in social and political organizations. These activities generally compete with child bearing and child rearing, and the motivation to limit family size becomes well entrenched, even though pronatalist pressures continue everywhere to encourage having children."⁷⁸ An improvement in the status of women does not depend upon economic development, though it often helps, nor is it typically an individual option in the

absence of a broad-based social consensus. It comes about as a result of a concerted collective effort within a community.⁷⁹

The Population Crisis Committee has done a comprehensive comparative study on status of woman in 99 countries of the world.⁸⁰ In this study, 20 indicators measure women's well-being in five sectors: health, marriage and children, education, employment and social equality. In each category, three indicators compare women's status from country to country, for instance, the percentage of girls in school. A fourth indicator measures the relative size of the gender gap within countries, for instance, the difference between male and female rates of literacy. Original data for each of the 20 indicators were collected from standard sources and later converted mathematically to five point scales, giving a maximum score to each sector of 20 and a maximum total score of 100 — 75 for woman's status and 25 for gender gap.⁸¹

Possible scores were divided into seven overall rankings, from excellent to extremely poor. Those countries with a score between 90-100, are given the ranking excellent. Those with a score between 80-89.5 are given the ranking very good. Those with a score between 70-79.5 are given the ranking good. Those countries which had scores between 60-69.5, 50-59.5 and 40-49.5, are given the rankings of fair, poor and very poor. Those which scored 39.5 and less are given the ranking, extremely poor.

The quality and availability of published data varied

widely among the five sectors considered. Sex-specific data on health, education and reproductive behaviour were relatively complete and current, whereas reliable measures of women's economic status were generally lacking. Assessment of women's legal and de facto equality with men were sparse and less rigorous. In spite of these difficulties, nearly 85 per cent of the indicators used are based on post-1980 data and compiled by organizations like UNESCO, ILO and the U.S. Bureau of the Census.

In the health sector, the measures included are: female infant and child mortality, female mortality during childbearing years, female life expectancy at birth, gender gap:female/male differential life expectancy. On marriage and children the measures included are: teenage marriage, total fertility rate, contraceptive prevalence, on gender gap: female/male, widowed, divorced, separated. On education, the measures included are: secondary school teachers, primary and secondary school enrolment, university enrolment, on gender gap: female/male differential literacy. In employment, the measures included are: self-employed, paid employees, professionals. On gender gap: share of paid employment. Lastly on social equality, the measures include, economic equality, political and legal equality, equality in marriage and the family. On gender gap: female/male societal equality (vide glossary).

This study confirms the important links of the status of woman between the five sectors. "Educational attainment, ... is

related to not only employment, but to health, family size and equality in marriage. Patterns of marriage and child bearing have a similarly powerful effect on social and economic conditions for women and are in turn influenced by them. Women with greater education and economic opportunities marry later and have closer to the number of children they want. Conversely, women whose early marriage leads to early and repeated pregnancies may be cut off from opportunities in their countries, however small, for a good education and paid employment in the modern sector."⁸²

In this study, India was one of the countries included. The ranking of status of woman in India, on each measure in the five above-mentioned sectors is given in Table 1.23. The score of India in different sectors is as follows: health 10.5, marriage and children 12.0, education 6.0, employment 4.5, social equality 10.5. The woman's status score is 29.5 out of 75 and the score for gender gap is 14.0. The total score out of 100 is 43.5 and the ranking given to India is very poor as its score falls between 40-49.5. It is placed among countries with the second lowest ranking.

Individually, the least score is in employment sector which implies that the female labour force participation is very low. Next comes the sector of education and then the sectors of health and social equality. The sector with highest score is marriage and children. The score for status of women is 29.5 out of 75 which is less than 50 per cent, while the

score for gender gap is 14.0 out of 25 which is slightly above 50 per cent. The discrimination between sexes (gender gap) is highest in the sector of education and health. Obviously fewer females are literate than males and also in terms of health, females are more neglected than males.

1.8.1 Status of Hindu Woman

Hindus are drawn from a variety of racial groups but the dominant group with the largest influence on the Hindu social system is Indo-Aryan. Vedic society was largely patriarchal. Women could be admired and respected but only when men desired so. Women had no right to work or live for themselves. All women had to marry and bear children, particularly sons, for achieving fulfilment. The Vedas are full of prayers for the birth of a son. There are prayers and ceremonials which seek to prevent the birth of a daughter. In fact a daughter was denigrated. For instance, in the Aitareya Brahmana, tells king Harischandra who had 100 wives but no son and who longed for a son: "The son is a boat of salvation, a light in the highest heaven. A wife is a comrade, but a daughter is a misery."⁸³

"The sociology of the ancient Hindus projects not only a gender based division of roles and functions in society wherein the female has to conduct herself in conformity with male values."⁸⁴ The mother-courtesan-partner-in-ritual trichotomy is crucial for understanding the Hindu religious attitudes towards women and wives. As a partner in the prescribed sacrifices to ancestors and gods, the wife is a respected being.

In the maternal aspect, actual or potential, a wife is again respectable. It is only as a woman, as a female sexual being, that she is the most scorned.

Manu, the Hindu Law giver, has views about women full of contradictions. In Manusmriti, he says "In childhood, a woman must be subject to her father, in youth to her husband and in old age to her son; a woman must never be independent because she is innately as impure as falsehood, the lord created woman as one who is full of sensuality, wrath, dishonesty, malice and bad conduct," though at the same time he eulogises that "Women must be honoured and admired by their fathers, brothers and husbands because where women are honoured, there the gods are pleased."⁸⁶

The Vedas provide for polygamy. For instance, a verse lays down that a man has many wives but a woman has not many husbands.⁸⁷ During Vedic times, levirate (remarriage of a widow to her husband's brother), polyandry and polygyny existed. Monogamy seems to be the accepted pattern. The custom of symbolic sati (immolation of widows) existed. During the classical Gupta period (A.D. 300-700), women were idealized in literature and art, but in practice they had distinctly a subordinate position. Certain features which became characteristics of later centuries emerged as the accepted forms during this period - for instance, early marriages, prepuberty marriages, sati, etc. Only women who had relative freedom were those who opted out of normal activities of women, such as

Budhist nuns, courtesans, prostitutes and those from the theatrical profession.⁸⁸

During the days of Vijayanagara kingdom, burning of widows was widely practised and temple prostitution (devdasis) was very common.⁸⁹ When the British took over Delhi, sati had increased notably among upper classes of Bengal. Lord Bentinck passed an Act to suppress the evil custom of sati in 1828.⁹⁰ But it continued in Punjab. John Lawrence tried to suppress sati and infanticide in Punjab.⁹¹ During Peshwa period too sati was extensively practised mainly among Brahmins and Marathas. Also women were regarded as an inferior species. The position of woman was indeed pitiable.⁹² Compared to Vedic times, the position of woman possibly deteriorated further during later ages.

During the freedom struggle, due to Gandhiji's efforts, the status of Hindu woman improved somewhat as they emerged into public life and participated in the civil resistance against British rule in India. After Independence, we have seen some eminent women holding high public offices, like Sarojini Naidu, Vijayalakshmi Pandit and Indira Gandhi. But such women were few and from upper castes.

At the time of Independence, Hindu Personal Law was based on the age old laws of Manu which gave no rights to women. After Independence, Hindu women were given legal equality with men by the passing of new laws. The Hindu Succession Act, 1955, gives equal rights to Hindu women with Hindu men in the matter of

succession and holding of property. The Hindu Marriage Act, 1956, gives monogamy a legal basis and provides for divorce with alimony and maintenance. The Hindu Adoption and Maintenance Act, 1956, provides for the maintenance of the Hindu widow and of separated wives.

1.8.2 Status of Hindu Woman in Contemporary India

Though Hindu women have political and legal equality with Hindu men, such equality does not prevail in social practice. Daughters are still looked down upon. Son preference in rural areas and among uneducated is still strong. In Rajasthan, among some communities practising hypergamy, even today female infanticide is practised as they find it difficult to get their daughters married in their own or higher castes.⁹³ There are instances of sati, though rare and being performed clandestinely, in some States of northern India.

Female literacy is significantly lower than male literacy. There is low female labour force participation outside of agriculture. Occupations are also gender specialized. Typically marriages are arranged. Rarely love marriages take place. Many young women work to accumulate dowry. Among the educated middle classes, employed women are preferred as brides. The bride's side has to bear all marriage expenses. Even educated girls have to bring large dowries to get suitable marriage partners. Consequently daughters are considered a great burden by parents. For most women, it is the men who do the decision-making and there is very little interspouse communication.⁹⁴

In spite of certain Acts to prevent and prosecute dowry givers and dowry takers, still rare cases of dowry deaths are reported. In fact, the reported number of dowry deaths is on the increase. In 1985, there were 999 reported dowry deaths in India. This number had increased to 1,319 in 1987.⁹⁵ It was reported that a majority of dowry deaths were of educated women who could not adjust to their in-laws. The inheritance rights of Hindu women are not always observed in practice.⁹⁶

1.8.3 Status of Muslim Woman

Islam has given certain rights to women. In terms of these rights, we shall examine the status of Muslim women. Among Muslims, marriage is a contract, yet a sacred duty, incumbent on every Muslim. Two inherent features of this contract are: it involves the consent of the wife as much as that of the husband and it allows for dissolution on given grounds at the initiative of either party. Even after the marriage ceremony, if the bride declares that she did not assent to it, the marriage is dissolved.⁹⁷

Men are more favourably placed than women in getting divorce. Yet ideally, Islam does not allow divorce to be taken lightly. Prophet Muhammad says "of all the things Allah has made lawful for his servants, the most hateful to him is divorce."⁹⁸ Thus divorce is meant for only those couples for whom healthy family life is impossible. As a protection against whimsical divorce, the Muslim woman has been provided security through the mehr (dower)⁹⁹ which is fixed at the time of

marriage and which cannot be denied to her. Also there are certain rules to support a divorced woman along with her children at least for some time. Since divorce is permitted, no stigma is attached to remarriage of widows.

A Muslim woman has the right to inherit and hold property. "... the greatest contribution of Islam to the cause of woman was to invest her with property rights."¹⁰⁰ She can mortgage, give in lease or bequeath, sell or buy it or exploit it for her own benefit.¹⁰¹ She also has a right to education. Acquisition of knowledge is as great a duty of women as of men, for Islam wants its womenfolk to develop their rational faculties along with their physical ones and thus ascend to higher planes of spiritual existence.¹⁰² She has a right to work whenever such circumstances arise.¹⁰³ Prophet Muhammad's first wife, Khadija, was a successful trader. A Muslim woman has the right to hold public positions. "The names of Khadija, Ayesha, Fatima, Zainab or Rabia al-Basari are quite familiar even to any casual student of Islamic history."¹⁰⁴ A Muslim woman can act as a judge except where retaliation is involved.¹⁰⁵

In Islam, the wife has a legal right to be maintained by her husband. According to Sharia, the right of a Muslim woman not to earn for her husband applies to such an extent that she need not even spin or weave for the household, if she so chooses. Islamic law allows four wives at a time (polygamy) with a condition that equal justice is done to each wife which is, in reality, impossible to fulfil. So in spirit it advocates

monogamy in normal course. A Muslim man can marry a non-Muslim woman (Jews and Christians) but a Muslim woman is totally prohibited from marrying non-Muslim man.

Islam never denigrated daughters. Prophet Muhammad stopped the practice of female infanticide in Arabia which was a pervading social evil in pre-Islamic days. He said "If a daughter is born to a person and he brings her up, gives her a good education and trains her in the arts of life, I shall myself stand between him and hell fire."¹⁰⁶ He also said "girls are models of affection and sympathy and a blessing to the family."¹⁰⁷

Islam lays down gender specific roles for men and women. Islam envisages the roles of men and women "in society not as competing but as complimentary."¹⁰⁸ A woman's primary function is to provide a home for her family and to bring up her children properly.¹⁰⁹

The above-mentioned rights of Muslim women seem to be quite impressive, particularly considering the circumstances and times¹¹⁰ during which they evolved. However the practice of polygamy and female seclusion have greatly abridged the status of the Muslim women in modern times. The European women got their rights only in 18th century. It was because Mohammed was unusually concerned about the welfare of women and children, especially orphans and widows. "In actuality however the Muslim women in India, and indeed, in most other countries where Muslims are to be found in significant numbers,

have not made the progress that they should have made as a natural corollary to the privileges and rights conferred upon them by their religion. Indeed, judged by modern values, the emancipation of Muslim women is a major problem even in Muslim states."¹¹¹

In spite of the high status accorded to women in Islam, in Muslim societies around the world, her actual status is rather low. There are various reasons accounting for this. One very important factor which has profoundly affected the status of Muslim women, is their segregation from men and seclusion (pardah) from normal social intercourse. Purdah is common to all Muslim countries except Indonesia and Malaysia where it is practised less rigorously due to historical reasons and modernization. In Turkey Kamal Ataturk had abolished pardah. The institution of pardah aggravates socially the debilitating effects of this isolation. Purdah has "in one stroke nullified the rights and privileges that have been granted to her by her religion".¹¹² The evil effects of pardah as practised in modern times are several:

- (i) Purdah leads to extreme segregation of sex roles;
- (ii) Seclusion and isolation have forced the Muslim woman into a limited circle of interaction denying her the opportunity of learning to function as a mature and confident individual who is aware of her rights and privileges and can struggle to prevent their violation;
- (iii) Purdah has also rendered the Muslim woman incapable

of contributing to change by participating in a host of activities which are eminently suited to her interests and talents;

(iv) Purdah and its attendant disabilities have incapacitated the Muslim woman from making any significant contribution whether towards her own independence or towards the economic viability of her family. Such a woman is also a poor educator of her children and generally fails to motivate them towards higher levels of educational aspirations and achievements. This failure also prevents the upward mobility of the family.¹¹³

1.8.4 Hindu-Muslim Differentials in the Status of Woman

When we compare the status of a Muslim woman with that of a Hindu woman, traditionally, Muslim woman has, at least in theory, been holding a superior status to Hindu woman. The differences in the status of woman may be partly due to the contrasting views on place of sex held by these two religions, which we shall discuss in Chapter II. However, in practice, as we shall see, due to assimilation of Hindu thought and practices, her status has been similar to that of a Hindu woman. The assimilation is due to two factors: first, as we have already seen, most of the Indian Muslims are converts from Hinduism and secondly they live in a larger society of Hindus. Among Indian Muslim women, divorce is a rarity. "Evidence provided ... indicates that divorce is disapproved socially among most groups and results in loss of social prestige not only for the parties involved, but for the families as well and is consequently an occurrence of considerable rarity."¹¹⁴ Indian Muslim women too

are not in favour of availing the freedom given to them fourteen centuries ago. The Hindu high caste concept of endurance as the highest virtue of a woman has so completely overtaken the minds of the Muslim women that they would rather die than obtain a divorce. They have also imbibed the Hindu ideal of life long association with one man only. So even if the husband is incompatible or is going for a second marriage and the wife has the right to seek divorce, she will not do so normally.

Many a time the Muslim women in India are not allowed to enjoy their right to inheritance, or rarely a pittance of the inheritance is given to them. For instance, Kokni women do not inherit landed property.¹¹⁵ Gujar Bakarwal women too do not inherit pastoral lands.¹¹⁶ In Uttar Pradesh too, sisters are forced to surrender their right to inherit in favour of their brothers.¹¹⁷

Under the influence of Hinduism, claiming mehr (dower) from the husband, by a Muslim woman, has become an act of disgrace or usually it is restricted to a paltry amount. Further, ironically, Indian Muslims have incorporated the pernicious Hindu custom of dowry in their marriages and family.¹¹⁸ As in the case of Hindus, marriages are broken due to the failure on the part of the bride's parents to provide for dowry. Among Moplahs of Kerala too, payment of dowry to the bridegroom is strictly enforced.¹¹⁹ Among the Muslims of Middle East and Africa,¹²⁰ bride price is common. For instance in Saudi Arabia, the dower costs between \$1,500 and \$45,000. In addition to the

dower, costs of the wedding ceremony, which can be as high as \$40,000, have to be borne by the groom.¹²¹

Among Muslim elite families, during later British rule, some Muslims discarded Purdah. Several Muslim Congressmen brought out their women out of purdah as a symbol of their broadmindedness and progressive outlook as well as an expression of the identity and solidarity with the National Congress. But this number was extremely small.¹²²

Today the Muslim woman has a lower status than a Hindu woman mainly due to her (i) lower education level; (ii) consequent lower participation in economic and social activities, and (iii) observance of purdah. With greater modernization and secularization, we may expect that Muslim women will be emancipated from the observance of purdah, and that consequently their level of education and social and economic participation will increase.

1.8.5 Hindu-Muslim Differentials in Sex Ratio

While the sex ratio at birth is nearly a biological constant (between 940 and 960 female births per 1000 male births), the sex ratio in the population is affected by the sex differentials in mortality and in reporting births. A lower sex ratio in the population arises from higher female compared to male mortality which itself may be a consequence of the lower social status accorded to females. The sex ratio - the number of females per 1000 males in the population - can therefore be taken as an indicator of the status of woman. Sex ratios

for Hindus and Muslims of India for the period 1901-81 are given in Table 1.24. The Hindu sex ratio shows a declining trend. For Muslims too, sex ratio has shown a declining trend upto 1951, thereafter a fluctuating trend. Historically the sex ratio of Muslims has been lower than that of Hindus except for 1981. The difference has been minute. Again in 1981, the sex ratio for Hindus was 933 against 937 for Muslims. On the basis of sex ratios we can say that status of Hindu and Muslim woman was similar.

The sex ratio at birth and for surviving children by age of ever married women, by place of residence for India, 1981, for Hindus and Muslims, is given in Table 1.25. For each age group, both in urban and rural areas, the sex ratio at birth for Muslims is lower than for Hindus. The Hindu-Muslim differential is slight except for the age group 15-19. For the age group 30-34, it is similar. For all ages, the sex ratio at birth is less for Muslims in urban as well as in rural areas but the Hindu-Muslim difference is small. The sex ratio of surviving children is higher for Hindus in urban and rural areas for all age groups except 30-34. In this age group, the Muslim sex ratio is higher than the Hindu sex ratio in rural and urban areas. In urban areas the Hindu-Muslim differential in sex ratio of surviving children is small in age groups from 20-24 upto 35-39. In rural areas, it is small in age groups 20-24, 25-29, 35-39 and 45-49. For all ages, the sex ratio of surviving children is the same for Muslims in urban and rural

areas, similar for Hindus and Muslims in rural areas and lower for Muslims in urban areas.

All over the world, the sex ratio at birth (females per 1000 males) is below 1000 but the sex ratio of surviving children is above 1000 in most countries. In India, the sex ratio of the surviving children is below 1000 among Hindus and Muslims due to a larger under-reporting of female compared to male births and higher female mortality. The importance and preference for sons largely account for this. Son preference often leads to the benign neglect of female children with regard to nourishment and health care.

1.9 Summary and Conclusions

Cultural, social and religious differences between Hindus and Muslims, relative economic conditions, and the political situation of the country make the Hindu-Muslim fertility differentials a contentious issue. Present Hindu-Muslim fertility and population growth rate differentials are not large and are likely to narrow down in future. Even if the present growth rate differentials continue over a long period, the question arises whether Muslims can ever become a numerically dominant community in a reasonable time span in the country as a whole. To find whether a minority can become a majority we have used a model and constructed Table 1.1. A minority can become a majority only when three conditions are jointly met: The minority constitutes a significant proportion of the total population, the population growth differential is

large and the time period involved is also long. The differential annual growth rate between Muslims and Hindus is around 0.005 currently, at national level Muslims constitute only 11.4 per cent and (with the exception of Kashmir) the areas in which Muslims constitute 25 per cent or more, whether rural or urban, are not many. Following the model, at the national level, Muslims cannot attain a majority in the near or far future. Hindu-Muslim growth differentials and non-Muslim and Muslim growth differentials for a few States are also examined.

India's population was probably about the same size at the beginning of the modern period (Circa 1750) as it had been two thousand years earlier. After periods of some increase, calamities of one form or another wiped out a large part of population, leaving the long run trend more or less stationary. The Muslim immigrants into India were not in considerable numbers as Muslims in Central Asia, Iran and Iraq were under constant threat from Mongol invasion. Indian Muslims were mostly converted from indigenous faiths in India. All those enumerated as Hindus and Muslims by census authorities are considered to be Hindus and Muslims in this thesis.

The demographic transition theory is stated in brief and the factors that brought about this transition in Europe are outlined. We have examined the demographic transition of different religious groups in India. Parsees with low death rates and low birth rates are already in the final stage of establishing a new demographic equilibrium. The Christian

community too is reaching this state. Fertility of urban Hindus too has fallen significantly as compared to rural Hindus. Likewise Muslims too would reach the final regime of demographic transition with low levels of fertility, mortality and population growth so as to adapt themselves to a modern industrial society.

The "characteristics" hypothesis explains the high fertility of minorities in terms of their socio-economic backwardness compared to other groups. Therefore, we have examined the contemporary socio-economic conditions of Muslims in India. It seems that educationally Muslims are "three to four times" behind other communities. An important reason for this is that Muslims historically did not find secular education relevant. More than 90 per cent of the Muslims are small and marginal farmers, artisans and related workers. The proportion of Muslims in the urban population is greater than that in the rural population. Muslim representation in the organized sector (both public and private) is much lower than their share in the urban population.

The status of woman is an important determinant of the fertility level. Differentials between the status of Hindu and Muslim women are examined. According to religious doctrine, though the Muslim woman has a superior status to Hindu woman, in contemporary practice the Muslim woman holds an inferior status mainly due to her lower educational level, consequent lower participation in economic and social activities and

observance of pardah. Historically the sex ratio of Muslims (females per 1000 males) has been lower than for Hindus except for the 1981 Census. In the next chapter we examine the fertility differentials between Hindu and Muslim populations by reviewing the available literature and empirical studies.

1.10 Objectives and Chapter Scheme

In this study the direction and extent of current Hindu-Muslim fertility differentials are assessed and salient intermediate variables that account for these differentials are identified. The factors that could narrow down these differentials have been examined. This study is mainly a critical review of relevant research done earlier on these topics.

The major objectives of this study are the following:

(i) To study the Hindu-Muslim population growth differentials on an objective, rational and scientific basis; to examine whether the Muslim population can constitute a large proportion of India's population within a reasonable time span; to explore the contemporary socio-economic conditions of Muslims and the differentials in the status of Hindu and Muslim women, in connection with fertility and growth differentials;

(ii) To identify and measure Hindu-Muslim fertility differentials historically and currently by reviewing the literature on this subject;

(iii) To examine the proximate determinants such as nuptiality and contraception that account for fertility

differentials; to compare the nuptiality patterns of Muslims with Hindus; to examine the position of Islam on family planning;

(iv) To examine the reproductive and family planning behaviour of Muslims in selected Muslim countries including the neighbouring countries of Pakistan and Bangladesh; to compare and contrast these with the behaviour of Indian Muslims; and

(v) To assess the future prospects for the narrowing down of Hindu-Muslim fertility differentials.

This chapter explores the consequences of Hindu-Muslim population growth differentials from a long-term perspective. Here we also examine the socio-economic conditions of Muslims and the status of woman. In the second chapter, we trace the historical trends in Hindu-Muslim fertility differentials and the contemporary position by reviewing the literature on this subject. Nuptiality is an important intermediate variable in accounting for fertility differentials. In the third chapter the historical and contemporary differentials between Hindus and Muslims in their nuptiality patterns are examined.

In the fourth chapter, we analyse the differentials in the use of contraception between these two communities. This is another intermediate variable that accounts for the differences in their marital fertility levels. In the fifth chapter, we make selected international comparisons. We analyse the

fertility and family planning behaviour of Muslims in dominantly Muslim and multi-religious countries and compare and contrast their reproductive behaviour with that of Indian Muslims. In the final chapter, we present the major conclusions of this study, relating to the probable future trend in Hindu-Muslim fertility differentials and its likely consequences for the country.

Table 1.1 : Percentage of Minority Group in Total Population (q_t) by Mean Annual Differential Growth Rate and by Duration

Initial percentage of population in minority group (P_2)	Duration in years (t)	Mean annual exponential growth rate differential ($r_1 - r_2$)		
		.002	.004	.006
$P_2 = 10.0$	0	10.0	10.0	10.0
	50	10.9	12.0	13.0
	100	12.0	14.2	16.8
	150	13.0	16.8	21.5
	200	14.2	19.8	27.0
$P_2 = 25.0$	0	25.0	25.0	25.0
	50	26.9	28.9	31.0
	100	28.9	33.2	37.8
	150	31.0	37.8	45.1
	200	33.2	42.6	52.5
$P_2 = 50.0$	0	50.0	50.0	50.0
	50	52.5	55.0	57.4
	100	55.0	59.9	64.6
	150	57.4	64.6	71.1
	200	59.9	69.0	76.8

Formula: $(1/q_t) = 1 + (P_2/P_1) \text{Exp}[(r_1 - r_2)t]$.

See text for explanation.

Table 1.2 : Hindu-Muslim Mean Annual Growth Rate Differential for India for Decades 1881-91 to 1971-81

Census Year	Percentage Hindus	Percentage Muslims	Percentage Hindu-Muslim mean annual growth rate differential by decade
<u>Undivided India</u>			
1881	75.09	19.97	-
1891	74.24	20.41	0.33
1901	72.87	21.88	0.88
1911	71.68	22.39	0.40
1921	70.73	23.23	0.50
1931	70.67	23.49	0.12
1941	69.46	24.28	0.50
1881-1941			0.46
<u>Indian Republic</u>			
1951	84.98	9.91	-
1961	83.51	10.69	0.93
1971	82.72	11.21	0.57
1981*	82.64	11.35	0.13
1951-1981*			0.54
<u>Excluding the State of Assam</u>			
1951	85.44	9.59	-
1961	83.87	10.34	0.94
1971	83.00	10.84	0.58
1981	82.64	11.35	0.50
1951-1981			0.67

* Excludes the State of Assam where the Census of 1981 could not be conducted.

See text for formula and explanation.

Source: Population percentage figures of Hindus and Muslims for the years 1881-1941 are taken from Davis, K., 1951, p. 178. For the period 1951-1981, the figures from the respective censuses were used.

Table 1.3 : Non-Muslim and Muslim Mean Annual Growth Rate Differential for India for the Period 1881-1981

Census Year	Percentage non-Muslims	Percentage Muslims	Percentage non-Muslim and Muslim mean annual growth rate differential for decade
<u>Undivided India</u>			
1881	80.03	19.97	-
1891	79.59	20.41	0.27
1901	78.12	21.88	0.88
1911	77.61	22.39	0.30
1921	76.77	23.23	0.48
1931	76.51	23.49	0.15
1941	75.72	24.28	0.44
1981-1941			0.42
<u>Indian Republic</u>			
1951	90.09	9.91	-
1961	89.31	10.69	0.84
1971	88.71	11.21	0.53
1981*	88.65	11.35	0.14
1951-1981*			0.50
<u>Excluding the State of Assam</u>			
1951	90.49	9.59	-
1961	89.66	10.34	0.85
1971	89.16	10.84	0.53
1981	88.65	11.35	0.52
1951-1981			0.63

* Excludes the State of Assam.

Source : Same as for Table 1.2.

Table 1.4 : Hindu-Muslim Mean Annual Growth Rate Differential for Selected States for the Period 1951-1981

Census Year	Percentage Hindus	Percentage Muslims	Percentage Hindu-Muslim mean annual growth rate differential for decade
<u>Uttar Pradesh</u>			
1951	85.05	14.28	-
1961	84.66	14.63	0.29
1971	83.76	15.48	0.67
1981	83.31	15.93	0.34
1951-1981			0.43
<u>West Bengal</u>			
1951	78.90	19.46	-
1961	78.80	20.00	0.29
1971	78.11	20.46	0.32
1981	76.96	21.51	0.65
1951-1981			0.42
<u>Bihar</u>			
1951	85.28	11.27	-
1961	84.69	12.45	1.07
1971	83.46	13.48	0.94
1981	82.97	14.13	0.53
1951-1981			0.85
<u>Kerala</u>			
1951	61.59	17.53	-
1961	60.83	17.91	0.34
1971	59.41	19.50	1.09
1981	58.15	21.25	1.07
1951-1981			0.83
<u>Jammu and Kashmir</u>			
1961	28.45	68.30	-
1971	30.42	65.85	-1.04
1981	32.24	64.19	-0.83
1961-1981			-0.94
<u>Rajasthan</u>			
1951	90.51	6.21	-
1961	89.96	6.52	0.55
1971	89.63	6.90	0.60
1981	89.32	7.28	0.57
1951-1981			0.57

Source: Population percentage figures for Hindus and Muslims are taken from the respective censuses.

Table 1.5 : Non-Muslim and Muslim Mean Annual Growth Rate Differential for Selected States for the Period 1951-1981

Census Year	Percentage non-Muslims	Percentage Muslims	Percentage non-Muslim and Muslim mean annual growth rate differential for decade
<u>Uttar Pradesh</u>			
1951	85.72	14.28	-
1961	85.37	14.63	0.28
1971	84.52	15.48	0.67
1981	84.07	15.93	0.34
1951-1981			0.43
<u>West Bengal</u>			
1951	80.54	19.46	-
1961	80.00	20.00	0.34
1971	79.54	20.46	0.29
1981	78.49	21.51	0.63
1951-1981			0.42
<u>Bihar</u>			
1951	88.73	11.27	-
1961	87.55	12.45	1.13
1971	86.52	13.48	0.91
1981	85.87	14.13	0.55
1951-1981			0.86
<u>Kerala</u>			
1951	82.47	17.53	-
1961	82.09	17.91	0.26
1971	80.50	19.50	1.05
1981	78.75	21.25	1.08
1951-1981			0.80
<u>Jammu and Kashmir</u>			
1961	31.70	68.30	-
1971	34.15	65.85	-1.11
1981	35.81	64.19	-0.73
1961-1981			-0.92
<u>Rajasthan</u>			
1951	93.79	6.21	-
1961	93.48	6.52	0.52
1971	93.10	6.90	0.61
1981	92.72	7.28	0.58
1951-1981			0.57

Source : Same as for Table 1.4.

Table 1.6 : Hindu-Christian Mean Annual Growth Rate Differential for India Since 1881 upto 1981

Census Year	Percentage Hindus	Percentage Christians	Percentage Hindu-Christian mean annual growth rate differential for decade
<u>Undivided India</u>			
1881	75.09	0.71	-
1891	74.24	0.77	0.93
1901	72.87	0.98	2.60
1911	71.68	1.21	2.27
1921	70.73	1.47	2.08
1931	70.67	1.77	1.87
1941	69.46	1.91	0.93
1881-1941			1.78
<u>Indian Republic</u>			
1951	84.98	2.35	-
1961	83.51	2.44	0.55
1971	82.72	2.60	0.73
1981*	82.64	2.43	-0.67
1951-1981*			0.21
<u>Excluding the State of Assam</u>			
1951	85.44	2.27	-
1961	83.87	2.39	0.70
1971	83.00	2.59	0.91
1981	82.64	2.43	-0.59
1951-1981			0.34

*Excludes the State of Assam.

Source : Same as for Table 1.2.

Table 1.7 : Population Estimates for India at Different Periods Made by Experts

Expert	Date	Population in millions
Pran Nath (1929)	232 B.C.	100-140
Datta (1962)	320 B.C.	181
Russel (1969)	629-645 A.D.	22-37
Datta (1971)	1360 A.D.	190
Moreland (1920)	1600 A.D.	100

Source : Durand, J.D., 1977, p. 265.

Table 1.8 : Indifference Range for Population Estimates, India

Region	Time	Population in millions
India	0 A.D.	50-100
(India-Pakistan-Bangladesh)	1000 A.D.	50-100
	1500 A.D.	75-150
	1750 A.D.	160-200
	1900 A.D.	285-295
	1975 A.D.	740-765

Source : Same as for Table 1.7, p. 259.

Table 1.9 : Estimated Average Annual Percentage Rates of Population Growth, 1750-1965

Region	Period	Estimated average annual percentage rate of population growth
India, Pakistan and Bangladesh	1750-1800	0.1
	1800-1850	0.3
	1850-1900	0.4
	1900-1950	0.8
	1950-1965	2.2

Source: U.N., 1973, p. 32.

Table 1.10 : Muslim Enrolment in Schools and Colleges

Category	No. of districts surveyed	Percentage of Muslims in the surveyed districts	Total No. of students	Muslim students	Percentage	Education Index (Col.6/Col.3)
1	2	3	4	5	6	7
Elementary school	45 in 12 states	17.32	98.48 lakhs	12.20 lakhs	12.39	0.72
Secondary school	38 in 11 states	18.56	19.64 lakhs	2.09 lakhs	10.70	0.58
High School	8 Boards	12.00	13.44 lakhs	0.54 lakhs	4.00	0.33
Class XII	5 Boards	10.30	2.26 lakhs	5645	2.49	0.24
Engineering	9 Universities	12.44	2698	92	3.41	0.27
Medical	12 Medical Colleges	9.55	2845	98	3.44	0.36

Notes: Figures in column 3 are based on 1971 Census.
Figures in columns 4 and 5 relate to 1981-82.

Source: Saxena, N.C., 1983, p. 123.

Table 1.11 : Performance of Muslim Students in Rampur Town in the Intermediate Examination, 1982

(1)	Total	Muslims	Non-Muslims	Education Index = Column 3 (.72 x Col.2)
(1)	(2)	(3)	(4)	(5)
% to population	100	72	28	
No. of students appearing for Intermediate Examination	731	197	534	0.37
Students who passed the Examination	433	89	344	0.29
Students who got 1st Division	42	2	40	0.07

Note: Population figures refer to 1971 Census.

Source: A.R. Sherwani, 1983, Muslim India, New Delhi, May, p.204.

Table 1.12 : Distribution of Students by Sex, Religion and Level of Education in 5430 Muslim-managed Schools

Religion/ Sex	Level of Education				Total
	Primary	Middle	High School	Higher Secondary	
Muslim boys	35,669 (56.3%)	60,941 (58.4%)	38,921 (53.3%)	10,504 (44.0%)	1,46,095 (55.2%)
Muslim girls	25,404 (40.0%)	27,536 (26.4%)	18,116 (25.8%)	4,622 (19.3%)	75,678 (28.6%)
Other Religion	2,330 (3.7%)	15,802 (15.1%)	15,965 (21.9%)	8,804 (36.7%)	42,901 (16.2%)
Total	63,433 (24.0%)	1,04,279 (39.4%)	73,002 (27.5%)	28,960 (9.1%)	2,64,674 (100.0%)

Source: Shah, S.S., 1983, "Educational and Economic Problems of Indian Muslims" Paper presented at the Intellectual Meet on Problems of Minorities, Teen Murti House, New Delhi, June 5, organized by the Young Intellectual Congress (YIC).

Table 1.13 : Distribution of Students by Sex and Religion in 44 Muslim-managed Degree Colleges

Community and Sex	Number (Percentage)
Muslim boys	11,708 (32.1%)
Muslim girls	1,045 (8.3%)
Others	21,755 (59.6%)
	36,508 (100.0%)

Source: Same as for Table 1.12.

Table 1.14 : Educational Qualification of Muslim and Non-Muslim Respondents, 1970-71

Category	Muslims (%)	Non-Muslims (%)
Illiterate/ upto primary education	55.5	29.8
Upto High School	40.8	55.0
College and technical	2.8	11.0
University and higher technical	1.1	4.2

Source: Gopal Krishna, National Survey on Socio-economic conditions of Indian Muslims, quoted by Saxena, N.C., op.cit., p. 131.

Table 1.15: Muslims' Share in Government Jobs

Name of Services, etc.	Years/number/ number of establishments	Total	Muslims	Percentage
IAS	Total in 1981	3,883	116	2.99
IPS	-do-	1,753	50	2.85
Income Tax-I	Intake during 1971-80	881	27	3.06
Railway Traffic and Accounts Service	-do-	415	11	2.65
Banks	1317 branches	1,13,762	2,479	2.18
Central Government Offices	105 offices in 13 States	75,951	3,346	4.41
State Government offices	876 offices in 13 States	8,26,669	49,718	6.00
Public Sector undertakings (both Central and State)	168 under- takings in 13 States	4,76,972	51,755	10.85
All categories		55,81,296	1,07,492	6.80

Source: Same as for Table 1.10, pp. 132-133.

Table 1.16 : Representation of Minorities in U.P. State Services as on 1-1-1980

Classification of posts	Total number of employees	Minorities	
		Number	Percentage
Class 'A'	6,697	230	3.43
Class 'B'	24,483	1,301	5.30
Class 'C'	4,37,213	31,001	7.10
Class 'D'	1,44,100	13,197	9.15
Total	6,12,493	45,729 (excluding sweepers)	7.47

Source: Same as for Table 1.10, p. 134.

Table 1.17 : Muslims in Government Services in West Bengal as on 31-8-1977

Name of the service	Total number of employees	Muslims	Percentage
IAS and IPS	468	6	1.28
West Bengal Civil Service (Executive and Judicial)	1,993	51	2.59
Calcutta Corporation	33,146	3,440	10.38
Police Department	66,103	4,236	6.41

Source: Muslim India, 1983, May, pp. 238-239.

Table 1.18 : Muslims' Performance in Competitive Examinations Held During 1978-80

Name of the Commission	Muslim percentage in total		
	who appeared	called for interview	selected
Andhra Pradesh, PSC	4.27	3.37	3.06
Tamil Nadu, PSC	3.95	3.91	4.63
U.P. Combined State Services	8.46	1.21	2.46
Bihar Combined State Services	4.54	6.36	7.30
Madhya Pradesh	2.89	1.77	1.70

Source: Same as for Table 1.10, p. 136.

Table 1.19 : Muslims' Share in Private Sector Employment

Name of the Undertaking	Muslims' share in (percentage)		
	Executive cadre	Supervisory cadre	Workers cadre
TISCO	4.10	5.60	10.30
Texmaco	Nil	0.30	4.40
Mafatlal	Nil	1.72	3.53
Calico	0.68	N.A.	10.20
Mahindra and Mahindra	1.48	2.25	5.02
Orkay	3.30	3.00	11.90
J.K. Industries	2.63	2.28	5.41
Indian Explosives	Nil	2.73	7.09

Source: Same as for Table 1.10, p. 139.

Table 1.20: Income Distribution for Muslims and for Non-Muslims

Community	Income upto Rs.250	Income between Rs.251-700	Income above Rs. 701	All Income levels
Muslims	57.1	29.7	13.2	100.0
Non-Muslims	44.5	25.9	29.6	100.0

Source: Same as for Table 1.14, p. 152.

**Table 1.21: Percentage Distribution by Occupational Status:
Muslim and Non-Muslim Respondents**

Community	Occupational classes					
	Low	Lower middle	Middle	Upper middle	High	All occupations
Muslims	32.3	30.8	21.6	14.6	0.7	100.0
Non-Muslims	23.0	33.2	11.9	27.5	4.4	100.0

Source: Same as for Table 1.14, p. 152.

**Table 1.22: Percentage Distribution of the Rich and the Poor
Groups in Bangalore City, 1974, by Community**

Religion	Popula- tion	Rich (Income more than Rs. 2000 per month)	Poor (Income between Rs.50 and Rs.300 per month)
Hindus	80.6	82.7	84.2
Muslims	10.5	1.5	9.9
Other communities	8.9	15.8	5.9
All communities	100.0	100.0	100.0

Source: Prakasa Rao and Tewari, 1979, The Structure of an Indian Metropolis - A Study of Bangalore, Allied Publishers, Delhi.

Table 1.23: Ranking of Status of Women in India by Scores on Indicators in Five Sectors

Category/measure (1)	Individual score (2)	Women's status score (3)	Gender gap score (4)	Total score (5)
<u>Health</u>				
Infant and child mortality	2.5			
Mortality-child bearing years	3.5			
Life expectancy	<u>2.5</u>	8.5		
Female/male, differential life expectancy			2.0	10.5
<u>Marriage and Children</u>				
Teen marriage	2.0			
Total fertility rate	3.5			
Contraceptive prevalence	<u>2.0</u>	7.5		
Female/male, widowed, divorced, separated			4.5	12.0
<u>Education</u>				
Secondary school teachers	2.0			
Primary/secondary school enrolment	2.0			
University enrolment	<u>0.5</u>	4.5		
Female/male differential literacy rate			1.5	6.0
<u>Employment</u>				
Self-employed	0.5			
Paid-employment	0.5			
Professionals	<u>0.5</u>	1.5		
Share of paid employment			3.0	4.5
<u>Social Equality</u>				
Economic equality	2.0			
Political and legal equality	3.5			
Equality in marriage and family	<u>2.0</u>	7.5		
Female/male societal equality			3.0	10.5
Women's status sub-total		29.5		
Gender gap sub-total			14.0	
Total Score (women's status plus gender gap)				43.5
Ranking of status of women in India (grade)				Very poor

Source: Country Rankings of the Status of Women, Poor, Powerless and Pregnant, 1988, Population Crisis Committee, Washington.

Table 1.24: Sex Ratio (Females per 1000 Males) Among Hindus and Muslims of India, 1901-81

Census Year	Hindus	Muslims
1901	971	939
1911	964	922
1921	957	912
1931	953	903
1941	944	903
1951	948	902
1961	942	935
1971	930	922
1981	933	937

Source: The data for 1901 to 1951 are taken from Visaria (1971) The Sex Ratio of the Population of India, Monograph No.10. Census of India 1961, Office of the Registrar General, New Delhi.

The data for 1961, 1971 and 1981 are taken from the respective census reports.

Table 1.25: Sex Ratio at Birth and for Surviving Children by Age of Ever Married Women for Hindus and Muslims in Rural and Urban Areas, India, 1981

Age of women	Sex ratio at birth				Sex ratio of surviving children			
	Rural		Urban		Rural		Urban	
	H	M	H	M	H	M	H	M
15-19	939	914	936	914	955	928	946	926
20-24	935	930	925	923	940	935	930	928
25-29	933	930	925	923	928	926	926	923
30-34	926	927	917	918	884	915	914	916
35-39	914	909	904	902	893	889	896	895
40-44	899	892	887	878	870	864	871	860
45-49	882	877	867	856	845	841	844	832
50 +	864	859	845	838	821	812	824	805
All Ages	896	893	885	881	871	869	875	869

Notes: Sex ratio is defined as the number of females (at birth or surviving) per 1000 males (at birth or surviving).
H - Hindus. M - Muslims.

Source: Computed from Registrar General (1988) Fertility Tables, Part VI A & B, Census of India 1981.

Notes and References

1. U.N., 1973, p. 94.
2. Census of India 1981, Series-1 India, Paper 3 of 1984, Household Population by Religion of Head of Household (pp. vii and viii).
3. Spear, P., 1966, p. 221.
4. Ibid.
5. Karlekar, H., 1988, "No Privacy in Palwal", Express Magazine, August 14, p. 2.
6. Population Headliners, No.158, May 1988, ESCAP, Thailand, p.1.
7. Birdsall, N., 1982, "Fertility and Development", International Encyclopaedia of Population, (ed.) John A. Ross, The Free Press, New York, p. 246.
8. McNicoll, G., 1984, p. 216.
9. Various 'rights of minorities' demanded are: "the statutory recognition of the minority to separate electorates in the provincial and central legislatures and in the local bodies, its effective representation in the services maintained by the government and the local bodies, its representation in the cabinet of the provincial and central government and its right to use its own language in the government departments, while in the local bodies a right to an equitable share in the grants-in-aid of educational and other institutions and finally its effective representation in the universities and in the secondary and primary and other types of schools maintained by the state." Khan, S.A., 1928, p.3.
10. It is calculated that Hindus (forming 82 per cent according to 1971 census) would become 50 per cent after about 285 years when the population of India would reach an astronomical figure of 40,000 crores which is unrealistic as these growth rates cannot be maintained over a long period. Ogale, S.L., 1976, p. 194.
11. Roland, B., 1988, p. 1122.
12. Ibid.
13. U.N., op.cit., p. 10.
14. India, here, includes present Indian Union, Pakistan and Bangladesh.

15. Dasgupta, A., 1972, p. 423.
16. Durand, J.D., 1977, p. 265.
17. Ibid., p. 266.
18. Ibid., p. 267; Dasgupta, A., op.cit., p. 430.
19. Dasgupta, A., op.cit., pp. 427, 428.
20. Davis, K., 1951, p. 26.
21. Dasgupta, A., op.cit., p. 435.
22. U.N., op.cit., p. 18.
23. Dasgupta, A., op.cit., p. 425.
24. The first total count of this area was carried out during 1867-1872, but it is assigned to the year 1872. A figure of 203 million was officially raised to 233 million to adjust for underenumeration and omission of area. Davis proposed that a population estimate of 255 million would be closer to the fact. Davis, K., op.cit., p. 27.
25. Thapar, R., 1966, p. 289.
26. Ibid., p. 259.
27. Ibid., p. 132.
28. Aiyar, R.P., 1987, The Law Lexicon, Wadhwa and Co., Nagpur, p. 521.
29. Gupta, S.V., 1981, Hindu Law, Vol.2, All India Reporters Ltd., p. 645.
30. Ibid., p. 645.
31. Thapar, R., op.cit., p. 172.
32. Mulla, D.F., 1926, Principles of Hindu Law, Fifth edition, N.M. Tripathi and Co., Bombay, p. 6.
33. Muslims believe that the religion of Islam dates back to Adam, the first prophet.
34. Islamic Voice, June 1989, Vol.3.6, No.30, Bangalore, p.11.
35. Mulla, 1968, Principles of Mohamedan Law, 16th edition, N.M. Tripathi Pvt. Ltd., Bombay, p. 17.
36. Ibid., p. 24.
37. Ibid., p. 25.

38. Mohammad Ali Jinnah, the leader of Muslim League, one of the persons responsible for Partition was a Khoja.
39. Mulla, 1968, p. 20.
40. Ibid., p. 23.
41. Thapar, R., op.cit., pp. 172, 301.
42. Spear, P., op.cit., p. 222.
43. Thapar, op.cit., p. 290; Spear, op.cit., p. 222.
44. Srikantan, K.S., 1989, p. 17.
45. Notestein, F.W., 1953, "Economic Problems of Population Change", Proceedings of the Eighth International Conference of Agricultural Economics, Oxford University Press, London, pp. 13-31.
46. Coale, A.J. and Watkins, S.C. (ed.) 1986, The Decline of Fertility in Europe, Princeton University Press, Princeton.
47. Watkins, S.C., 1986, pp. 430, 431.
48. Ibid., p. 448.
49. Ibid., pp. 445, 446.
50. Ibid., p. 449.
51. Religious group and community are used as interchangeable terms.
52. Visaria, (1974a), p. 1736.
53. Ibid., p. 1829.
54. Ibid.
55. Roland, B., op.cit., p. 1122.
56. Besides Muslims, Budhists show a high fertility. But it is not mentioned as a problem because Budhists and Hindus have a similar culture, most of the Budhists are converts from Hinduism and there has been no historical conflict between the two communities in recent centuries (excepting for the Dalits and Navaboudhas).
57. Balasubramanian, K., 1989, Table 7.

58. Day, L.H., 1984, "Minority Group Status and Fertility: A More Detailed Test of the Hypothesis", Sociological Quarterly, Vol. 25, No. 4, Autumn, pp.456-472.
59. Khan, R., 1978, "Minority Segments in Indian Polity: Muslim Situation and Plight of Urdu", Economic and Political Weekly, Bombay, Vol. XIII, No.35, September 2, p. 1515.
60. According to 1971 census, 28.8 per cent of Muslims lived in urban areas and 72.2 per cent lived in rural areas. In 1981, the corresponding percentages were 34.0 and 66.0.
61. Saxena, N.C., 1983, p. 120.
62. Ibid.
63. Sanghvi, V., 1984, "Coming to Terms with the Hindu Backlash", Imprint, July, p. 28.
64. Saxena, op.cit., p. 123.
65. Sherwani, A.R., 1978, pp. 32-34.
66. Ibid., p. 34.
67. Saxena, N.C., op.cit., p. 131.
68. Sherwani, op.cit., p. 33.
69. Baig, M.R.A., 1974, The Muslim Dilemma in India. Vikas, Delhi.
70. Because the scientific spirit and the pursuit of knowledge have been ignored in Muslim societies, they have become backward, decadent and increasingly illiterate. Ahmed, A.S., 1988, Discovering Islam: Making Sense of Muslim History and Society, Routledge and Kegan Paul.
71. Ahmad, I., 1981, pp. 1457-1465.
72. Ibid., p. 1459.
73. Ibid.
74. Zaidi, S.N.A., 1983, "Employment of Muslims in Public Services, A Case Study of Aligarh Muslim University", paper presented at the Aligarh Seminar organized by the Business and Employment Bureau, August 5-6.
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76. Ibid., p. 141.

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95. Sharma, K., 1989, Express Magazine, Bombay, January 15, p. 2.
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99. Dower in middle eastern countries is a substantial amount. In Bahrain, mehr varied between Rs.30,000 and Rs.45,000. Taher Ali, 1987, p. 8.
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CHAPTER II

HINDU-MUSLIM FERTILITY DIFFERENTIALS

2.1 Introduction

In this chapter we examine fertility differentials between Hindu and Muslim populations. In doing so, first we trace out, in brief, the advent of Muslims to this country. Next we review the literature with respect to the fertility differentials between the two religious groups.

2.2.1 Advent of Muslims in India

A handful of Muslims first appeared in India on the Malabar coast as Arab traders during seventh century A.D. They intermarried Malabari women and the descendants of these unions are known as Mopillas/^(Moplahs) or Malabari Muslims. Large scale conversions did not take place because of the seasonal and temporary nature of Arab trading activities. So primarily the Muslim population in this region grew from intermarriages.¹ In A.D. 711 Sind was invaded by the Arab governor Muhammad bin Qasim² but his influence did not extend beyond Sind due to the surrounding desert area. In 11th and 12th Centuries, Muslim impact assumed larger proportions in the form of Turkish invasions. Later under the aegis of the Delhi sultanate, Islamic dominion spread all over Northern India and by 1320, it had reached the far South.³ During the Mughal rule it expanded to the whole of India. It was during 13th Century,

after the capture of Delhi by Turks and Afghans, that the Muslim community in India became numerically well established.

The early Muslims in North India were Turkish, Persian and Arab adventurers accompanying the Muslim kings on their invasions of India. There were a few intermarriages between these foreigners and local women as the foreigners were almost entirely men. But their numbers were quite small and could not account for the whole body of Muslims. The majority of Muslims in India are, therefore, converts to Islam.

2.2.2 Ethnicity of Indian Muslims

The largest element within the Muslim community were converts to Islam.⁴ A trickle from Hindu upper classes converted to Islam out of conviction or to achieve economic and social advancement or political power. Followers of Hinduism and Buddhism belonging to lower castes switched over to Islam for the relative equality and better social status they got under Islam. Many of these conversions took place due to the preaching of Sufi saints that appealed to the hearts of the people with its emphasis on universal brotherhood, devotion and simplicity. Of course at times there were forceful conversions but, contrary to popular belief, these were isolated instances.⁵ Therefore the majority of Indian Muslims are ethnically Indian.

2.3.1 Hindu-Muslim Fertility Differentials Before 1881

In India, as we have already noted, the first Census was conducted in 1972 by the British and previous to that no

records regarding population exist and so data to determine demographic differentials are not available for the earlier period.

In any society population growth depends upon fertility, mortality and migration. Historically the growth of the Muslim population was affected by conversion too since it is a proselytizing religion. However, by 15th Century, historians point out that proselytization of Islam had ceased to exist all over the world. In India also there was not large-scale conversion after 15th Century. "On the Muslim side, the elan of Muslim proselytism had died away (by end of 15th Century)."⁶ Unlike those communities which invaded India before the Muslims, there was no large scale migration of Muslims from Afghanistan, and West Asia. The Mongol conquest of Central Asia blocked large migratory movements to India.

The natural increase rate is the difference between the birth rate and death rate of a population. There is no reason to believe that the birth rate and death rate differed significantly between Hindus and Muslims in the past. Both of them must have had equally high infant, child and adult mortality as modern medicines were unknown in those days and the cultural and nuptiality practices of the proselytes resembled those of the native population, to a large extent. As far as the birth rate is concerned, both Hindus and Muslims belonged to normative societies with little change over the historical period. The fertility norms and proximate variables in each community

determined its fertility levels and should account for the fertility differentials, if any, between the two communities.

(1) Marriage norms: Like many traditional societies, the Hindu and Muslim communities looked upon marriage as a sacrament to be observed. Among Hindus, "... marriage is a sacrament and no normal man or woman must die without receiving this sacrament. It is a custom among many communities that if a woman dies a spinster, a marriage ceremony is performed with the corpse and the woman is then cremated with the honours due to a married woman."⁷ "Marriage in Islam is ... a sacred duty incumbent upon every Muslim. The prophet discouraged Rahbaniyat (celibacy) among Muslims."⁸

(ii) Child marriages: Prepuberty marriages must have been unknown among Muslims whereas child marriages were common among Hindus. Girls and boys among Hindus were generally married off when they were children.⁹ But among both communities males and females got married early.

(iii) Divorce, separation and remarriage of widows: Among Hindus, in the Brahmin caste, divorce and remarriage of widows were not allowed. Upper caste Hindus used to imitate the Brahmins and did not allow divorce and widow remarriage. But among lower castes divorce and widow remarriage were more prevalent. "Remarriage of widows was permitted only among the economically handicapped or humbler castes; it was totally prohibited among the Brahmins ... The practice of divorce, like remarriage, was confined to lower castes."¹⁰ Among

Muslims, widow remarriage and divorce were allowed without any stigma attached to them. Koran says "Make your widows and your pious slaves, men and women marry."¹¹

(iv) Polygamy: The norm of polygamy was similar in both communities. It was not a question of religion but one of the economic condition of a man. Irrespective of religion, those men who could afford to maintain additional wives used to marry many wives. "Men could contract as many marriages as they chose. But it was the rich who practised it may be for economic considerations."¹²

(v) Family: In both communities, a large family size norm existed. Patriarchal, patrilineal and patrilocal and joint family structure favoured early and universal marriage. Large family size values prevailed in common in both communities.

(vi) Child-bearing: Both communities were pronatalistic and children were highly valued. Among Hindus "To die childless is to miss heaven. In the husband's home there is always the fear of the husband bringing another wife."¹³ "The prophet asked Muslims to marry and multiply."¹⁴ Further Koran says "Marry a woman who holds her husband dear and who is richly fruitful."¹⁵ Children are viewed as the richest blessings granted by Allah.

(vii) Son preference: The norm of son preference existed equally among both communities though for different reasons. Among Hindus, without a son Moksha could not be attained. Further "Only when a girl becomes the mother of a boy, does

she completely feel at home at her husband's house. It is considered a great shame for a man in old age to have to live with his son-in-law for lack of sons and other agnatic kin."¹⁶ Among Muslims, though there is no religious reason to beget a son, for economic and other reasons, son preference existed.¹⁷

(viii) Contraception: Among both the communities, no contraception might have been practised voluntarily as modern contraceptive knowledge did not exist in the olden days. Though among Hindus voluntary abstinence on religious days is supposed to have been practised, its effect on fertility might have been negligible so far as the differentials are concerned.

(a) Sexual abstinence: In the past among Hindus there might have been a higher degree of sexual abstinence as compared to Muslims. It is because Islam and Hinduism hold contrasting views on the place of sex in marriage. In Hinduism, stated concisely in the Smritis (the Law codes), elaborated in the Puranas modified by various kinds of religions, the thrust of the message on sex seems to be that there should be very little sex in marriage. It should be only for progeny, that too male progeny, and not for pleasures of flesh.

Hindu religion says that a husband should approach his wife in her season (Ritu), a period of 16 days within a menstrual cycle. Among these, first four, eleventh and thirteenth are forbidden. So only ten nights a month are left. It was believed that sons are conceived only on even nights while daughters are conceived on odd nights. This reduces the

available nights to five. On Parvas, moonless nights and full moon nights, sexual relations lead to 'hell of feces and urine' (Vishnu Purana) or to birth of atheist sons (Brahma Purana). In addition on festival days of gods and ancestors sex is forbidden. Therefore, the remaining five nights may not be safe sexually. During day, sex should not be performed. Thus there is a general disapproval of the sexual aspect of married life.¹⁸

Muslim religious doctrine holds that pleasures of the flesh, especially sexual intercourse, are god given virtues to be enjoyed and conjugal obligation to be fulfilled. While Islam "enforced dietary restrictions and restraints relating to art and music, there is a striking absence of the value that is placed on sexual ascetism in Christianity, in Budhism and in Hinduism."¹⁹ Among Muslims, sexual abstinence is practised only when the wife is menstruating and during fasting hours.

(b) Traditional methods of contraception: Among Muslims, coitus interruptus, a traditional method of contraception seems to have been known and practised. But the extent of practice cannot be known historically. "From its earliest days, even during the life time of the Prophet, Islam had made use of the early birth control practices, notably withdrawal (Az1), meaning that the husband and wife should separate during sexual relations to prevent pregnancy."²⁰ Az1 was used with women taken as prisoners during a war, slaves, wives not pleasing their husbands and nursing women.²¹

(ix) Abortion and breast feeding: Abortion was not allowed by either of the religions. Al Gazzali, the Muslim theologian, said "Abortion is a crime carried out against a being that is already an actual life."²² Breast feeding was common among Hindus and Muslims as they lived in a traditional society. Among Muslims, nursing of children receives great attention in Islamic health recommendations. The health recommendations forbid sexual intercourse between husband and wife during lactation in order to spare the child the harm of its mother's new pregnancy. The Koran asks women to nurse the children for two years. "Mothers who want to nurse their children perfectly do so for two years."²³

(x) Status of woman: In both communities, as we noted earlier, historically the status of woman was low. Lower class women had some amount of freedom as they had to go out and work for their livelihood. "Women belonging to peasant and artisan classes had still relative freedom which was due to economic necessity among both Muslims and Hindus."²⁴

All the norms discussed above favour high fertility. Thus both communities lived in a pretransitional demographic regime where high fertility and mortality prevailed. Therefore we can conjecture that there might have existed no appreciable fertility differentials between Hindus and Muslims in the past.

2.4 Fertility Models

At present various models are available to analyse the relationship between fertility and social structure. We

briefly summarize two models, those of Davis and Blake, and John Boongarts below:

2.4.1 Davis and Blake Model of Intermediate Variables

According to Davis and Blake, the process of reproduction involves three necessary steps, (i) intercourse, (ii) conception and (iii) gestation and parturition. Davis and Blake define intermediate variables as those "through which, and only through which, cultural conditions can affect fertility."²⁵ The schematic presentation of the model is given in Chart 2.1. Davis and Blake claim that the intermediate variables operate in all societies. The effect of intermediate variables on fertility is assessed next according to their values in pre-industrial societies (into which many developing countries including India and Muslim countries would fall).

2.4.1.1 Usually High Values

(i) Age of entry into union: In preindustrial societies, the age of entry into reproductive union is generally early. Early marriage represents the maximum possible hedge against the threat of failure in population replacement due to high infant and adult mortality. "The threat of mortality from societal standpoint, has reference not only to the potential offspring but also to the parents themselves. Early formation of union helps to guarantee that the young adults will achieve at least some reproduction before they die."²⁶ Thus there is an inverse relation between age at marriage and fertility. A patriarchal, patrilocal and patri-

Chart 2.1 : Intermediate Variables Affecting Fertility

I. Factors Affecting Exposure to Intercourse
(Intercourse Variables)

A. Those governing the formation and dissolution of unions
in the reproductive period

- i) Age of entry into sexual unions
- ii) Permanent celibacy: proportion of women never entering sexual unions
- iii) Amount of reproductive period spent after or between unions
 - a) When unions are broken by divorce, separation, or desertion
 - b) When unions are broken by death of husband

B. Those governing the exposure to intercourse within unions

- iv) Voluntary abstinence
- v) Involuntary abstinence (from impotence, illness, unavoidable but temporary separation)
- vi) Coital frequency (excluding periods of abstinence)

II. Factors Affecting Exposure to Conception
(Conception Variables)

- vii) Fecundity or infecundity, as affected by involuntary causes
- viii) Use or non-use of contraception
 - a) By mechanical and chemical means
 - b) By other means
- ix) Fecundity or infecundity as affected by voluntary causes (Sterilization, subincision, medical treatment, etc.)

III. Factors Affecting Gestation and Successful Parturition
(Gestation Variables)

- x) Foetal mortality from involuntary causes
 - xi) Foetal mortality from voluntary causes
-

lineal family organization ensures early marriage. Joint family system also helps early marriage. Daughters are attractive physically and sexually while they are young. The existence of bride price and dowry compel the parents to marry off their children early.

(ii) Extent of permanent celibacy: This variable refers to the proportion of women never married at the end of their reproductive period in a society. Higher this proportion, lower will be the fertility. It has a less significant effect on fertility than the age at marriage as rarely a population can be found where more than 20 per cent of the women complete the reproductive period without ever being married. They are exceptions. In Ireland, 26.3 per cent of its women aged 45-49, in 1946, were single. "An increase in non-marriage would not reduce fertility unless either coitus outside of wedlock were successfully banned or contraception and abortion were freely used. If the latter were readily available, they could be used within marriage and the consequent reduction in marital fertility would obviate the necessity of denying marriage to a substantial portion of the population."²⁷

In industrial societies late marriage/non-marriage is more frequent because of the necessity of lengthy training for skilled positions in an industrial society; lengthy trial and error process of courtship; the necessity of having independent economic means to support the married couple; avenues available to satisfy sexual urge outside wedlock; and the availability of a variety of contraceptives.

(viii.a) Contraception by chemical or mechanical means:

In many primitive and peasant cultures, chemical/mechanical contraception is known. Yet individuals do not use these means even when they want to limit fertility as there is absence of knowledge of reproductive physiology and lack of sufficient knowledge of chemistry. Further "The technology and economy of preindustrial societies have not been equal to the task of providing a chemico-mechanical contraceptive that would be at once cheap, satisfactory, effective and readily available."²⁸

(viii.b) Contraception without chemical or mechanical

means: Withdrawal, intercourse without penetration and various heterosexual 'perversions' have been historically known and practised in one form or another in nearly all societies. But they seem to have been used outside wedlock rather than within wedlock because "any society with high mortality must in general motivate its members to view legitimate reproduction favourably;"²⁹ the total care of the child excluding financial, is the duty of the mother alone and so the male is not interested in inconveniencing himself in sexual life; and the social segregation of sexes is carried so far that communication between them becomes difficult.

(ix) Voluntary control over fecundity: In preindustrial societies voluntary control over fecundity is not possible unless sterilization is enforced on a large scale. This variable has a direct effect on fertility. In industrial societies, the fecundity may be more, as usually sterilization is not

acceptable and, at the same time, effective medical treatment of sterile couples to restore fecundity is available.

2.4.1.2 Low Value Intermedicate Variables

(iv) Voluntary abstinence within unions: Postpartum, occasional, gestational and menstrual are the different types of voluntary abstinence. Postpartum abstinence is common to all societies. Its effect on fertility depends on the time involved. Only when the period of abstinence extends to two months or more that a loss of fertility can be assumed. Long postpartum taboos on intercourse help to space out children though the taboo is not observed for this reason but for the fear that the breaking of the taboo would lead to a magical danger to the child or the parents. In India such abstinence is practised among some castes of Hindus owing to the custom of the wife returning to her parents' home for delivery of her first two or three children and staying there until the child is six months old or so.

Occasional abstinence is observed on religious holidays and special ceremonies, tabooed days of the week and important festivals, etc. Only when religious abstinence is observed regularly and on a significant number of days in a year, it would depress fertility. For example, in South India, in the past among some Brahmin communities, on Fridays alone, they were allowed to approach their wives.³⁰ Gestational abstinence has no effect on fertility. In many communities there is universal prohibition of coitus during menstruation period.

Menstrual abstinence only enhances fertility by concentrating coitus around those days when ovulation takes place.

2.4.1.3 High or Low Value Intermediate Variables

(iii.a) Time between unstable unions: "Any negative effect on fertility from this variable is a function of both the rate of dissolution of unions and the time lost between them. If unions are stable or if they are unstable but no time is lost between them, fertility will not be affected adversely."³¹ In preindustrial societies generally the marital unions have a low rate of dissolution and in such exceptions where divorce is allowed, remarriage takes place early. Thus very little time is lost so far as fertility is concerned.

(iii.b) Postwidowhood celibacy: In many preindustrial and transitional societies, the prevalence of widowhood is high due to high mortality. Such widows may remarry one of their kinsmen. In some societies in India, a distinct prejudice exists against the remarriage of widows, especially among Brahmins. In such cases, prohibition of widow remarriage has a depressing effect on fertility.

(xi) Voluntary control over foetal mortality: In pre-modern societies there are few means to reduce foetal mortality though there are readily available means to increase such mortality by abortion. In some societies abortion is forbidden and very little is practised. For example abortion is prohibited in Islam. There the effect on fertility is positive whereas in societies where this practice is considerable, it has a reducing effect.

2.4.1.4 Indeterminate Value Intermediate Variables

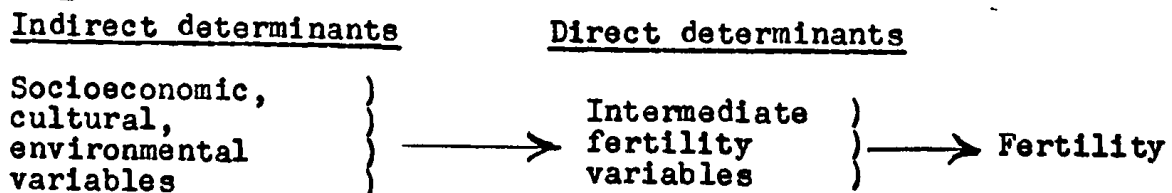
(v) Involuntary abstinence: Because of higher morbidity, involuntary abstinence will have a more depressing effect on fertility in preindustrial and transitional societies than in post-industrial societies. Migration would lead to involuntary separation and abstinence.

(vi) Frequency of intercourse: Frequency of intercourse may be higher in underdeveloped societies than in industrial societies as a larger proportion of the population lives at subsistence level and do not have alternative sources of recreation.

(vii) Involuntary sterility: This variable has an indeterminate value on fertility since the percentage primarily sterile is generally low.

2.4.2 Boongarts Model

Boongarts model is an improvement over Davis and Blake model "as it presents a simple but comprehensive model for analysing the relationship between intermediate fertility variables and the level of fertility."³² Also it "includes only a small number of conceptually distinct and quantitatively important intermediate fertility variables."³³ Boongarts summarizes the relationship among the determinants of fertility by the following diagram.³⁴



This model collapses the set of eleven intermediate fertility variables proposed by Davis and Blake into eight factors grouped in three broad categories to facilitate quantification.³⁵

According to Boongarts, the more important exposure factors are (i) proportion married, (ii) contraception, (iii) induced abortion, (iv) lactational infecundability, (v) frequency of intercourse, (vi) sterility, (vii) spontaneous intrauterine mortality and (viii) duration of fertile period. Boongarts has constructed a set of indices to measure the influence of the intermediate variables on fertility. In terms of the indices he has given, it becomes easy to calculate fertility measures such as total fertility rate (TFR), total marital fertility rate (TMFR), total natural marital fertility rate (TNM) and total fecundity rate (TF) (vide Glossary).³⁶ From household survey or census data, the indices and fertility measures can be calculated. Also he has applied his model to different countries.

Boongarts model is more easily applicable to developing countries as it deals with a small number of conceptually distinct but quantitatively important intermediate fertility variables and is widely used in comparable fertility studies. In Chapters III and IV, the Hindu-Muslim fertility differentials are analysed by examining some of the intermediate variables mentioned by Boongarts.

2.5 Hindu-Muslim Fertility Differentials During Pre-Independence Period 1891-1941

2.5.1 Differential in Population Growth

During the period 1891-1941, the percentage of Hindus in the total population declined from 75 to 70 and that of Muslims increased from 20 to 24 (Table 1.2). The differential in population growth of the two communities is to be explained mainly by means of fertility differentials as neither mortality nor migration were significantly different for the two religious groups.

2.5.2 Differential in Fertility

Excluding the 1941 Census, in none of the earlier censuses, information on fertility was collected. In 1941 Census, questions on fertility were included but the tabulation was done only for a few States due to the exigencies of the Second World War. Kingsley Davis studied the fertility differentials between Hindus and Muslims for the period 1891-1941, based on census data, using the child woman ratio - defined as the number of children under five years of age per 1000 women aged 15 to 39 - separately for all women and currently married women, as an index of fertility.³⁷ The shortcomings of this ratio are that it is affected by misreporting of ages of children and women, differential infant and child mortality between the groups compared, underenumeration and age misreporting errors in the census. Yet it can be used where better measures of fertility cannot be computed.

The calculations done by Davis, given in Table 2.1,

provide child woman ratios for Hindus and Muslims for the period 1891-1941. They reveal that Muslims had higher fertility than Hindus in every decade. The ratios for all women were higher for Muslims than for Hindus by at least 12 per cent in each of the five decades, 1891-1901 to 1931-41. If ratios based only on married women are considered, Muslim women were found to be more fertile than married Hindu women by at least nine per cent assuming the same level of infant and child mortality for both groups. The measure used by Davis cannot be considered as an exclusive measure of fertility change. Davis attributed the higher child-woman ratio of Muslims compared to Hindus, to higher widow remarriage, higher marital fertility and a slightly lower infant mortality among Muslims.

2.6 Hindu-Muslim Fertility Differentials in the Post-Independence Period, 1951-81

2.6.1 Differential in Population Growth

During the period 1951-1981, in total population the percentage of Hindus declined from 84.9 to 82.6 whereas that of Muslims increased from 9.9 to 11.4 (Table 1.2). The differential growth rate of the population of Hindus and Muslims is to be explained in terms of fertility, mortality and migration. In modern India, international migration is not important except for border areas like that of Assam State. Inter-State migration within India may be slightly more important. Inter-district migration may be much more important. Since this discussion is for the country as a whole, differential growth is to be explained mainly in terms of differentials in mortality and fertility.

2.6.2 Differentials in Mortality

The census data do not provide enough information on mortality differentials by religion as they do not give the age distribution of the various religious groups. Yet some information is available from demographic sample surveys carried out in different parts of India. Some sample surveys on fertility such as Driver's study conducted in Nagpur in 1958,³⁸ Rele and Kanitkar's study in Greater Bombay conducted in 1966,³⁹ I.Z. Husain's study in 1966-67 of Lucknow,⁴⁰ and Saxena's study conducted in 1970 in the same city⁴¹ have revealed that there were differentials in child mortality between Hindus and Muslims but these differences are not consistently in the same direction.

The Registrar General of India carried out a sample survey on infant and child mortality at national level in 1979. The findings were that in rural areas Muslims exhibited a lower infant mortality compared to Hindus while in urban areas the infant mortality differential tended to be small. In case of child mortality, Muslims experienced a higher mortality in both rural and urban areas. In urban areas it was much more significant (Hindus: 94, Muslims: 123).⁴² The percentage of children dead to children ever born by age of ever married women for Hindus and Muslims according to the 1981 Census for both urban and rural areas, is given in Table 2.2. In rural areas this percentage is lower for Muslims at different age groups including all ages whereas the reverse is true in urban areas, thus supporting an earlier finding of the Registrar General (1979).

A survey conducted by Srikantan and Bhate in 1980 in Maharashtra on fertility and mortality found that in rural areas the crude death rate (CDR) of Advanced Caste Hindus (8.5) was same as that of Muslims (8.4) whereas in urban areas the mortality differential tended to be small.⁴³ Based on the above evidence, we can conclude that the mortality differentials are not so great as to account for Hindu-Muslim differences in the growth rate. Thus we find that the ultimate explanation for differential growth rate of Muslims and Hindus lies mainly in their differential fertility.

2.6.3 Differential in Fertility

2.6.3.1 Evidence from Census Data

Only from 1971 onwards we have started collecting information on fertility in our censuses. In the 1971 Census, two questions were asked to each currently married woman: (i) age at marriage of the woman and (ii) whether she had a birth during the period of 12 months preceding the date of enumeration. The fertility tables of 1971 Census are based on a 10 per cent rural and 20 per cent urban sample. These tables enable us to know about fertility differentials by religion at state and national levels. Due allowance should be made for under-enumeration of births in the census. However, the Hindu-Muslim differentials can be compared on the assumption that the under-enumeration in both the communities is of the same order.

Total marital fertility rates (TMFR) for Hindus and

Muslims for India and selected major States of India are given in Table 2.3. It is seen that TMFRs for Muslims are higher than for Hindus in both rural and urban areas. For the country as a whole, Muslims have higher fertility than Hindus by 11 per cent in rural areas and 20 per cent in urban areas. This pattern is consistently observed for all major States except Jammu and Kashmir and rural areas of West Bengal. Further, Muslim fertility is higher in urban areas than in rural areas in all States except Assam, Bihar and Tamil Nadu where it is nearly the same. TMFRs of Muslims in urban areas exceed that for Hindus by over 18 per cent in Andhra Pradesh, Gujarat, Karnataka, Maharashtra, Rajasthan, Uttar Pradesh and West Bengal. Here Muslims are well represented in urban areas as the Muslim population in urban areas ranges from 11 per cent in West Bengal to about 30 per cent in Uttar Pradesh according to 1971 Census.

From the 1971 Census tabulations, it is possible to examine the Hindu-Muslim fertility differentials by the educational attainment of women. Since female literacy is generally low, we can examine the Hindu-Muslim fertility differential only by the literacy level of women. TMFRs of Muslim and Hindu women according to literacy level, are given in Table 2.4. TMFRs are higher for Muslims than for Hindus for both illiterates and literates. Among illiterates only in Jammu and Kashmir, and in rural areas of West Bengal, Muslims have TMFR lower than for Hindus. In the literate group, the Hindu-

Muslim TMFR differential is larger than for the illiterate group. This pattern is observed among urban areas of all major States of India. It is also generally observed in rural areas of all States excepting Assam, Karnataka, Madhya Pradesh and Maharashtra. Thus we can conclude that even when education is controlled, Muslims exhibit higher fertility than Hindus.

Fertility tables prepared by the Registrar General from the Census of India 1981 (Table 2.5) give us the average number of children ever born to ever married women by age for Hindus and Muslims for rural as well as urban areas. A perusal of the table shows that in different age groups as well as for all ages, this average is higher for Muslims compared to Hindus in both urban and rural areas. The same source gives us information on the average number of children living to ever married women by age for Muslims and Hindus both in rural and urban areas. The data given in Table 2.6 confirm the conclusions of Table 2.5. When standardized for age, the difference between Hindus and Muslims, in urban and rural areas, for the variables average number of children ever born and average number of children living, increases.

In Table 2.7, proportion of childless ever married women aged 50 and above for Hindus and Muslims of India, based on 1981 Census data, is given. For India, this proportion is higher for Hindus by 19 per cent. In urban areas the proportion is about the same for both religions, but in rural areas it is higher for Hindus by 33 per cent.

The Registrar General has given current fertility measures for Hindus and Muslims based on five per cent sample data, 1981 Census (Table 2.8). The fertility is higher for Muslims than Hindus in both rural and urban areas. A comparative picture of GMFR and TMR for rural and urban areas between Hindus and Muslims for the years 1971 and 1981 at all India level, is presented in Table 2.9. We observe that during the decade 1971-81 fertility had declined for both communities but the percentage decline is slightly greater for Hindus than for Muslims in both urban and rural areas. The decline in GMFR in urban areas is slightly greater for both communities whereas the decline in TMR is slightly greater in rural areas for both communities.

The data on births during last one year, though extremely useful in giving age pattern of fertility as also fertility differentials between different groups, has often been found to be under-reported. During the last decade, a number of methods of estimation of fertility have been developed by combining the number of children ever born and births during last one year. One of these methods is known as the P/F ratio method where P stands for the average parity of the women (by age group) and F stands for the average parity equivalent obtained from period fertility rates by cumulation and interpolation. The method was originally developed by William Brass. However, this method of adjustment is valid only if the fertility rate has been stable in the recent past.

This type of analysis, undertaken by Registrar General, India, 1988, provides adjusted estimates of fertility. The adjusted fertility measures for Hindus and Muslims are given in Table 2.10. For Hindus, the adjusted fertility rates are 33 per cent higher than the unadjusted rates. For Muslims, adjusted rates are 43 per cent higher than the unadjusted rates. Before adjustment the Muslim fertility is 13 per cent higher than Hindu fertility. After adjustment, the differential increased to 21 per cent. In either case, the fertility of Muslims appears to be higher than for Hindus.

2.6.3.2 Evidence from Sample Registration System (SRS)

The Sample Registration System (SRS) of India has carried out two surveys on fertility. The first survey was carried out in 1972 covering a sample of 2.3 lakh ever married women from the states and union territories of India. From this survey, the data on fertility by religion is available at national level only. The results of the 1972 SRS survey are summarized in Table 2.11. The mean number of children ever born to ever married women does not differ much between Hindus and Muslims both in urban and rural India. But age standardized GFR, TFR and TMFR reveal that Muslims have a higher fertility.

The second survey by SRS was carried out in 1979 and published in the report on the Survey of Infant and Child Mortality. Data on fertility were also collected. Selected fertility measures by religion based on 1979 survey of SRS

(Table 2.12) show that Muslim fertility was higher than Hindu fertility both in rural and urban areas. The Muslim TFR exceeds that for Hindus by 12 per cent and 24 per cent in rural and urban areas respectively. Fertility measures for major States of India, based on the data from the above survey, are given in Table 2.13. Muslims have a higher fertility (in terms of TFR, TMFR) than Hindus in all States except for rural areas of Jammu and Kashmir and Gujarat.

The order of live births is an important indicator of current fertility. If most of the live births are of a lower order, it implies that the fertility is lower. The Registrar General, India, conducted a fertility and mortality survey in SRS units along with the half-yearly survey for the period January-June 1984. About 0.93 million schedules were canvassed covering about 2.63 million female population of which about 1.37 million were ever married women and about 1.15 million were currently married women. Information on religious affiliation and the order of live births was obtained in the survey.

The percentage distribution of live births for Hindus and Muslims by the order of live births and by the place of residence, 1984, is given in Table 2.14. The percentage of fourth and higher order live births for India are higher for Muslims by 10 percentage points than for Hindus. For rural areas the corresponding percentage for Muslims exceeds the percentage for Hindus by about 8 percentage points while in urban areas the excess for Muslims is 17.5 percentage points.

This implies that the fertility is generally higher for Muslims than for Hindus.

The percentage of fourth and higher order live births to total live births by State for Hindu/Muslim is given in Table 2.15. Percentage of fourth and higher order births to total live births of Muslims as a ratio to the corresponding percentage for Hindus, is given in the last column of this table. This ratio shows that the percentage of fourth and higher order births are higher for Muslims in all States except in Himachal Pradesh (0.53) and Punjab (0.82). The last two figures need to be examined for reliability. For Muslims, in States where the family planning has not made much progress, the Hindu-Muslim differential in the percentage of fourth and higher order live births is less compared to the States where family planning has made some progress. This suggests that Hindu-Muslim fertility differential arises from the greater acceptance of family planning by Hindus, which is discussed further in Chapter IV.

2.6.3.3 Evidence from Local Surveys

A number of demographic sample surveys have been carried out in different parts of India. These have included religion as one of the variables to study fertility differentials. The Mysore Population Study, conducted in 1951-52 and covering a sample of about 11,000 households, found that among ever married women above the age of 45, the mean number of children ever born to Muslim women was 5.7 in Bangalore city, 6.7 in

towns and 5.0 in rural areas, whereas for Hindu women the corresponding figures were 5.4, 5.2 and 4.8. Thus Hindu-Muslim fertility differential was small in Bangalore city and rural areas but larger in other towns. The higher prevalence of widowhood contributed to lower fertility in rural compared to urban areas. At all ages, Muslim fertility was higher than Hindu fertility.⁴⁴

Dandekar and Dandekar (1953), in their Survey of Fertility and Mortality in Poona District, found that the observed fertility rates in Poona City were slightly higher for Hindus than for Muslims but in non-city areas, religion had no bearing on fertility.⁴⁵ Driver's study conducted in Nagpur in 1958 revealed that the average numbers of children born to Hindu and Muslim couples, standardized for age distribution, were 4.5 and 4.6. Thus there was almost no fertility differential between the two communities. But the number of Muslim women in the sample was much smaller (97) than for Hindu women (1,923).⁴⁶ Moreover, these studies were undertaken before any significant fertility decline had occurred in India.

El-Badry's study based on a sample of 50 per cent of total births registered in 1960 in Bombay, using data on the order of birth found that Muslim women had a significantly higher average parity than Hindu women. The age specific parities too indicated the same.⁴⁷ The 16th, 18th and 19th rounds of NSS conducted during 1960-65 indicate that in

general Muslim fertility was higher than Hindu fertility by five to 15 per cent.⁴⁸ Rele and Kanitkar analysed differentials in marital fertility from the data collected in 1966 on 7,872 currently married women in Greater Bombay. The average number of children ever born to women, standardized for age, was 3.5 and 3.1 for Muslims and Hindus respectively. This study showed a negative correlation between educational attainment and fertility irrespective of religion. When controlled for education and age, fertility differentials narrowed down but still Muslim fertility exceeded Hindu fertility.⁴⁹

I.Z. Husain-conducted a study in 1966-67 in Lucknow city to estimate current fertility levels and differentials and found that Hindus had higher fertility than Muslims. The general fertility rate (GFR) was estimated to be 148 and 178 for Muslims and Hindus respectively and was higher for Hindus by 16 per cent than for Muslims. Larger incidence of foetal wastage among Muslims was considered to be one of the factors responsible for lower fertility among Muslims.⁵⁰ In the same city Saksena conducted a survey on differential urban fertility in 1970 and found that Muslim fertility was higher than Hindu fertility. The general marital fertility rate (GMFR) of Muslims was estimated to be 230 which exceeded that of lower caste Hindus (200).⁵¹

Using the data from the Delhi Fertility Survey carried out in 1969-70, Goyal analysed the relationship between

religion and fertility. His study revealed that average number of live births for women of all ages, standardized for effective marriage duration, was 4.7 for Muslims and 3.7 for Hindus. Further, he found a negative association between education and fertility irrespective of religion.⁵² Bhattacharya and Tripathi conducted a benchmark survey in Lucknow in 1974 based on the maternity history of 868 women who were married only once and had an uninterrupted married life. The average number of children ever born per woman for all ages was found to be 3.7 for Muslims and 3.4 for "other Hindus". Muslim fertility was found to be slightly higher.⁵³

K.K. Sidh published in 1974, the results of a survey conducted in the city of Jaipur. His findings were that the average number of living children was 3.5 per wife of respondent. Leaving aside those women who did not have children, the average for a couple was a little higher (4.2). This average was greater for Hindu wives (4.4) than for Muslim wives (4.1).⁵⁴ Thus the fertility differential was not significantly different between Hindus and Muslims without controlling for the other proximate determinants. The Bangalore Population Study was carried out in 1975 on a sample of 5,200 households from five districts in Karnataka State. It showed that among ever married women below 50 years of age, the mean number of children ever born was 4.3 and 3.4 in Bangalore city, 4.6 and 3.5 in towns and 5.1 and 3.8 in rural areas for Muslims and Hindus respectively. Here the

differential was significant. However, the averages were not standardized.⁵⁵

Ghosal conducted a study in five villages near Calcutta to estimate the Hindu-Muslim fertility differentials with a sample of 1,018 Hindu and 518 Muslim currently married women during August-November 1976. He found that Muslim fertility was higher than for Hindus. The measure of fertility used was average number of children and was estimated to be 2.6 for Hindus and 3.3 for Muslims.⁵⁶ In a survey in Bhiwandi-Nizampur area (near Bombay) conducted by H.C. Srivatsava in 1976 a sample of 994 currently married Hindu and Muslim women was covered. Both current and cohort fertility of Muslims was found to be higher than for Hindus. Crude birth rate (CBR) was estimated to be 27.8 and 35.2 for Hindus and Muslims respectively. When standardized for age, the differential widened — 24.0 for Hindus and 39.3 for Muslims. The measures of fertility, TMR, GMFR, standardized GMFR, were all higher for Muslims than for Hindus. The mean number of children ever born per woman was found to be 3.0 and 3.9 for Hindus and Muslims respectively. When the mean was standardized, the differential was slightly less (3.1 for Hindus and 3.8 for Muslims).⁵⁷

A survey was conducted by Srikantan and Bhate in the State of Maharashtra in 1980 with a sample of about 7,600 families. They found that Muslims had the highest crude birth rate (34.1) which was closer to that of Scheduled Caste and

Scheduled Tribe Hindus (31.4) but considerably above the crude birth rate for Caste Hindus. Advanced Caste Hindus and Intermediate Caste Hindus had CBRs of 26.1 and 28.6.⁵⁸ In a study conducted in Cannanore district of Kerala, 1987, TFR was found to be 2.0 for Hindus and 3.3 for Muslims. TFR for Muslims was higher in both urban and rural areas than for Hindus. When fertility within marriage was considered, it was found to be about the same for both communities (4.6). Thus factors other than marital fertility seem to account for Hindu-Muslim fertility differential in this area.⁵⁹

A review of available evidence on Hindu-Muslim fertility differentials reveals that these differentials were weak before Independence or even upto late 1960s as the Indian fertility remained at a stable but high level. Increasing Hindu-Muslim fertility differential is a contemporary phenomenon and has arisen only on the onset of fertility decline in India among some groups.

2.7 Summary and Conclusions

In this chapter we have indicated that the majority of Indian Muslims are descendants of converts to Islam and their ethnicity is Indian. Historically we have examined the fertility differentials between Hindus and Muslims. There is no data on Indian fertility before 1872. Both Hindu and Muslim societies were normative and so we have considered the norms regarding marriage, divorce, marital institutions, family, child bearing, son preference, contraception and the status of

woman and reached the conclusion that historically there might have existed no fertility differentials between these communities. We have presented two models of fertility, due to Davis and Blake (1956) and Boongarts (1974) which describe the proximate determinants of fertility.

From 1872, censuses in India have been regularly conducted in every decade. In the pre-Independence period, excepting the 1941 census, in none of the other censuses, information on fertility was collected. Kingsley Davis' study on Hindu-Muslim fertility differentials for the period 1891-1941, using the child-woman ratio, revealed that the Muslim fertility was 9 to 12 per cent higher than Hindu fertility. In the post-Independence period, only from 1971, we have started collecting information on fertility. From fertility data available from the censuses of 1971 and 1981, we have observed that Muslims show higher fertility than Hindus. In 1971, Muslim fertility exceeded Hindu fertility by 11 per cent in rural areas and by 20 per cent in urban areas. Also in most of the States, Muslim fertility was higher than Hindu fertility. When education was controlled for, Muslims exhibited higher fertility than Hindus. For all ages, the average number of children ever born to ever married women, computed from 1981 Census data, was higher for Muslims by 7 per cent in rural areas and by 16 per cent in urban areas. The average number of living children to ever married women for Muslims was higher by 10 per cent in rural areas and by 16 per

cent in urban areas. The differentials were higher, when standardized for age, by 10 per cent and 13 per cent in rural areas and 17 and 18 per cent in urban areas for average number of children ever born and average number of children surviving respectively. Other measures of fertility, TFR, TMFR, GFR, GMFR, based on 1981 Census data, were also higher for Muslims by about 13 per cent. Using P/F ratio method, the fertility differential increased to 21 per cent. A comparison of TMFR of 1981 with 1971 shows that fertility has declined for both communities. In rural areas the decline in TMFR is similar whereas in urban areas the decline for Hindus is slightly higher.

The fertility surveys conducted by the Registrar General in 1972, 1979 and 1984 have found significant Hindu-Muslim fertility differentials. According to 1972 survey, Muslim TMFR was higher by 12 per cent in rural areas and by 17 per cent in urban areas compared to Hindus. The 1979 survey found that the Muslim fertility in terms of TMFR was higher by 11 per cent in rural areas and by 27 per cent in urban areas. According to 1984 survey the fourth and higher order births of Muslims was higher by 10 percentage points at all-India level. In rural areas, it was higher by 8 percentage points and in urban areas by 17.5 percentage points.

A number of surveys were conducted in different parts of the country from 1950 onwards. Religion was one of the variables considered. A review of these survey results reveals

that the religious differentials in fertility were not strong upto 1960s. We may conclude that Hindu-Muslim fertility differentials were weak before Independence or even upto late 1960s as the Indian fertility remained at a stable but high level. Increasing Hindu-Muslim fertility differential is a contemporary phenomenon and has arisen only on the onset of fertility decline in India and that the Hindus may have entered the demographic transition much earlier than the Muslims. In the subsequent chapters, we shall analyse the salient variables that contribute towards the contemporary Hindu-Muslim fertility differential.

Table 2.1 : Child Woman Ratios for Hindus and Muslims, India, 1891-1941

Census year	Children 0-4 per 1000 women 15-39		Children 0-4 per 1000 married women 15-39		Muslim ratio as percentage of Hindu ratio	
	Hindus	Muslims	Hindus	Muslims	All women	Married women
1891	723	826	936	1017	114	109
1901	626	748	769	884	119	115
1911	669	768	799	894	115	112
1921	626	715	765	842	114	110
1931	739	827	885	965	112	109
1941	670	751	804	874	112	109

Source : Davis, K., 1951, p. 193.

Table 2.2 : Percentage of Children Dead to Children Ever Born for Ever Married Women by Age, by Religion, India, 1981 Census: Rural and Urban Areas

Age group	Rural		Urban	
	Hindu	Muslim	Hindu	Muslim
15-19	13.5	11.1	6.8	7.3
20-24	13.7	11.3	7.0	7.2
25-29	14.7	13.3	8.1	8.5
30-34	18.1	15.0	9.7	9.9
35-39	18.7	16.6	11.5	11.6
40-44	20.8	18.9	13.5	14.0
45-49	22.4	20.8	15.4	15.9
50 and over	26.9	26.0	21.2	22.3
All Ages(15 and above)	21.2	19.5	14.5	15.2

Source: Computed from Registrar General, 1988, Fertility Tables, Part-IV A & B, Census of India 1981.

Table 2.3 : Total Marital Fertility Rates for Hindus and Muslims for India and in Selected Major States, 1971 Census

India/State	Rural/ Urban	Total Marital Fertility		Muslim rate as percentage of Hindu rate
		Hindus	Muslims	
India	R	5.63	6.26	111
	U	4.70	5.63	120
Andhra Pradesh	R	5.39	6.42	119
	U	4.67	5.73	123
Assam	R	7.14	7.95	111
	U	5.70	6.33	111
Bihar	R	4.51	5.01	111
	U	4.30	4.79	111
Gujarat	R	5.99	6.68	112
	U	4.90	5.78	118
Jammu and Kashmir	R	6.38	5.79	91
	U	5.08	4.97	98
Karnataka	R	5.65	6.73	119
	U	4.81	5.85	122
Kerala	R	5.69	6.17	108
	U	5.51	6.13	111
Maharashtra	R	5.87	6.73	115
	U	4.83	5.88	122
Rajasthan	R	6.22	6.40	103
	U	5.03	5.92	118
Tamil Nadu	R	4.72	5.32	113
	U	4.67	5.15	110
Uttar Pradesh	R	5.12	5.93	116
	U	4.74	5.86	124
West Bengal	R	6.84	6.60	96
	U	3.85	4.53	118

Source: Registrar General, 1978, Social and Cultural Tables, 1971 Census of India, Part-II-C(iii), Vol. 1, Ministry of Home Affairs, New Delhi.

Table 2.4 : Total Marital Fertility Rates for Hindus and Muslims by Literacy for Major States of India, 1971 Census

State/ India	Rural/ Urban	Total Marital Fertility Rate (TMFR)					
		Illiterate			Literate		
		Hindu	Muslim	Ratio of Muslim rate to Hindu rate	Hindu	Muslim	Ratio of Muslim rate to Hindu rate
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
India	R	5.59	6.18	1.11	5.72	6.83	1.19
	U	4.78	5.57	1.17	4.54	5.68	1.25
Andhra Pradesh	R	5.45	6.43	1.18	4.97	6.50	1.31
	U	4.62	5.59	1.21	4.64	5.94	1.28
Assam	R	7.04	8.00	1.14	7.26	7.14	0.98
	U	5.54	6.27	1.13	5.77	8.00	1.39
Bihar	R	4.47	4.94	1.11	4.74	5.68	1.20
	U	4.22	4.55	1.08	4.36	5.25	1.20
Gujarat	R	6.17	6.68	1.08	4.94	6.57	1.33
	U	5.43	6.01	1.11	4.26	5.30	1.24
Jammu and Kashmir	R	6.38	5.78	0.91	5.97	6.25	1.05
	U	5.37	4.94	0.92	4.68	4.83	1.03
Karnataka	R	5.54	6.83	1.23	6.04	6.46	1.07
	U	4.84	5.68	1.17	4.72	6.11	1.29
Kerala	R	5.62	6.10	1.09	5.74	6.32	1.10
	U	5.67	6.15	1.08	5.44	6.08	1.12
Madhya Pradesh	R	5.00	6.66	1.33	6.16	6.69	1.09
	U	5.00	5.99	1.20	4.69	5.82	1.24
Maharashtra	R	5.81	6.85	1.18	5.98	6.26	1.05
	U	4.88	5.88	1.20	4.66	5.80	1.24
Rajasthan	R	6.21	6.41	1.03	5.73	6.16	1.08
	U	5.27	5.91	1.12	4.55	5.98	1.31
Tamil Nadu	R	4.63	5.12	1.11	5.13	5.61	1.09
	U	4.51	4.99	1.11	4.79	5.31	1.11
Uttar Pradesh	R	5.11	5.93	1.16	4.81	6.06	1.26
	U	4.95	5.88	1.19	4.35	5.72	1.31
West Bengal	R	6.72	6.48	0.96	7.62	7.94	1.04
	U	3.89	4.50	1.16	3.82	4.58	1.20

Source : Same as for Table 2.3.

Table 2.5 : Average Number of Children Ever Born to Ever Married Women by Age and Religion for Rural and Urban Areas, India, 1981 Census

Age Group	Rural		Urban	
	Hindus	Muslims	Hindus	Muslims
15-19	0.37	0.45	0.44	0.55
20-24	1.31	1.41	1.29	1.52
25-29	2.51	2.71	2.34	2.82
30-34	3.53	3.87	3.20	3.94
35-39	4.33	4.87	3.90	4.84
40-44	4.77	5.35	4.29	5.22
45-49	5.04	5.63	4.61	5.48
50 and over	4.76	5.16	4.44	4.93
All Ages (15 and above)	3.44	3.68	3.18	3.69
Standardized for age*	3.44	3.79	3.18	3.76

Note: *The age-standardized averages were obtained by taking the age distribution of ever married women for all-India as the standard.

Source: Same as for Table 2.2.

Table 2.6: Average Number of Children Living to Ever Married Women by Age and Religion for Rural and Urban Areas, India, 1981 Census

Age Group	Rural		Urban	
	Hindus	Muslims	Hindus	Muslims
15-19	0.32	0.40	0.41	0.51
20-24	1.13	1.25	1.20	1.41
25-29	2.14	2.35	2.15	2.58
30-34	2.89	3.29	2.89	3.55
35-39	3.52	4.06	3.45	4.28
40-44	3.78	4.34	3.71	4.49
45-49	3.91	4.46	3.90	4.61
50 and over	3.48	3.82	3.51	3.83
All Ages (15 and above)	2.71	2.97	2.73	3.16
Standardized for age*	2.71	3.05	2.72	3.19

Note: *The age-standardized averages were obtained by taking the age distribution of ever married women for all-India as the standard.

Source: Same as for Table 2.2.

Table 2.7 : Proportion of Childless Ever Married Women Aged 50 and Above by Hindu and Muslim, All India, 1981

	Hindus	Muslims	All women
Total	5.66	4.76	5.49
Rural	5.53	4.17	5.35
Urban	6.20	6.07	6.08

Source : Registrar General, 1988, Fertility in India : An Analysis of 1981 Census Data, Occasional Paper No.13 of 1988, Census of India 1981, p. 55.

Table 2.8 : Current Fertility Measures for Hindus and Muslims, 1981 Census

Fertility Measure		Hindus	Muslims
<u>Rural</u>	GFR	118	136
	GMFR	141	163
	TFR	3.8	4.4
	TMFR	4.4	5.1
<u>Urban</u>	GFR	89	109
	GMFR	119	145
	TFR	2.7	3.5
	TMFR	3.6	4.5
<u>Total</u>	GFR	113	126
	GMFR	137	157
	TFR	3.6	4.1
	TMFR	4.2	4.9

Notes : GFR - General Fertility Rate
 GMFR - General Marital Fertility Rate
 TFR - Total Fertility Rate
 TMFR - Total Marital Fertility Rate

Source : Registrar General (1983), Report and Tables Based on 5 per cent Sample Data, Part-II-Special, 1981 Census.

Table 2.9 : GMFR and TMFR for Hindus and Muslims for Rural and Urban Areas, India 1971 and 1981 from Census

Fertility Measure	Hindus	Muslims
	<u>GMFR</u>	
<u>Rural</u>		
1971	174	197
1981	141	163
<u>Urban</u>		
1971	149	178
1981	119	145
	<u>TMFR</u>	
<u>Rural</u>		
1971	5.4	6.2
1981	4.4	5.1
<u>Urban</u>		
1971	4.4	5.3
1981	3.6	4.5
<u>Percentage Decline During 1971-81</u>		
	<u>GMFR</u>	
Rural	19	17
Urban	20	18
	<u>TMFR</u>	
Rural	19	18
Urban	18	15

Notes: The denominator for calculation of GMFR is married females in the age group 13-47 in 1971 and 15-49 in 1981. The figures for 1981 exclude the State of Assam.

Source: Same as for Table 2.8.

Table 2.10 : Unadjusted and Adjusted* Fertility Rates by Hindu and Muslim, All India, 1981

Fertility Measure	Hindu	Muslim
	<u>TFR</u>	
Unadjusted	3.6	4.1
Adjusted	4.8	5.9
	<u>GFR</u>	
Unadjusted	112	126
Adjusted	150	182
	<u>TMFR</u>	
Unadjusted	4.3	4.9
Adjusted	5.7	7.0
	<u>GMFR</u>	
Unadjusted	137	156
Adjusted	183	225

Notes : *Adjusted by P/F ratio method. See text for explanation.

Source: Same as for Table 2.7, p. 108.

Table 2.11 : Fertility Differentials for Hindus and Muslims for Rural and Urban India: 1972 Fertility Survey

Fertility measure	Rural/ Urban	Hindus	Muslims
Age standardized general fertility rate per 1000	R	173.1	191.2
	U	131.2	148.9
Total fertility rate	R	5.7	6.2
	U	4.2	4.9
Total marital fertility rate	R	6.8	7.6
	U	5.8	6.8
Average No. of children ever born to ever married women of marriage duration 25 years and above	R	5.4	5.6
	U	5.3	5.6

Source: Registrar General, 1976, Fertility Differentials in India: Results of the Fertility Survey in a Sub-Sample of SRS, 1972, Vital Statistics Division, New Delhi.

Table 2.12 : Fertility Indicators (CBR, GFR, GMFR, TFR, TMFR) for Hindus and Muslims for Rural and Urban Areas of India, 1979

Fertility Measure	Rural/ Urban	Hindus	Muslims
Crude Birth Rate (CBR)	R	32.6	34.9
	U	25.6	30.6
General Fertility Rate (GFR)	R	134.5	148.3
	U	104.1	122.9
General Marital Fertility Rate (GMFR)	R	169.0	187.0
	U	137.0	176.6
Total Fertility Rate (TFR)	R	4.48	5.01
	U	2.97	3.98
Total Marital Fertility Rate (TMFR)	R	5.37	5.98
	U	4.37	5.53

Source : Registrar General, India, 1981, Levels, Trends and Differentials in Fertility, 1979, Vital Statistics Division, Ministry of Home Affairs, New Delhi.

Table 2.13 : Selected Fertility Measures for Hindus and Muslims for Some Major States of India for Rural and Urban Areas, 1979

State	Rural/ Urban	Total fertility rate		Ratio of Muslim rate to Hindu rate	Total marital fertility rate		Ratio of Muslim rate to Hindu rate
		Hindus	Muslims		Hindus	Muslims	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Andhra Pradesh	R	4.48	5.01	1.12	5.37	5.98	1.11
	U	2.97	5.98	1.34	4.37	5.53	1.27
Assam	R	3.99	4.99	1.25	4.78	5.93	1.24
	U	2.66	3.14	1.18	3.64	4.13	1.13
Bihar	R	4.23	4.30	1.02	4.78	4.91	1.03
	U	3.33	4.05	1.22	3.95	5.04	1.28
Gujarat	R	4.61	4.58	0.99	5.71	5.50	0.96
	U	3.64	3.84	1.05	4.82	5.80	1.20
Jammu and Kashmir	R	4.93	4.77	0.97	5.86	5.55	0.95
	U	2.62	2.92	1.11	4.65	4.77	1.03
Karnataka	R	3.70	5.05	1.36	5.05	5.16	1.02
	U	2.94	4.30	1.46	4.30	5.90	1.37
Kerala	R	2.40	4.15	1.67	4.60	5.63	1.22
	U	1.92	3.63	1.89	4.50	5.23	1.16
Madhya Pradesh	R	5.36	5.45	1.02	5.92	6.24	1.05
	U	3.77	4.09	1.08	5.06	5.43	1.07
Maharashtra	R	3.62	4.74	1.31	4.22	5.51	1.31
	U	2.64	3.81	1.44	4.11	5.38	1.31
Rajasthan	R	5.50	5.92	1.08	5.98	6.80	1.14
	U	3.77	6.11	1.62	4.55	5.34	1.17
Tamil Nadu	R	3.43	3.64	1.06	4.75	4.99	1.05
	U	2.67	3.24	1.21	4.15	4.75	1.14
Uttar Pradesh	R	5.82	6.39	1.10	6.55	7.35	1.12
	U	3.21	3.88	1.21	5.17	6.77	1.31
West Bengal	R	3.32	4.55	1.37	4.62	5.73	1.24
	U	2.29	4.30	1.88	4.06	5.95	1.47

Source : Same as for Table 2.12.

Table 2.14 : Per Cent Distribution of Live Births for Hindus and Muslims by Order of Live Birth, India, 1984

Residence	Order of live birth	Hindu	Muslim
Rural	1	26.60	22.94
	2	21.75	19.06
	3	17.92	15.97
	4	13.06	12.98
	5+	20.67	29.05
	Total		100.00
Urban	1	31.12	22.74
	2	25.33	18.76
	3	18.59	16.06
	4	11.06	12.96
	5+	13.90	29.48
	Total		100.00
Combined	1	27.47	22.88
	2	22.44	18.96
	3	18.05	16.00
	4	12.68	12.97
	5+	19.36	29.19
	Total		100.00

Source: Registrar General, 1989, Birth Order Differentials in India, 1984, Office of the Registrar General, India, Ministry of Home Affairs, New Delhi, p. 7.

Table 2.15 : Percentage of Fourth and Higher Order Live Births to Total Live Births by State by Hindu/Muslim, 1984

State	Hindu	Muslim	Ratio of Muslim percentage to Hindu percentage [Col.(3)/Col.(2)]
(1)	(2)	(3)	(4)
Andhra Pradesh	22.52	37.83	1.68
Assam	33.59	38.56	1.15
Bihar	37.06	41.58	1.12
Gujarat	27.07	36.76	1.36
Haryana	31.27	36.98	1.18
Himachal Pradesh	28.37	15.05	0.53
Jammu and Kashmir	36.17	37.34	1.03
Karnataka	29.33	43.36	1.48
Kerala	14.02	31.68	2.26
Madhya Pradesh	34.50	43.07	1.25
Maharashtra	24.24	37.51	1.55
Orissa	32.51	37.37	1.15
Punjab	28.42	23.26	0.82
Rajasthan	36.74	43.96	1.20
Tamil Nadu	21.83	30.61	1.40
Uttar Pradesh	42.58	50.16	1.18
West Bengal	29.63	41.94	1.42
North-Eastern Region	34.33	43.40	1.26
India	32.04	42.16	1.32

Note: North-Eastern region includes Manipur, Meghalaya, Nagaland, Tripura and Arunachal Pradesh.

Source: Same as for Table 2.14, p. 203.

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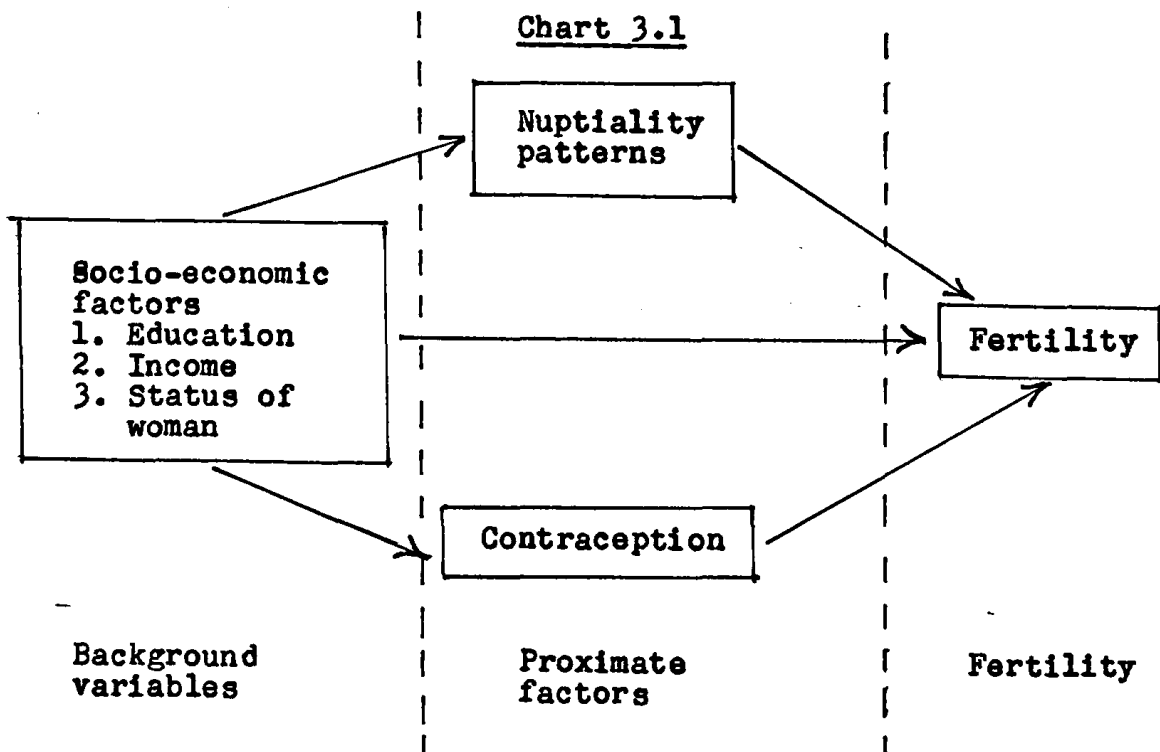
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CHAPTER III

HINDU-MUSLIM DIFFERENTIALS IN NUPTIALITY PATTERNS

3.1 Introduction

Two major proximate determinants of fertility are nuptiality and contraception. Contraception has an impact on marital fertility whereas nuptiality has an impact on the fertility level of the population. Socio-economic factors such as education, income and status of woman affect fertility directly and indirectly by affecting nuptiality patterns and contraception. These relationships are summarized in the following model:



In this thesis, this model is used as a framework for the study of fertility differentials between Hindus and Muslims of India. In this chapter, we shall examine differences in nuptiality patterns and their effect on fertility of Hindus and Muslims.

3.2 Marriage Patterns Among Hindus and Muslims

3.2.1 Marriage Patterns Among Hindus

(i) Endogamy and exogamy: In north India, a necessary condition for marriage is that the groom and the bride should not be blood relatives. Further the rules of marriage stipulate that brides should not be brought from families which are related by blood; as far as possible, one should not give a daughter into a family from which a girl is brought as bride; and in one generation more than one bride should not be brought from the same family.¹ Both kin exogamy and local exogamy are practised.

In south India, the types of marriages allowed conform to the rule of clan endogamy. In a large number of castes, the first preference is given by a man choosing his elder sister's daughter as a bride. Such marriages are common. Among the preferred marriages, a man's marriage with his father's sister's daughter comes next among a very large number of castes. The third type of preferential mating is that of a man with his maternal uncle's daughter. There are some castes which allow only this type of cross cousin marriage.² In the south, there is a definite bias against

the marriage of parallel cousins. Besides the above, polyandry, polygamy, hypergamy, levirate, sororate have been observed to some extent in India.

(ii) Hypergamy: Among some castes the exogamous clans are arranged in a hypergamous hierarchy, i.e., a girl of a higher caste cannot marry a man from a lower caste but a girl from a lower caste can marry a man from a higher caste. This is intended to upgrade the caste of the woman, since she acquires the husband's caste. Hypergamy has implications for fertility. For example, among some groups of Rajputs, female infanticide used to be practised for the above reason.³ Sometimes, hypergamy has led to polygyny, for example, among Kulin Brahmins of Bengal and Uttar Pradesh. For lack of bridegrooms, many women of the same caste in which hypergamy is practised, remain spinsters. In such a case, the proportion of unmarried women would increase. In Indian society the overall proportion has not been significant enough to depress fertility. In the past, among Namboodris of Kerala, many of the Namboodri men married Nayar (Kshatriya) women (such a marriage is called Sambandham). They had a peculiar marriage practice. Among them, very often only the first son, rarely the second, was expected to marry a Namboodri girl while the other sons were free to enter into Sambandham with Nayar women. This compelled many Namboodri women to remain unmarried. Due to this peculiarity, the fertility potential of the community was not realized to its full extent with the result that Namboodris

were the only community which showed a steady decline in population growth in successive censuses from 1911 to 1941.⁴

(iii) Other types of unions: Some communities in India even now practise levirate, e.g., lower castes in Gujarat and some Kunbi castes of Maharashtra. Sometimes this leads to polygyny. Sororate is allowed by both northern and southern people. But there is a taboo against a man's marriage with his wife's elder sister. In the past upper classes practised polygyny depending upon favourable economic conditions. Even today polygyny exists in some pockets although the Hindu Marriage Act, 1956, has made bigamy illegal. In the past, among Nayars in Kerala, polyandrous marriages existed but rarely. Asai community of the same region practises fraternal polyandry. Among Todas of Nilgiri hills and Khasis living in the foothills of Himalayas, polyandry is the rule even today due to hard physical and economic conditions of life. A shortage of brides leads to polyandry among poorer people of Jat and other northern communities.⁵ With the increase in the level of education and modernization, both polyandry and polygyny are falling into disrepute.

(iv) Child marriages: Historically child marriages have existed in India among Hindus. The Child Marriage Restraint (Amendment) Act (1978) stipulates the minimum age of marriage for Hindu males at 21 and females at 18. Marriage before the minimum legal age is a crime. If we look at the census figures we find that a substantial number of child

marriages take place especially in the backward States like Uttar Pradesh, Bihar and Rajasthan. The percentage of child marriages among Hindus in Uttar Pradesh is given in Table 3.1.

Among Hindus, in child marriages though girls are 'socially married' at very young ages, they do not start living with their husbands until after Gauna (cohabitation) ceremony is performed. Thus consummation of marriage is delayed until cohabitation at a later age. Estimates in various parts of India show that mean age at marriage for girls was 12.3 years around 1924 and 16.7 years during 1955-56 whereas the mean age at cohabitation for the same two years was estimated to be 15.8 and 17.5 years.⁶ The urban/rural difference of such two-stage marriages are sometimes substantial. In one district study, 59 per cent of women in rural areas had a two stage marriage compared to 34 per cent in urban areas, where cohabitation took place somewhat immediately after the wedding.⁷ By analysing the data from 19th round of NSS (1971), B. N. Sarkar estimated that in the rural areas of Bihar, Madhya Pradesh and Uttar Pradesh, 23.0 per cent, 26.2 per cent and 25.4 per cent, among the married Hindu females of marriage cohort of 1956-60, were effectively married before attaining 15 years of age whereas the corresponding percentage for rural West Bengal was 41.7. He ascribes the smaller percentage among Hindi speaking Hindus to the Gauna system of post-puberty cohabitation.⁸ A study by R.K. Sinha in Eastern Rajasthan found that in 1981, average age at marriage for females was

13.42 and at consummation it was 15.37.⁹ The rural-urban variation in age at marriage was 1.6 years while at consummation it was 0.5 years. Twenty-three per cent of all marriages took place at age 10 or below.

(v) Divorce: The Hindu Marriage Act (1956) provides for divorce with alimony and maintenance for a Hindu woman. In the past divorce or separation was being practised among lower classes. Among the Brahmins it was taboo as the Brahmanical laws did not allow divorce. Upper classes too did not allow divorce. Among tribal communities (e.g., Khasis) divorce is resorted to frequently. Though the divorce law is in favour of Hindu woman, she does not seek divorce even under trying conditions, resulting in increasing numbers of dowry deaths in India.

(vi) Remarriage of widows and divorcees: In those communities where divorce is easily permitted, widow remarriage and remarriage of divorcees is allowed as no stigma is attached to remarriage. "Though widow remarriage is practised among all castes (except Brahmins), a widow is not allowed to marry either the elder or the younger brother (real or classificatory) of her husband. This taboo is general in the southern areas of Tamil Nadu, Andhra, Karnataka and Kerala."¹⁰ In those communities where levirate is practised, widow remarriage invariably takes place and widow may be the additional wife of her deceased husband's brother. Thus sometimes widow remarriage leads to polygyny.

3.2.2 Marriage Patterns Among Muslims

Like Hindus, Muslims too are not a monolithic entity. As among Hindus, Muslims too have caste-like categories. Its origin should be traced to the past when Muslims as foreigners invaded India. All descendants of the foreign Muslim settlers in India are known as Ashrafs. They are subdivided into Sayyads, Shaikh,¹¹ Mughal and Pathan. The descendants of converted Muslims of Indian origin are known as Ajlafs. Ajlafs are subdivided into clean and unclean categories. The clean categories include artisans and other professional people while the unclean include scavengers and those who do unclean work. Islam is an egalitarian religion which does not recognize distinctions among human beings on the basis of caste, creed and colour. Yet this caste-like structure has come into existence, as the converted Indian Muslims adopted the social structure then prevalent in the country.¹² This background is essential to understand the high degree of similarity in the marriage patterns between Hindus and Muslims.

Koran prohibits a man from marrying his mother, daughters, sisters, father's sister, mother's sister, brother's daughter, sister's daughter, son's wife or wife's daughter. Further a man may not be married to two sisters at the same time nor may he wed a foster mother who has suckled him or others nursed by the woman who nursed him.¹³

(1) Endogamy: Cousin marriage, both parallel and cross cousin, are the most preferred type of marriages among Muslims

all over the world. Islam exhibits a strong preference for father's brother's daughter so much so that she virtually appears to be an obligatory mate. According to 1988 Population and Health Survey of Hacettepe Institute of Population Studies, the proportion of consanguineous marriages was 21.1 per cent and inbreeding coefficient was 0.01049. Among consanguineous marriages, 83.3 per cent were arranged between first and second cousins.¹⁴ Various reasons are given for the popularity of cousin marriages among Muslims in different countries: Consolidation of property and status; Retention of family property and family harmony; Successful adjustment of the bride, conservation of economic resources, cooperation between relatives.¹⁵

Besides cousin endogamy, Indian Muslims practise group endogamy. For example, Gujarbakarwals of Kashmir,¹⁶ Surati Vohras¹⁷ and Shaikhs practise group endogamy but intermarriage occurs between different groups occasionally. In India, "Muslim groups are endogamous. Occasionally marriages between two or more social divisions are allowed, especially at higher levels, but the evidence presented clearly suggests that such marriages are greatly restricted and occur mostly between groups of more or less equal status."¹⁸ Shias and Sunnis generally observe endogamy within their sects.

(ii) Exogamy: Among Meos (Muslims) of Rajasthan, exogamy including village exogamy, is practised. The Meo caste is subdivided into a large number of exogamous groups.

The marriage between a man and a woman belonging to the same group is considered to be incestuous. They avoid both cross cousin and parallel cousin marriages.¹⁹ Also some Assamese Muslims practise village level and patrikin exogamy.²⁰

(iii) Hypergamy: Hypergamy is practised among some sects of Indian Muslims. Sayyads, who are supposed to have the highest social status as they are considered to be the direct descendants of the Prophet, marry women from Shaikh and other groups but their women are not allowed to marry males from other than Sayyads. Shaikh Siddiques, a Muslim subgroup of Allahabad, who were Kayasthas (Hindus) before their conversion, in the past used hypergamy to raise their social standing within the hierarchy of Muslim groups.²¹ In Lakshdweepa, Koya men (who are like Brahmins) marry Malumi women but a Malumi man cannot marry a Koya woman.²² Among Moplahs of Kerala too, hypergamy is observed.²³

(iv) Other types of unions: Levirate exists among Meos of Rajasthan. Islam allows levirate but it is practised rarely among north Indian Muslims particularly those of Uttar Pradesh, Bihar and Rajasthan where Hindus practise it. Moplahs of Kerala, Surati Vohras of Gujarat too practise levirate. Islam does not allow sororate while the first wife is alive. After her death, her husband may marry her sister. This practice is found among Meos of Rajasthan and Surati Vohras of Gujarat. Islam allows its male followers to contract upto four marriages at a time provided they could do equal justice to each wife. In practice very few Muslims contract more than one marriage.

A few sociological studies done in India in different parts of the country suggest so. "... the evidence presented in these contributions does not lend much support to the suggestion often made that this practice is ... widespread among Muslims."²⁴ Islam gives no sanction for polyandry. As such none of the Indian Muslims can practise polyandry.

(v) Child marriages: As among Hindus, child marriages exist among Muslims in India. But they may be proportionately less among Muslims than for Hindus. They exist especially among Muslims of the less progressive States of Uttar Pradesh, Bihar and Rajasthan. The percentage of child marriages among Muslims in Uttar Pradesh is given in Table 3.1. Among Meos of Rajasthan child marriages of females are quite common.²⁵ In Kerala among Moplahs, prepuberty marriage was the rule. Today marriageable age among them is between 12-14 for girls and 15-18 for boys.²⁶ Among Gujar Bakarwals of Kashmir, betrothal of a female child takes place at the age of seven or eight while the consummation of marriage takes place later.²⁷ The Marriage Restraint Act (1978) applies to Christians and Hindus and not to Muslims.

Among Muslims too a ceremony similar to Gauna among Hindus seems to exist. Among Gujar Bakarwals of Kashmir, child marriages take place but consummation takes place after Ruksati ceremony is performed. The marriage of a girl is performed around 11-12 but the consummation takes place around 20-22 as this age is considered by parents a proper age for their daughters to undergo the strains of child-bearing in the

conditions of a transhumant way of life.²⁸ Among Muslims of Bihar, Uttar Pradesh and Rajasthan too, a ceremony similar to Gauna among Hindus, may exist as many of the marriage customs were adopted by Indian Muslims when they converted from Hinduism.²⁹

(vi) Divorce: Islam does not allow a Muslim woman to give talaq (divorce) on her own. She can secure a divorce only if she can persuade her husband to agree to a divorce. A Muslim man can easily divorce his wife by pronouncing talaq three times.³⁰ As such it is supposed that divorce is easy and so widely prevalent among Muslims in India. But the evidence proves to the contrary. "... the evidence provided ... indicates that divorce is disapproved socially among most groups and results in the loss of social prestige not only for the parties involved but for their families as well and is consequently an occurrence of considerable rarity."³¹

(vii) Remarriage of widows and divorcees: Islam prescribes that widows and divorcees should be married as early as possible, after the three to four months period immediately following the divorce or the death of the husband. Compared to Hindu women, a larger proportion of divorced and widowed Muslim women are, perhaps, remarried. Remarriage of widows and divorcees may take the form of polygyny among Muslims.

3.2.3 Implications for Fertility

Different marriage patterns have different implications for fertility. Usually in an endogamous marriage, the woman

goes into a familiar family, i.e., she does not find herself a stranger after marriage. She will have more freedom with her in-laws and also with her husband as compared to an exogamous marriage. Also inter-spouse communication may be greater and the couple may discuss about their family size and contraception. In short the status of a woman in an endogamous marriage may be higher than for a woman in an exogamous marriage. When child marriages occur, the fertility may be higher as compared to adult marriages. This is because the person who gets married as a child would naturally lack values related to responsible parenthood, even if she does not have a longer period of cohabitation.

The effect of polygyny on fertility, however, is indeterminate. Seal and Talwar argue that in polygynous marriages, fertility rates are expected to be lower as compared to monogamous marriages for the following reasons : The number of coiti which a man can have remain almost unchanged whether he has one wife or more than one; If the coiti are randomly distributed over the menstrual cycle of a woman, a fixed number of coiti per man are likely to lead to higher chance of fertilizing a woman in case of one wife compared to the case of more than one wife, depending on their ovulatory cycles; Death of a man in polygynous marriage prevents reproduction among more than one woman for a period.³²

To know the effect of polygyny on fertility, a study was conducted in sub-Saharan Africa, where the incidence of

polygyny is substantially high (20 to 50 per cent). The finding is that the fertility of women in polygynous marriages is little different from that of women in monogamous marriages in most countries, once selection factors are adequately accounted for.³³ From a study of fertility of polygynous marriages in urban India, Pakrasi observed that the polygynous couples in general had lower rate of live births than what is shown by the total couples surveyed in urban India.³⁴ From the point of view of fertility differentials, polygyny is not important because the proportion of women marrying into polygynous marriages is minute.³⁵ "In polygynous societies in Eurasia, the proportion of marriages with multiple wives is usually no more than three to four per cent, evidencing either the husband's unusual wealth or position or the infecundity of the first wife."³⁶

3.2.4 Hindu-Muslim Differentials in Marriage Patterns and Impact on Fertility Differentials

No data exists to reveal to what extent endogamy, exogamy, levirate, sororate and hypergamy contribute to differentials in fertility between Hindus and Muslims.

(1) Differentials in child marriages: About differentials in child marriages between Hindus and Muslims, B.N. Sarkar analysed the data from 19th round of NSS (1971) and observed that 31.75 per cent of Muslim females belonging to the marriage cohort 1956-60 were effectively married before 15 years of age whereas among Hindus the corresponding percentage was 24.72 per cent for rural India.³⁷

The percentages of marriages upto age 13 and upto age 17 among Hindu and Muslim females for rural and urban areas of Uttar Pradesh, 1981, are given in Table 3.1. It is observed that the percentage of child marriages (girls married upto age 13) is higher among Hindus both in urban and rural areas. In urban areas, among Muslims the practice seems to be increasing in the younger cohorts whereas among Hindus there is not much variation. In rural areas, in both communities, the proportion of child marriages seems to increase among younger cohorts. The percentage of adolescent marriages (married upto age 17) is higher among Hindus in urban as well as rural areas. This practice seems to increase and then decrease from older to younger cohorts among Hindus in rural and urban areas. Among Muslims it seems to increase both in urban and rural areas among younger cohorts. Thus with the passage of time, the practice of child and adolescent marriages is gaining currency among Muslims of Uttar Pradesh which may in future have an effect of lowering their age at marriage.

(ii) Differentials in polygyny: During the decades 1931-41, 1941-51, and 1951-61, the percentage of polygynous marriages among Hindus was 6.79, 7.15 and 5.06. The corresponding percentage for Muslims was 7.29, 7.06, 4.31 and among Tribals 9.53, 17.53 and 17.98.³⁸ Thus polygyny was highest among tribals. The incidence of polygynous marriages has been declining among both communities. A survey was conducted by the Census authorities in 1961 with a sample of nearly one lakh marriages. Among these 5,911 marriages were found to be

polygynous. The incidence of polygynous marriages was found to be the highest among the tribal communities (15.25 per cent), Budhists 7.97 per cent, Jains 6.72 per cent, Hindus 5.8 per cent and Muslims 5.7 per cent.³⁹ The percentage of men in polygynous marriages would be below 2.9 for Hindus and Muslims (since each man would have at least two wives). Thus incidence of polygynous marriages was about the same for both communities. However, the Census authorities pointed out that this study does not provide unbiased quantitative generalizations as the marriages covered were not selected on a probability basis.

Since currently available data on polygyny among Hindus and Muslims is limited, we have used some proxies for finding the prevalence of polygyny. The proxy variables considered are: ratio of currently married males to ever married males (V_1); currently married females to ever married females (V_2); currently married males to currently married females (V_3); percentage of Muslims in each district in the total population (V_4); percentage of Hindus in each district in total population (V_5) and the difference between V_1 and V_2 (V_6).

The inter-correlation matrix among these six indicators, using the 56 districts of Uttar Pradesh State (1981) as units, is given in Table 3.2. Wherever the percentage of Muslims is high, the chances of remarriage for females may increase. In the absence of direct data, if Muslims have a higher proportion of polygynous marriages, the correlations among these indices may be taken as indirect evidence of higher polygyny among

Muslims. However, the correlation between V_4 and V_6 may also be affected by a higher age difference between husband and wife, male outmigration in hilly areas and the existence of polyandry.

The correlations between V_1 and V_6 (0.583), V_4 and V_6 (-0.587) are statistically and substantively significant. The variable V_6 (difference between V_1 and V_2) is small where the percentage of Muslims (V_4) is high. Because data on polygyny is not available, we have made use of the variable V_6 . There are 56 observations. The variation in V_4 is high in Uttar Pradesh. The lowest is 0.38 (Uttar Kashi) and the highest is 47.0 (Rampur). There seems to be a large negative association between percentage Muslim V_4 and the currently to every married index V_6 .

In the past it was observed that "in the selection of second wives, the Muslims depend more on relatively aged women and this should have its due effect on reproductive achievements of their second wives. On the other hand, Hindu polygynists are noted to prefer very young wives below 15 years in age in both first and second marriages relatively more strongly than the Muslims."⁴⁰ "... in comparison to the Hindu polygynists the Muslim males with first wives only maintained the highest average of children born alive, but with second wives, they yielded the lower average. ... The Hindu polygynists produced through their second wives distinctly more live births on the average than their Muslim counterparts. Polygynous form of mating does not appear to be an essential prerequisite to invest the distinction of 'superior fertility' with Muslims of India."⁴¹

(iii) Differentials in widow remarriage: A study done by S.N. Agarwala in some rural areas of northern India, revealed that nearly 35 per cent of the ever-widowed women were remarried among warrior and low castes and Muslims in selected villages of Punjab and Uttar Pradesh, i.e., widow remarriage was equally prevalent between low caste Hindus and Muslims.⁴²

3.3 Marriage Indicators

Marriage patterns can be characterized in the form of marriage indicators. Two such marriage indicators are examined here: (i) singulate mean age at marriage (SMAM), and (ii) proportion ever-married by age 50. (i) SMAM represents the timing of the marriage. It is the average age at first marriage calculated from the proportions married by age group according to Hajnal's procedure using data from a single census or survey. If women marry young, they are likely to have sexual intercourse frequently throughout their most fecund years; They begin having sexual intercourse at an earlier age and thus live through a longer period of exposure to conception: They shorten the interval before the next generation is born and begins child bearing. Further women marrying early tend to have less education and less opportunity to take on jobs or roles other than motherhood. Bearing and raising children then becomes the major source of their status in the family and community. This lowers their desire to limit their family size.⁴³

(ii) The proportion of ever-married by age 50 is an indicator of marriage prevalence. There is also another measure,

the age difference at first marriage which is simply the difference between the male and female SMAM. For India, according to 1981 Census, SMAM for men was 23.4 years, for women 18.7 years and difference in SMAM between men and women was 4.7 years. The proportion of ever-married by age 50 is 97.7 per cent for males and 99.6 per cent for females. The above indicators reveal that the age at marriage is neither very low nor very high but marriage prevalence is almost universal, especially for women.⁴⁴

3.3.1.1 Hindu-Muslim Differentials in Mean Age at Marriage

In the past Muslim women had a higher age at marriage than Hindu women. During the period 1891 to 1931, the censuses of the Indian subcontinent indicate that the mean age at marriage for Hindu women (12.5 years) was slightly lower than for Muslim women (13.5 years).⁴⁵ After 1930, information on marital status and religion was not made available from census until 1971 census. It was available from two NSS surveys conducted in 1951 and 1952. A comparison of the mean age at marriage of persons married before 1930 with the mean age at marriage of persons married after 1930 (Table 3.3) shows that the mean age at marriage had increased for both males and females among Hindus and Muslims. The increase among females had been greater. Some of the regional surveys too show that the mean age at marriage has shown an increase over time, though slowly. For example, in eastern Rajasthan, during the period 1940-49 to 1979-80, there has been a steady and consistent rise in age at marriage. For women married during

1940-49, the average age at marriage was 11.0 years. This increased to 16.2 years for those married during 1979-80.⁴⁶ Though over time age at marriage for Hindus increased to a larger extent, according to 1971 and 1981 Censuses, there is no appreciable difference in the mean age at marriage and median age at marriage between Hindus and Muslims both in urban and rural areas of India (Table 3.4). In the sixties and seventies too, some fertility surveys conducted in different parts of the country found no differentials (I.Z. Husain, E. Driver).

3.3.1.2 Hindu-Muslim Differentials in Mean Age at Marriage for Decade Synthetic Cohorts, 1891-1931

Agarwala has computed mean age at marriage (MAM) for decade synthetic cohorts of Hindus and Muslims for each decade during the period 1891-1931, for India and the then existing states. His technique of computing MAM for a decade synthetic cohort is similar to that used by Hajnal for finding the MAM with the help of census data of the proportions single, i.e., never married.⁴⁷ Hajnal assumes that a census represents the marriage experience of a cohort as it passes through life.⁴⁸ Such an assumption (as Hajnal points out) is theoretically indefensible in instances where age patterns of marriage are changing. Hajnal uses data from one census whereas Agarwala has used data from two consecutive censuses. Agarwala uses the word decade as the proportions single in the synthetic cohort are the result exclusively of the marriage experience of the decade. The decade synthetic cohort approach, when mortality

is neglected, yields higher marriage proportions at older ages than would characterize either a birth cohort or a real census population. This is because a birth cohort is depleted by mortality and a census population has an age distribution of a growing population. Thus MAM of a decade synthetic cohort not exposed to mortality would be somewhat higher than either MAM of a real cohort exposed to the marriage frequencies in question or an actual population exposed to the same marriage risks. The MAM figures derived for a synthetic cohort would approximate MAM which one would have obtained from the ages recorded in marriage certificates, if there were a system of marriage registration in India.⁴⁹

During the period 1891-1931, for each decade the MAM of Hindu males (females) was consistently lower than that of Muslim males (females) as seen from Table 3.5. Over time, MAM of males as well as females has shown an increasing trend for both Hindus and Muslims except for the decade 1921-31. In this decade Muslims and Hindus, males and females registered a decline in MAM. This reversal of trend was perhaps in anticipation of the Child Marriage Restraint Act, applicable to all communities, which was finally passed in 1929. The decline was so sharp that MAM of 1921-31 was lower than that of 1891-1901 for both the communities.

MAM of Hindus and Muslims by sex and by states is given in Tables 3.6 and 3.7. This comparison reveals that from the decade 1891-1901 to decade 1911-21, Muslims in general had

higher MAM than Hindus in all States except Assam. It might be because in Assam the tribals were not included in Hindu religion in census enumeration or due to the immigration of unmarried males and females. In the State of Bengal, Hindu males had higher MAM for the three decades than Muslim males. For the decade 1901-11, the MAM for Hindu and Muslim males in the State of Rajasthan was the same (21.4 years). So also was the case in the State of Travancore (24.3 years). Kashmir seems to be an exception. For the three decades, 1901-11, 1911-21, and 1921-31, MAM of Muslim males was lower than for Hindu males. The MAM of Muslim females in the state of Travancore was lower than for Hindu females. For the decade 1921-31, during which the Child Marriage Restraint Act, 1929, was passed (as noted previously), Hindus as well as Muslims registered a decline in MAM of males and females. In the State of Bihar and Orissa, the decline in MAM was so sharp that it fell below that of Hindus. In Bengal the Muslim female MAM fell below that for Hindu females.

There were regional differences in MAM of Hindus and Muslims. The states in south, i.e., Madras, Mysore and Travancore and the eastern state of Assam had higher MAM whereas Uttar Pradesh, Bihar and Orissa had lower MAM for both communities (Tables 3.6 and 3.7). It is also seen from these tables that in high or low MAM regions, MAMs of Muslims and Hindus were closer to each other.

3.3.2.1 Hindu-Muslim Differentials in the Proportion of Married Females

The percentage of currently married women in reproductive ages (15-49) among Hindus and Muslims for India, 1981, is given in Table 3.8. In rural areas, this proportion is higher for Hindus whereas in urban areas, it is higher for Muslims. The difference is not large. At all India level, the proportion is higher for Hindus. The ratio of currently married (CM) to ever-married (EM) women for India, 1981, by residence for Hindus and Muslims is given in Table 3.9. There is not much variation in this ratio. In Table 3.10, the ratio of CM to EM for women by religion and residence for Uttar Pradesh, 1981, is given. Among the three communities, Hindus, Muslims and Christians, in rural areas, the ratio is the highest for Muslims and the lowest for Hindus. The variation is not much. Only in the age group 40 plus, the ratio of Muslims and Christians is significantly higher than that of Hindus. In urban areas, the ratio is highest for Hindus and lowest for Christians. The difference is not large between Hindus and Muslims.

Some regional surveys have noted that Muslims might have higher proportions of married women than Hindus. For example, B.N. Sarkar estimated that at all marriageable ages, the proportion of married females, in rural areas around Calcutta in 1978, was higher among Muslims as compared to Scheduled Caste Hindus. In the age group 15-19, among Muslims 63.9 per cent were married whereas among Scheduled Caste Hindus, 44.4 per cent were married.⁵⁰

3.3.2.2 Hindu-Muslim Differentials in Proportions Single for Decade Synthetic Cohorts, 1891-1931

Proportions single by sex and by age group for Hindus and Muslims for each decade during the period 1891-1931 are given in Tables 3.11 and 3.12. A comparison of these proportions shows that for the decade 1891-1901, male proportions single were higher among Muslims than for Hindus upto age 25-30. For the decade 1901-11, male proportions single were higher among Muslims than for Hindus for all age groups except 35-40, 45-50 and 50-55. For the decade 1921-31, proportions single were higher among Muslim males upto age 20-25 compared to Hindu males. Muslim males generally had higher proportions single in the age groups 25-30 and below. Similar to males, female proportions single were higher among Muslim females as compared to Hindu females in age groups 25-30 and below (Table 3.12).

3.4 Factors Affecting Marriage Patterns⁵¹

There are several factors that are significant for the study of marriage patterns. Depending upon the social and cultural conditions, stage of demographic transition and development process of the country, they have different implications for the two sexes.

3.4.1 Demographic Factors

The population by age and sex constitutes the initial population pool from which the marriageable population is derived and is determined by fertility, mortality and migration. The marriageable population may be defined as the number of

men and women eligible for marriage according to specified criteria of endogamy, exogamy, age gap between bride and groom, remarriage possibilities, etc. Attributes such as religion, caste and ethnic groups, as we have already seen, may impose different patterns of marriage behaviour.

3.4.2 Marriage Norms

In developing countries due to industrialization and modernization new marriage norms arise. Parental control in Asian societies leads to early and arranged marriage of daughters. When parental control relaxes, the age at marriage for girls may increase. Three types of marriage norms can be identified: (i) Timing norms; (ii) Prevalence norms; and (iii) Matching norms.

(i) Timing norms: In traditional societies like Indian, early marriages are preferred for girls for various reasons. It precludes premarital sexual relations; Child bearing must start at an early age; Girls who marry late get older soon; Religion prescribes early marriage; Bride-wealth/dowry is to be paid; Illegitimate conceptions are to be avoided. The ideal age at marriage is the age or age range at which it is socially considered to be most appropriate for couples to enter into a marital union. The ideal age is not usually the actual age at which marriages take place. When an upward transition of the age-at marriage norm is occurring, the actual marriages may take place at an earlier age than the ideal one.

In each country there may be a legal minimum age at

marriage. In 1901, the Mysore Government had passed a resolution to forbid marriages of girls under age eight. The Child Marriage Restraint Act in 1929, raised the minimum marriageable age of girls to 14 years, in 1955 to 15 years and in 1978 to 18 years (for Hindus and Christians). For Muslims the age at marriage of girls seems to be less than 18. Yet as we have seen earlier, a significant number of child marriages take place in north India. It shows that legal changes alone, without the necessary social awareness, cannot bring about the reform.

(ii) Prevalence norms: In traditional societies like Indian, to have unmarried daughters is considered to be shameful for both parents as well as daughters. High marriage prevalence norms are typical of both Hindus and Muslims in India.

(iii) Matching norms: Matching norms are related to social and individual characteristics of desirable partners. The matching of the social characteristics of brides and grooms is regulated by endogamy and exogamy rules and the individual traits by the process of assortative mating. We have already summarized the marriage matching norms related to endogamy, exogamy and other types of unions among Muslims and Hindus in the previous sections. These norms are generally similar between the two communities. Further, in both communities arranged marriages are the prevalent custom and love marriages are exceptions.

3.4.3 Individual Factors

The personal desire to marry may arise from a variety of motivations. The desire for children represents a strong psychological motivation for marriage. Continuation of the family name, companionship, distraction, objects of love, insurance against old age, etc., are some of the motivations to beget children. Other motivations to marry include self-fulfilment, reaching adulthood status, need for companionship, desire to conform, social, kin group and family pressures.

3.4.4 Marriage Market

A marriage market can be defined as the abstract location where marriage candidates meet suitable partners and marriages are formed. Men and women who want to marry may do so either by free choice (love marriages) or through parental and family initiative (arranged marriages). It is a highly complex social mechanism where men and women of unequal numbers enter to seek a marriage partner. Four phases of marriage formation are identified: (i) Marriage candidacy; (ii) Marriage circles; (iii) Matching process; and (iv) Marriage formation.

(i) Marriage candidacy: Only those marriageable men and women who are willing or actively seeking marriage are considered marriage candidates.

(ii) Marriage circles: Marriage circles can be defined as "small localized marriage markets where marriage candidates of somewhat similar social and cultural background expect to find a compatible marriage partner."⁵² Thus marriage candidates

may explore more than one circle and may pass from one circle to another. In India, there are well-defined endogamic circles established by religion, caste, Gotra or ethnic groups among Hindus and religion, caste-like categories and ethnic groups among Muslims within which intermarriage is prohibited. Entry into a marriage circle coincides with the initiation of a search for a match by parents, relatives or match-makers. Thus the timing of marriage depends on both market entry (the time the search begins) and matching process (time needed to find an appropriate match).

(iii) Matching process: Within the marriage circles, actual matching of marriage partners occurs according to the rules of exogamy and endogamy and assortative mating; either by arranged marriages or free choice. In traditional societies like Indian, where joint family is associated with an early marriage norm, assistance from relatives, matchmakers and/or other intermediaries implies a rapid matching process. In India both among Hindus and Muslims, as we have already seen, early marriage takes place. Among the urban middle classes in both communities, where the evil of dowry is assuming alarming proportions, some marriages may be delayed due to the inability of the parents to arrange for the dowry.

(iv) Marriage formation: The decision to marry closes the matching process. As noted earlier, in some parts of India dual marriage ceremonies are performed: first a ceremony at the time of formal marriage and the second at the time of

consummation (Gauna). This makes the effective marriage timing later than the social marriage timing.

3.4.5 Economic Conditions

At an aggregate level in developed countries, favourable economic conditions are expected to be positively related to both earlier marriage and higher marriage prevalence. But in India marriage is still universal and not affected much by changing aggregate economic conditions. Among the poorer classes of both Hindus and Muslims, who live in unfavourable economic conditions, an earlier age at marriage and higher prevalence of marriage can be observed as, in general, they cannot aspire for a high standard of living and there is no compulsion to establish an individual household after marriage. Also as demographic transition has not progressed far both among Hindus and Muslims, marriage norms are uniformly favourable to early marriage and high marriage prevalence.

3.4.6 Education

The association between age at marriage and education is positive and depends on the number of years spent in school. Education has an indirect bearing on prevalence of marriage. Depending upon the cultural context, an educated woman may marry at a later date as education enables her to spend a number of years at school; to take part in the labour-force; and as modernization takes place. Studies in metropolitan cities of India have found a positive relation between education and age at marriage, especially that of a female. For example,

the Calcutta Fertility Survey of 1970 showed that 76 to 83 per cent of variation in the marriage age among different social groups residing in Calcutta was explained by education.⁵³

Also a study conducted in Greater Bombay in 1983 revealed that the education level of the female is the main predictor variable in determining the variation in the age at first marriage. This factor alone had explained 24 per cent of the total variation in age at first marriage of the females of the sample.⁵⁴ The study found a positive relation between educational level of husband and the age at marriage of wife.

3.4.6.1 Relationship between Education, Place of Residence and Age at Marriage

While examining the relationship between education and age at marriage, we should consider the place of residence and social status of the individual. For Indian women, both Hindu and Muslim, marriage is almost universal. In the rural areas much importance is not paid to female education as the rural culture is not conducive to it. The marriage of the girl is the sole responsibility of her parents and they try to get her married as soon as a good proposal comes. Only a high level of education, at least upto higher secondary school, can have an effect in raising the age at marriage. In urban areas education can raise age at marriage among the middle and higher income groups only as these groups give importance to female education. The desire to have higher education to seek employment in the modern sector and attain economic independence is increasing among urban women. This may lead to a delay in marriage.

Further to gain social prestige educated females demand spouses who are at least equally educated. This factor may also lead to a delay in marriage.

3.4.6.2 Relationship between Education, Community and Fertility

While considering the effect of education on fertility we should also consider community⁵⁵ as a variable because in developing societies, the extent to which education can affect fertility depends to a large degree on the hold the community has on an individual. Such a study was conducted by Srikantan et.al.⁵⁶ Education, community and place of residence were some of the variables considered. Data were analysed from the National Fertility and Mortality Survey, Maharashtra, 1980. The microanalysis was limited to currently married women aged 15 to 49. Fertility was measured in terms of children ever borne by the wife. To permit comparisons by the above mentioned social characteristics, demographic factors such as age, marital duration and age at marriage were suitably controlled.

The study found that education and community were significantly associated with parity while the place of residence had negligible association with parity. In rural areas, education was not an important variable determining the parity but in urban areas it definitely had an influence on parity. The main explanation for the finding was that in villages, the effect of the milieu and social control was stronger than the effect of individual attributes. For instance, in rural areas, a woman's status was determined not by her education but by

the number of children especially the number of sons borne by her. The attitudes of their kin had a strong influence on the reproductive behaviour of rural women. Thus if an educated woman had to live in a conservative rural environment, freedom of choice in reproductive matters was limited. Since urban milieu was more conducive to individual decision making, educated women could accept modern values more easily. Thus "education of an individual in isolation cannot lead to modernization and acceptance of modern values. The social milieu also has to be congenial and supportive for acceptance of such values. Therefore, it appears that unless the entire social milieu improves and there is greater individual freedom, education of women alone might not significantly reduce their fertility level in rural areas."⁵⁷

3.4.7 Female Work Participation

3.4.7.1 Patriarchy, Fertility and Female Work Participation in Developing Economies

Most of the developing economies, including India, have a rural and agrarian setting. In such a setting, rural women, though their work participation may be significant, are likely to experience little conflict between their productive and reproductive roles because of the flexible hours and the nearby location of much of their work (within the household or near the household) and the relative ease with which women can tend their children. The association between rural women's work and fertility can be fully understood by examining how patriarchal relations of kinship and class within a specific

agrarian system and social group affect both sides of the work-fertility equation in fundamental ways.⁵⁸

The work most women do in rural areas cannot substitute for marriage or motherhood as a source of prestige or economic security for a variety of reasons nor can it be expected to 'empower' girls or women to challenge traditional patriarchal controls over their sexuality and reproduction. For these women, the idea of work as personal liberation would seem to be strange.

Patriarchal institutions can be described as relations by which the old dominate the young and men dominate women. Patriarchy has a material base and an ideological justification. The 'material base' consists of, to varying degrees, control by elder male heads of lineage, extended family or household control over the means of production - valued property such as land, livestock and capital; family labour - and over reproduction - the circumstances under which family members enter and leave sexual unions and bear children. The ideological justification consists of assertions in different forms like 'natural' or 'divine' origin of filial obligation, male dominance, female subordination; and their expression in legal and moral codes of behaviour. Patriarchal ideology can wield considerable influence irrespective of a material base, for instance, by prescribing female seclusion as a symbol of family honour even among economically poor households, by convincing women that their work, paid or unpaid, has little value, even

if it contributes significantly to the welfare of the family.

Patriarchal institutions interact with institutions of caste, class and ethnicity and produce different patterns of productive and reproductive behaviour. The control of men and elders over female labour can result in high or low levels of female employment in rural areas. "Patriarchal control over reproduction can produce very early marriages or late marriages, depending upon the benefits flowing to elders from each pattern. It can produce high or low rates of divorce and female remarriage; pregnancies closely or widely spaced. And it can produce not only high birth rates and low levels of contraceptive use, but also more controlled birth rates and higher levels of contraceptive use (for instance, among the Chinese in Southeast and East Asia) in groups where the interests of powerful kin lie in investing more heavily in fewer children - especially sons - for the family's social advancement."⁵⁹

Control of female labour can be in the form of social norms governing the type of work that women do, restrictions on their physical mobility, legal and social institutions blocking their direct access to the means of production, appropriation of their unpaid family labour or their earnings by their men and elders within the household, institutionalized gender discrimination in stratified and segmented labour markets, etc. "Controls over female reproduction and sexuality may include rules requiring the virginity of brides, practices of female seclusion, the power of elders to decide on the timing of marriage, choice of

husband, terms of marriage exchange, social norms defining women as the sexual property of husbands, and repudiation of barren wives or wives without sons."⁶⁰

Only when patriarchy is attacked by attacking its two bases - material and ideological - can the women in rural and agrarian settings achieve control over their productive and reproductive behaviour. Then alone there will be some change in the fertility behaviour of these women. "By providing alternative sources of social identity and economic support, female employment could reduce women's social and economic dependence on men and children (especially sons); broaden girls' and women's social horizons, thus helping to counter kin based pronatalist pressures; increase women's desire to delay marriage (or to avoid and terminate an unsatisfactory union) and to space and limit births; and contribute to greater sexual and reproductive autonomy."⁶¹

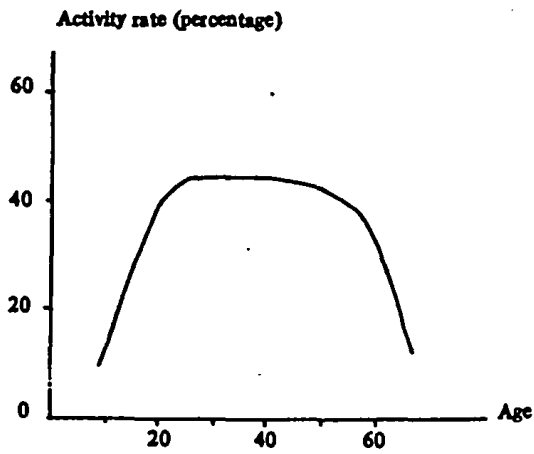
3.4.7.2 Age Patterns of Female Participation in Economic Activity

In countries where women's participation in income generating jobs is strongly affected by marriage, child-birth and aging of the children as well as the mother in the course of the family life-cycle, these influences may be reflected in the form of the curve of age-specific female activity rates.

Four types of age-specific curves of female activity rates were identified for different countries at different dates in the Economic and Social Commission for Asia and Pacific

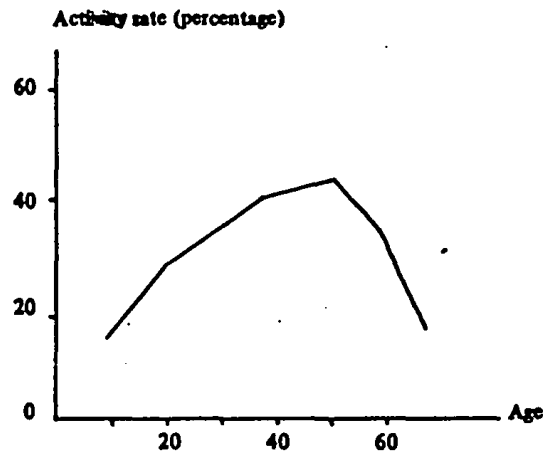
(ESCAP) region by United Nations (Figure 3.1). In type A, the activity rate rises steeply from the early teens to a plateau in ages between 20 and 50 (or 60) and drops off in older ages. Sabah and Sarawak represent this type of curve for 1960 and 1970. In type B, represented by Indonesia in 1971 and Sri Lanka in 1946 and 1953, the curve of the female rates continues rising to a peak somewhere in the age range of 40 to 55 years and drops off thereafter. In type C, the activity rate rises steeply to a peak at an age in the early twenties and declines steadily as age advances. Sri Lanka in 1971 represents such a curve. In type D, the curve exhibits two peaks, at ages in the early twenties and the late forties, with a distinctly marked trough in ages of the later twenties and the thirties. Examples of this type can be seen in Republic of Korea 1960 and 1970, Peninsular Malaysia 1957, and 1970, Philippines 1960 and 1970, and Indonesia 1961. Similar variations in forms of age curves of female activity rates were identified by John D. Durand in his world-wide study of labour force characteristics.⁶²

When women's work participation is to a large extent independent of their marital and maternal responsibilities, we derive type A and B curves. Such conditions are found commonly in rural areas of developing countries, where women are engaged for the most part as unpaid family workers or in paid jobs done within or close to the household. Such employment as we have seen, involves a minimum of conflict with women's role as homemakers and mothers. Type C implies that women work primarily



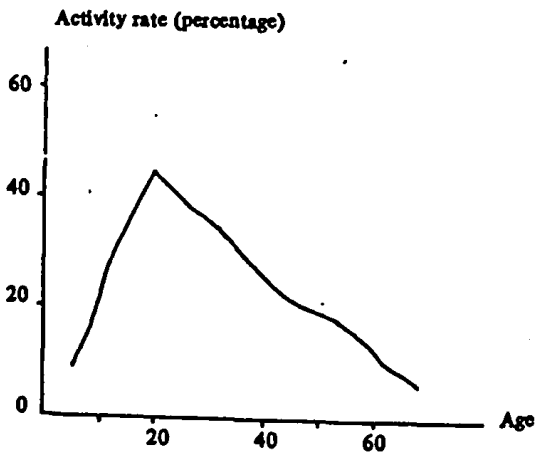
Type A

Sabah 1960, 1970
Sarawak 1960, 1970



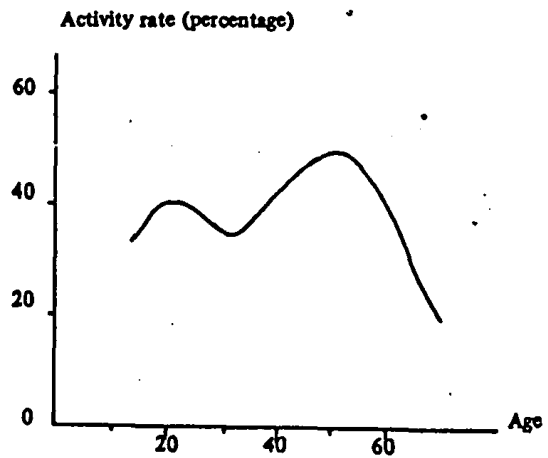
Type B

Indonesia 1971
Sri Lanka 1946, 1953



Type C

Sri Lanka 1971



Type D

Republic of Korea 1960, 1970
Peninsular Malaysia 1957, 1970
Philippines 1960, 1970
Indonesia 1961

Figure 3.1 Typical patterns of female age-specific activity rates, five ESCAP countries, 1946-1971

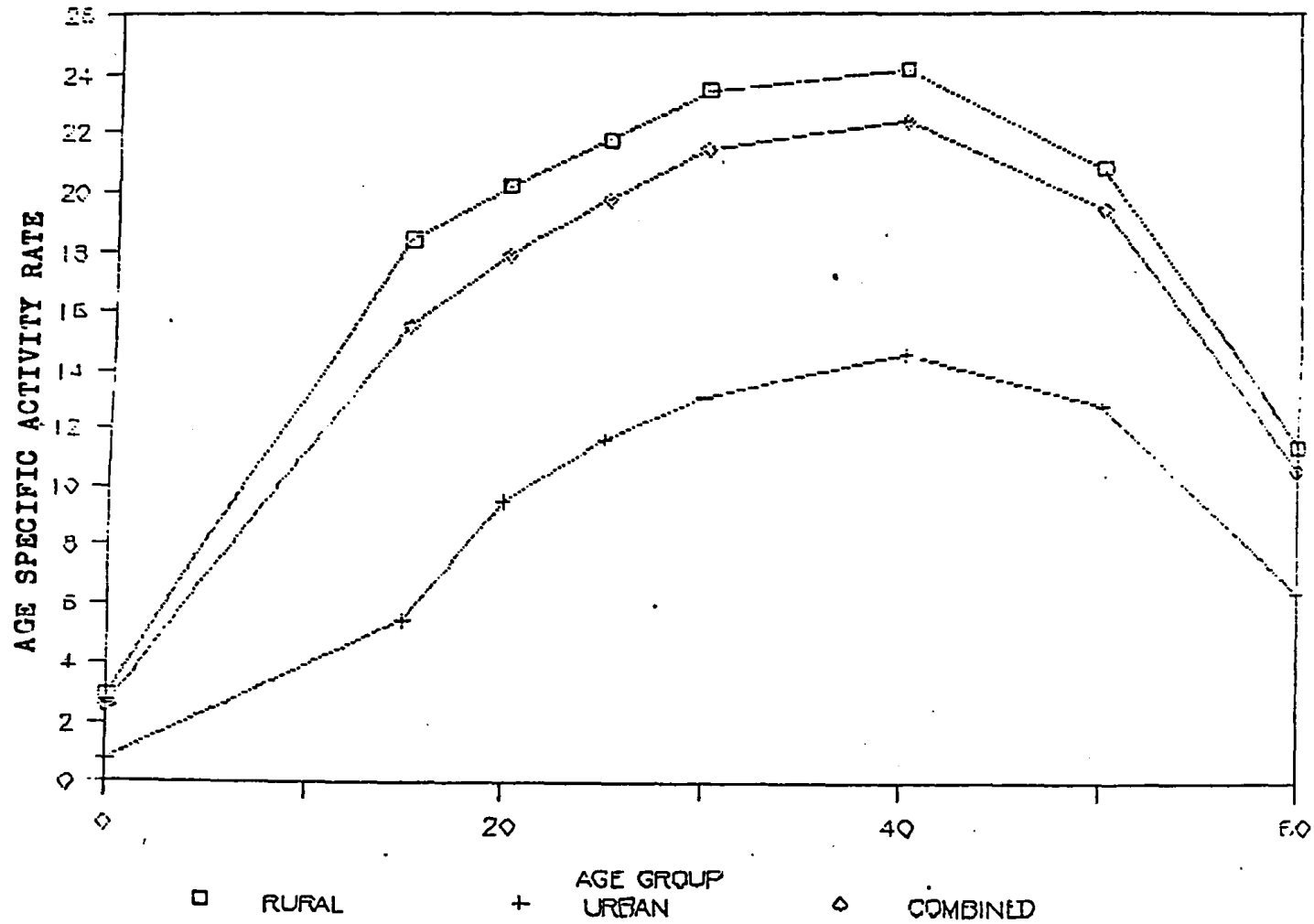
Source : U.N., 1971, p. 31.

when they are unmarried and/or without children, and most of them withdraw from the labour force when they become wives and mothers. Type D implies that many women re-enter the labour force or join for the first time later in life when their children have grown older and no longer require so much of mother's attention. In developing countries, in rural areas, the age-specific female activity curves would be of type A and B as women are employed mostly as unpaid family labour or paid labour in agriculture or cottage industries. In urban areas, the curves would be of type C and D as most of the women in the labour force are wage-workers in jobs outside home and family.⁶³

3.4.7.3 Fertility and Female Work Participation in India

According to 1971 Census, about 32.9 per cent of the population was economically active. The activity rate for female (11.9 per cent) was much lower than for males (52.5 per cent). The contrast between rural and urban areas for female workers is more striking. The female work participation rate is two times higher in rural areas (13.1 per cent) as compared to urban areas (6.6 per cent).⁶⁴ Age specific activity rates in 1971 by residence are given in Table 3.13 and illustrated in Figure 3.2. The age specific activity curve is of A type in rural areas and B type in urban areas for reasons explained later. The activity rates are significantly lower in urban than in rural areas in all age groups. In any age group, the female activity rate does not exceed 25 per cent in rural and 15 per cent in urban areas. The female activity rate is higher

Figure 3.2 : Female Age Specific Activity Rate by Residence, 1971 Census, India



in rural areas especially in agriculture. Despite higher literacy, the female activity rate is lower in urban areas. Classification of urban workers by educational level shows that even among female graduates and post-graduates, only about 22 and 43 per cent participate in economic activity as against 74 and 85 per cent respectively among males.⁶⁵

The occupational distribution of female workers in 1971 is given in Table 3.14. In skilled categories (divisions 0-1, 2) a higher percentage of women are engaged in urban areas than in rural areas. The higher proportion of women among professional and other skilled workers (0-1 division) is due to the inclusion of teachers and nurses. Both in urban and rural areas the majority of females are occupied in production and related activities (divisions 7-8-9). In rural areas the second highest proportion of female workers is in agriculture and related activities (division 6). In urban areas the proportion of female service workers (division 5) is significantly higher (19.2 per cent) than in rural areas (12.6 per cent).

In India most of the women working in rural areas are not likely to experience conflict between occupation and child bearing and rearing for most of them, as we have already seen, work in agriculture and cottage industries as unpaid or paid labour. In urban areas, in towns and small cities, there is not much female work participation for two reasons: lack of employment opportunities and lack of modern skills. Only in metropolitan cities like Calcutta, Delhi and Bombay the female

work participation rate is higher. For women in professional or high income groups, possibly there is a conflict between occupation and child bearing. This conflict may not be so severe as surrogate help is available in the form of maids and ayahs. Yet their fertility may be lower due to their higher socio-economic status and more modern attitudes. In the lower income groups, women mostly work, as we have seen, as domestic help and in production and related activities. They are not likely to consider higher fertility as a serious obstacle for children start working from an early age. Only in the middle income groups, where women work in white collar jobs to supplement the family income, this conflict may arise and for that and other reasons fertility may be reduced.

3.4.7.4 Hindu-Muslim Differentials in Female Work Participation

It may be expected that female work participation among Muslims is proportionately lower than for Hindus for the following reasons: The percentage of Muslims in rural areas is lower and proportionately fewer Muslim females in rural areas work in fields and in household industry; The Muslim cultural practice of Purdah may be an obstacle to female work outside the home; And levels of education and modern skills of Muslim females are proportionately lower. However, empirical data on these Hindu-Muslim differentials are not readily available to test these conjectures.

3.5 Marriage and Family

Traditionally the institution of marriage is considered the foundation of the family. In joint families the desirability of marriage is high and universal for both sexes. Early or very early marriage patterns exist for women so as to fulfil their reproductive function and large family size preferences. Marriage decisions are generally controlled by the family and parents. Education, modernization, industrialization, increased work participation of single women, modify the behaviour of joint families with regard to marriage. In nuclear families the desirability of marriage is high but the pressures not to remain unmarried are less constraining. Nuclear families are generally characterized by a later age at marriage. Also there is freedom to choose one's spouse. Within the family the reduced need for family manpower, increasing need for more education, longer training needed to acquire industrial skills, lead to small family size preferences, a shorter reproductive span in married life and also later age at marriage for girls.

In India among both Hindus and Muslims, except for a few subgroups, a patrilocal, patrilineal and patriarchal family system exists. Among Moplahs of Kerala and Lakshadweepa, a matrilineal, matrilocal family system exists.⁶⁶ Nayars of Kerala in the past and Khasis of Assam now practise a matrilineal and matrilocal family system.⁶⁷ The incidence of joint family or nuclear family living seems to be the same for both

Hindus and Muslims. Norms favouring joint family living - a feature so characteristic of Hindus - are equally widely held among Muslims. "... the large majority of Muslims live in simple or nuclear households, the incidence of joint families among them either compares with the average incidence for the country as a whole or, in fact, shows a higher tendency."⁶⁸ Modernization and education, the secular forces are affecting the family system similarly among both the communities. "... family patterns are common among all elements of society in India, given similar education and other social attributes ... both Muslims and non-Muslims in the sample are being very much influenced by the effects of urbanization and education, especially the women."⁶⁹

"High aspirations for children along with emotional, physical, and financial strains they involve, have led these families to realize the need and importance of small family size. Hence these families subscribe to the small family norm, and appear to be quite conscious of the fact that given the present difficult and competitive conditions of life, one should not have unlimited children. Interestingly enough, some informants even adduced religious arguments in favour of limiting family size." But "among Indian Muslims an educated middle class is as yet microscopic; consequently the modern Muslim family continues to be largely atypical."⁷⁰ As such the stereotype of traditional Muslim family continues to be perpetuated without appreciation of the changes that are

creeping in. Further in urban areas, as far as the purely secular aspects of family life are concerned, there is very little difference between the middle class Hindu and Muslim families.

3.6 Summary and Conclusions

Among Hindus the following marriage patterns are observed. In north India, the necessary condition of marriage is that the bride and groom should not be blood relatives. In south India, the type of marriages allowed conform to the rule of clan endogamy. Hypergamy, sororate and levirate are still occasionally practised in the north. Polyandry is mainly practised among Khasis of Assam and Todas of Nilgiris. The practice of polygamy is rare. Child and adolescent marriages are also observed. Divorce is rare. Remarriage of widows and divorcees is not common.

Among Muslims, cousin endogamy and group endogamy is practised to some extent. Hypergamy and levirate are also practised. Sororate and polyandry are absent as it is not permitted in Islam. Practice of polygamy is rare and not higher than for Hindus. Child and adolescent marriages are present but less prevalent than for Hindus. Divorce and remarriage of widows and divorcees are present but the extent is not known. The marriage patterns for Hindus and Muslims are similar except for polyandry and sororate. This is because in the past, the converted Indian Muslims adopted many of the social customs and nuptiality practices then prevalent in the country.

From 1891 the age at marriage for Muslim women has tended to be higher than for Hindu women. Though over time the age at marriage for Hindu women increased to a larger extent, according to 1981 Census, there is no appreciable difference in the mean or median age at marriage of Hindu and Muslim women. Analysis of the mean age at marriage for decade synthetic cohorts of Muslims and Hindus for the period 1891-1931 for India and the then existing states also shows that Muslims, both men and women, in general had a higher age at marriage than Hindu men and women and the mean age at marriage has shown an increasing trend for both communities. There were regional differences in the mean age at marriage of Hindus and Muslims.

According to 1981 Census data, the percentage of currently married women in reproductive ages 15-49 for Hindus and Muslims does not seem to differ much at the national level. The ratio of currently married to ever married women for India, 1981, for the two communities, both in urban and rural areas, does not vary much. This is also true for this ratio in Uttar Pradesh.

The proportion of never married women seems to have been significantly lower in the 0-14 age group for Muslims and the differentials tended to decline with age. The analysis of decade synthetic cohorts for the period 1891-1931 shows that Muslim men and women had in general higher proportions single than Hindu men and women in the age groups 25-30 and below.

Education can lead to an increase in the age at marriage only if female education is considered to be important. Among both communities marriage is universal and female education is not considered important. In rural areas, wife's education is not as important in determining the completed family size as in urban areas. Unless the entire social milieu improves and there is greater individual freedom, education of women might not significantly reduce their fertility level in rural areas.

The association between work and fertility in rural and agrarian settings such as India can be fully understood by examining how the patriarchal organizations of kinship and class affect both sides of the work-fertility equation in certain basic ways. Only when patriarchy is weakened by attacking its material and ideological bases, the women in rural and agrarian settings can achieve control over their productive and reproductive behaviour.

In India the female work participation rate is just a little above one-fifth of the male rate. The female work participation rate in rural areas is two times higher than for urban areas. The majority of the women workers, both in rural and urban areas, work as production and related workers (including agriculture and animal husbandry), and labourers. These women are not likely to experience conflict between work and child bearing and rearing. Female work participation may be proportionately lower among Muslims due to purdah, lower levels of education and modern skills and a lower proportion of Muslims living in rural areas.

Traditionally the institution of marriage is considered the foundation of the family. In both religions, excepting for a few subgroups, a patrilocal, patrilineal and patriarchal family system exists. The incidence of joint family or nuclear family living seems to be the same for both communities. Modernization, education and secular forces are affecting the family system similarly among both the religions. Among Indian Muslims an educated middle class is as yet microscopic and so the traditional Muslim values regarding family size and functions continue unchanged.

The analysis so far shows that the differences in fertility cannot be accounted for, to any large extent, by the differences in nuptiality patterns except that relatively easier divorce and widow remarriage among Muslims may contribute partially to a higher fertility level than Hindus. To analyse the differentials in marital fertility of the two communities, differentials in the contraceptive practice between Hindus and Muslims are examined in the next chapter.

Table 3.1 : Per Cent of Female Marriages upto Age 13 and Age 17 Among Hindus and Muslims by Present Age, Age at Marriage and Place of Residence, Uttar Pradesh, 1981

Present Age	Age at Marriage			
	Per cent married upto age 13		Per cent married upto age 17	
	Hindus	Muslims	Hindus	Muslims
<u>Urban</u>				
20-29	8.6	6.5	51.2	50.7
30-39	8.5	5.2	55.0	49.7
40+	8.8	4.1	53.1	39.9
<u>Rural</u>				
20-29	20.0	15.9	67.4	65.0
30-39	19.2	13.5	69.3	64.5
40+	17.0	10.8	63.5	56.1

Source : Census of India, 1981, Series-22, Uttar Pradesh, Part VI-A and B, Fertility Tables, pp. 64-69.

Table 3.2 : Correlation Matrix Among Proxies for Level of Polygyny and Proportion of Muslims: 56 Districts as Units of Analysis

	V ₁	V ₂	V ₃	V ₄	V ₅	V ₆
V ₁	1.000	-0.081	0.080	-0.299	0.245	0.583
V ₂		1.000	0.397	0.531	-0.524	-0.857
V ₃			1.000	0.321	-0.387	-0.282
V ₄				1.000	-0.988	-0.587
V ₅					1.000	0.554
V ₆						1.000

V₁ = Currently married males/ever married males;

V₂ = Currently married females/ever married females;

V₃ = Currently married males/currently married females;

V₄ = Percentage of Muslims in each district in total population;

V₅ = Percentage of Hindus in each district in total population;

V₆ = Index of gender difference in currently to ever married (V₁ - V₂).

Source : Relevant data are taken from the same source as for Table 3.1.

Table 3.3 : Mean Age at Marriage of Persons Married Before 1930 as Computed from Census Data, and of Persons Married After 1930 as Estimated by Sample Surveys, India

Religion	Mean age at marriage of persons married before 1930 : All India (Census Data)		Mean age at marriage of persons married after 1930 : Rural India (Survey Data)	
	Males	Females	Males	Females
Hindus	19.4	12.5	19.6	14.2
Muslims	20.9	13.4	21.2	15.1

Source : Agarwala, S.N., 1967, p. 136.

Table 3.4 : Mean and Median Age at Marriage of Currently Married Women Among Hindus and Muslims, India, 1971 and 1981

	Mean Age at Marriage				Median Age at Marriage			
	Rural		Urban		Rural		Urban	
	1971	1981	1971	1981	1971	1981	1971	1981
Hindus	15.2	16.4	16.7	17.6	15.1	15.9	16.4	17.3
Muslims	15.5	16.5	16.8	17.4	15.4	15.9	16.4	17.1

Source: Registrar General, 1983, Report and Tables Based on 5 per cent Sample Data, Part II-Special, 1981 Census, p. 38.

Table 3.5 : Mean Marriage Age of Decade Synthetic Cohorts by Religion, India, 1891-1931

Period	Religion			
	Hindus		Muslims	
	Males (2)	Females (3)	Males (4)	Females (5)
1891-1901	19.3	12.3	21.1	13.4
1901-1911	19.8	12.4	21.7	13.4
1911-1921	20.1	12.8	21.8	13.7
1921-1931	18.0	12.1	19.0	12.4

Source : Same as for Table 3.3, p. 129.

Table 3.6 : Mean Age at Marriage of Hindu Decade Synthetic Cohort by State, 1891-1901 upto 1921-1931

State (1)	Male*/ Female** (2)	1891- 1901 (3)	1901- 1911 (4)	1911- 1921 (5)	1921- 1931 (6)
Assam	M	23.9	24.2	24.2	22.8
	F	14.7	14.5	14.8	14.7
Bengal	M	18.2@	22.4	22.2	19.7
	F	10.6@	11.0	11.6	11.0
Bihar and Orissa	M	18.2@	16.1	17.7	15.1
	F	10.6@	10.9	12.0	10.8
Bombay	M	19.0	19.0	19.6	18.3
	F	11.6	10.9	11.3	11.5
Madhya Pradesh	M	17.8	17.3	17.1	14.8
	F	12.1	10.9	11.0	10.1
Madras	M	24.0	22.9	23.5	21.8
	F	15.0	14.7	15.0	14.7
Punjab	M	20.0	20.3	20.7	19.8
	F	13.4	13.2	13.5	13.2
Uttar Pradesh	M	17.2	18.0	17.8	16.4
	F	11.7	12.1	12.2	11.6
Hyderabad	M	18.2	18.6	18.2	15.7
	F	10.5	10.7	10.4	9.7
Kashmir	M	N.A.	22.9	22.5	22.3
	F	N.A.	12.2	12.3	13.8
Madhya Bharat	M	16.9	18.2	18.2	16.8
	F	11.0	11.7	11.7	11.4
Mysore	M	24.4	24.4	25.1	23.7
	F	14.9	15.1	15.0	14.7
Rajasthan	M	19.8	21.4	20.2	18.3
	F	12.7	12.7	12.8	12.2
Travancore	M	N.A.	24.3	24.6	24.0
	F	N.A.	17.5	17.9	17.3

*Males married upto age 50. **Females married upto age 35.
@Combined figure for Bengal, Bihar and Orissa.

Source : Same as for Table 3.3, pp. 156-169.

Table 3.7 : Mean Age at Marriage of Muslim Decade Synthetic Cohort by State, 1891-1901 upto 1921-1931

State (1)	Male*/ Female** (2)	1891- 1901 (3)	1901- 1911 (4)	1911- 1921 (5)	1921- 1931 (6)
Assam	M	23.0	23.3	23.2	19.5
	F	13.4	13.5	13.6	11.9
Bengal	M	20.0@	20.7	20.9	17.0
	F	11.5@	11.9	12.4	10.2
Bihar and Orissa	M	20.0@	17.6	18.6	14.6
	F	11.5@	11.8	12.5	10.3
Bombay	M	22.8	24.0	23.7	21.7
	F	14.8	15.0	14.9	14.1
Madhya Pradesh	M	21.8	22.2	21.0	20.1
	F	14.9	13.9	14.1	13.6
Madras	M	24.6	24.0	24.6	23.5
	F	15.9	15.8	16.1	15.7
Punjab	M	23.5	22.7	23.0	22.0
	F	15.9	15.4	15.9	15.3
Uttar Pradesh	M	18.1	19.4	20.3	16.9
	F	12.8	13.2	13.5	12.0
Hyderabad	M	23.2	23.1	22.8	18.3
	F	14.0	14.4	14.0	12.8
Kashmir	M	N.A.	21.2	21.0	21.2
	F	N.A.	14.1	13.8	15.0
Madhya Bharat	M	19.6	21.1	19.9	19.4
	F	13.0	13.1	13.4	13.3
Mysore	M	24.7	25.1	25.5	24.3
	F	15.4	15.5	15.8	15.4
Rajasthan	M	20.6	21.4	20.6	19.3
	F	14.2	13.9	13.8	13.4
Travancore	M	N.A.	24.3	24.8	24.3
	F	N.A.	16.8	17.4	16.9

*Males married upto age 50. **Females married upto age 35.
@Combined figure for Bengal, Bihar and Orissa.

Source : Same as for Table 3.3, pp. 142-155.

Table 3.8 : Percentage of Currently Married Women in Reproductive Ages 15-49 Among Hindus and Muslims, India, 1981

	Percentage currently married women in 15-49		
	Rural	Urban	Combined
Hindus	83.9	74.6	82.4
Muslims	83.2	75.1	80.4

Source : Same as for Table 3.4, p. 54.

Table 3.9 : Ratio of Currently Married (CM) to Ever Married (EM) Women by Hindu and Muslim for India, 1981

Age	Place of Residence	Hindus (CM/EM)	Muslims (CM/EM)
All ages	Rural	84.15	85.10
	Urban	84.76	84.72
	Total	84.27	84.98

Source : Same as for Table 3.4.

Table 3.10 : Ratio of Currently Married (CM) to Ever Married (EM) Women by Religion and Place of Residence, Uttar Pradesh, 1981

Age	Hindus (CM/EM)	Muslims (CM/EM)	Christians (CM/EM)
<u>Rural</u>			
Less than 20	99.6	99.3	100.0
20-29	99.1	98.9	98.8
30-39	97.1	97.3	95.8
40+	73.3	76.3	76.3
All ages	88.3	89.7	89.2
<u>Urban</u>			
Less than 20	99.5	98.9	98.9
20-29	99.1	98.4	99.3
30-39	97.1	96.6	97.1
40+	72.9	73.1	71.3
All ages	88.7	88.2	86.6

Source : Same as for Table 3.1.

Table 3.11 : Proportions Single and the Mean Age at Marriage of Decade Synthetic Cohorts for Hindu and Muslim Males, India, 1891-1901 upto 1921-1931

Age	1891-1901	1901-1911	1911-1921	1921-1931
Hindu Males				
0- 5	.991	.990	.992	.981
5-10	.952	.950	.956	.905
10-15	.831	.834	.851	.814
15-20	.612	.625	.648	.495
20-25	.359	.355	.386	.327
25-30	.187	.173	.190	.101
30-35	.109	.091	.104	.073
35-40	.078	.057	.069	.031
40-45	.071	.047	.060	.031
45-50	.063	.035	.049	.030
50-55	.063	.033	.048	.030
Mean age at marriage of those married upto age 50				
	19.33	19.76	20.09	17.98
Muslim Males				
0- 5	.997	.998	.997	.984
5-10	.983	.984	.985	.932
10-15	.914	.922	.930	.861
15-20	.714	.729	.750	.536
20-25	.412	.417	.432	.340
25-30	.199	.194	.203	.099
30-35	.106	.121	.095	.064
35-40	.067	.052	.053	.024
40-45	.064	.052	.035	.024
45-50	.051	.026	.034	.013
50-55	.051	.026	.024	.013
Mean age at marriage of those married upto age 50				
	21.06	21.74	21.75	18.98

Source : Same as for Table 3.3, pp. 139, 141.

Table 3.12 : Proportions Single and the Mean Age at Marriage of Decade Synthetic Cohorts for Hindu and Muslim Females, India, 1891-1901 upto 1921-1931

Age	1891-1901	1901-1911	1911-1921	1921-1931
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Hindu Females

0- 5	.983	.981	.985	.975
5-10	.872	.863	.883	.841
10-15	.511	.494	.545	.461
15-20	.145	.121	.141	.136
20-25	.044	.029	.037	.031
25-30	.036	.014	.021	.017
30-35	.036	.011	.018	.012
35-40	.035	.004	.016	.010

Mean age at marriage of those married upto age 35

12.32	12.38	12.77	12.11
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Muslim Females

0- 5	.992	.995	.993	.970
5-10	.927	.932	.947	.856
10-15	.597	.598	.643	.485
15-20	.171	.138	.155	.150
20-25	.051	.035	.043	.032
25-30	.027	.015	.023	.020
30-35	.027	.012	.020	.010
35-40	.027	.008	.015	.011

Mean age at marriage of those married upto age 35

13.38	13.41	13.74	12.40
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Source : Same as for Table 3.3, pp. 139, 141.

Table 3.13 : Female Age Specific Activity Rate by Residence,
1971 Census, India

Age group	Rural	Urban	Combined
0-14	3.0	0.8	2.6
15-19	18.4	5.5	15.5
20-24	20.2	9.5	17.8
25-29	21.8	11.6	19.7
30-39	23.4	13.1	21.4
40-49	24.1	14.5	22.4
50-59	20.8	12.7	19.4
60+	11.3	6.4	10.5
Age not stated	5.9	7.6	6.0

Source: Census of India 1971, Series I - India, Paper 3 of 1972.

Table 3.14 : Occupational Distribution of Female Workers,
1971 Census, India

Division	Description	Rural	Urban	Combined
0-1	Professional, technical and related workers	8.6	20.8	13.7
2	Administrative, executive and managerial workers	0.2	0.6	0.3
3	Clerical and related workers	0.9	7.0	3.5
4	Sales workers	7.2	8.0	7.5
5	Service workers	12.6	19.2	15.4
6	Farmers, fishermen, hunters, loggers and related workers	19.2	2.8	12.3
7-8-9	Production and related workers, transport equipment operators and labourers	48.8	39.7	45.0
X	Workers not classified by occupation	2.6	1.8	2.3
	All divisions	100.0	100.0	100.0

Source: C.I.C.R.E.D. Series, 1974, The Population of India, Ministry of Home Affairs, New Delhi, p. 108.

Notes and References

1. Karve, I., 1968, p. 383.
2. Ibid., pp. 218, 220, 222.
3. Dhawan, Shally, 1988, "Rajputs Bumping off Babygirls", Times of India, Bombay, dated 21st September.
4. Karve, op.cit., p. 295.
5. Ibid., p. 132.
6. Wyon, J.B., et.al., 1966, "Delayed Marriages and Prospects for Fewer Births in Punjab Villages", Demography, Vol. 3, No. 1, pp. 209-217.
7. Bloom and Reddy, 1984, quoted in U.N., 1988, p. 53.
8. Sarkar, B.N., 1985(b), pp. 17, 18.
9. Sinha, R.K., 1985, pp. 247, 248.
10. Karve, op.cit., p. 224.
11. With passage of time, many converted Indian Muslims also started calling themselves Shaikhs to enhance their local status.
12. This hypothesis is further strengthened when we observe that Muslim social stratification elsewhere (leaving Pakistan and Bangladesh) "does not approximate even remotely to the Indian model." (Ahmad, I., 1973(a), p. xxxi.)
13. Levy, R., 1957, The Social Structure of Islam, Cambridge University Press, p. 104.
14. Tuncbilek and Ulusoy, 1989, p. 35.
15. Same are the reasons stated for preferential marriages among relatives in south India.
16. Khatana, 1976, p. 95.
17. Lambat, I.A., 1976, p. 58.
18. Ahmad, I., op.cit., p. xxi.
19. Agarwal, P.C., 1973.
20. Irshad Ali, A.N.M., 1976, p. 18.

21. Ahmad, I., 1973(b), p. 158.
22. Dube, Leela, 1973, p. 210.
23. D'Souza, 1973, p. 51.
24. Ahmad, I., 1976(a), p. xxvi.
25. Agarwal, P.C., op.cit.
26. D'Souza, 1976, p. 156.
27. Khatana, R.P., op.cit., p. 100.
28. Ibid.
29. Sayyad and Sayyad, 1988, p. 119.
30. Some Islamic scholars argue that Islam does not allow this form of oral talaq as it was an evil practice which existed in pre-Islamic Arabia.
31. Ahmad, I., 1976(a), p. xxvii.
32. Seal and Talwar, -1974(a), p. 113.
33. Pebley Ann, et.al., 1988, "Polygyny and Fertility in Sub-Saharan Africa", Research Notes, No.21, Population Council.
34. Pakrasi, K., 1983, p. 360.
35. Seal and Talwar, op.cit., p. 114.
36. Caldwell, et.al., 1989, "The Social Context of AIDS in Sub-Saharan Africa", Population and Development Review, Vol.15, No. 2, June, p. 201.
37. Sarkar, B.N., 1985(b), p. 13.
38. Report of the Committee on the Status of Women in India, 1975, pp. 66-67.
39. Ibid.
40. Pakrasi, K., op.cit., p. 359.
41. Ibid., p. 360.
42. Agarwala, S.N., 1967, "Widow Remarriages in Some Rural Areas of Northern India", Demography, Vol. 4, pp. 126-134.
43. Henry, Alice and Piotrow, Phyllis, T., 1982, "Age at Marriage", in John A. Ross (ed.), Encyclopaedia of Population, Population Council, New York, pp. 23-30.
44. U.N., 1988, p. 66.
45. Visaria, L., op.cit., p. 369.

46. Sinha, R.K., op.cit., p. 250.
47. Hajnal, 1953, "Age at Marriage and Proportions Marrying", Population Studies, Vol. VII, November, pp. 111-136.
48. This will be so when we assume that the cohort is not exposed to mortality, that there is no differential mortality by marital status and that net immigration is negligible.
49. Agarwala, S.N., 1962, pp. 229, 230.
50. Sarkar, B.N., op.cit., p. 12.
51. U.N., 1988, pp. 17-50.
52. Ibid., p. 46.
53. Sarkar, B.N., 1985(a), p. 25.
54. Bhargava, P.K., and Saxena, P.C., 1985, p. 275.
55. Community means caste-cum-religion in this context.
56. Srikantan, et.al., 1988.
57. Ibid., p. 142.
58. Dixon-Mueller, 1989, p. 292.
59. Ibid., p. 295.
60. Ibid., p. 292.
61. Ibid.
62. Durand, J.D., 1975, The Labour Force in Economic Development, Princeton University Press, Princeton, pp. 26-30.
63. U.N., 1979, p. 23.
64. CICRED Series, 1974, The Population of India, Ministry of Home Affairs, India, p. 96.
65. Ibid., p. 99.
66. D'Souza, 1973, op.cit.; Dube, L., 1973.
67. Karve, I., op.cit., pp. 212, 327.
68. Ahmad, I., 1976(a), p. xxii.
69. Conklin, G.H., 1976, p. 139.
70. Sayyad and Sayyad, op.cit., p. 130.

CHAPTER IV

HINDU-MUSLIM DIFFERENTIALS IN FAMILY PLANNING

4.1 Introduction

Among human populations today, differentials in contraception are responsible for wide variations in the levels of fertility within marriage. So differentials in contraception between Hindus and Muslims are important for explaining the fertility differentials between these two communities. In this chapter Hindu-Muslim differentials in family planning knowledge and use are discussed and their impact on marital fertility levels of the two communities is assessed. We also explore the major factors that account for these differentials. Here the term family planning is used to include conventional and modern contraceptive methods and practices and sterilization, both vasectomy and tubectomy (or tubal ligation). However, abortion is not included in the term family planning.

4.2 Resistance to Family Planning

"The resistance to family planning is mainly the outcome of ignorance and fear, there being some interested parties" (politicians and fundamentalists) "who take advantage of such a situation to prompt people either to remain aloof from the movement or to oppose it."¹

Various arguments are advanced against the acceptance and use of family planning as summarized below:

(i) Children are gifts of god: These persons are not capable of differentiating between children by choice and chance, lack a rational, scientific temperament and strictly follow fundamentalist religious tenets.

(ii) Increase in illegitimate sex relations: Many argue that the publicity given to family planning and the various methods of contraception would lead to immorality in the society by an increase in illegitimate sexual relations.

(iii) Disapproval of elders/religious leaders: Family planning practices would court the disapproval of elders of the family and religious heads of the community.

(iv) Children provide old age security: This is a strong reason, especially for son preference among patriarchal cultures.

(v) Likely imbalance in the population strength of different communities: Community leaders and religious heads have mooted a likely imbalance in the relative population size of each community thus giving a communal facet to the element of fear. "They advocate strengthening of the absolute numbers of their communities so that other communities should not assume a more dominant position. Cries are heard on all sides, which claim that 'Hinduism is in danger', 'Islam is in peril'; and even 'Catholicism is being put to the test', emotional appeals all, that are capable of

misleading the people. This is the coinage of cheap propoganda couched in emotions, which circulates quickly and only helps to build up resistance to the cause."²

(vi) Neutral or hostile position taken by politicians:

Most politicians do not support family planning because it does not build up their popularity in election campaign.

(vii) Prejudices and misunderstandings about family planning methods: People still have prejudices and misunderstandings about family planning methods. Lack of sensitivity in delivering family planning services and fear of sterilization also lead to such misunderstandings.

4.3 Attitudes of Muslims Towards Family Planning

4.3.1 Islam's Position

A review of Islamic literature reveals that Islam is not against family planning. The various statements made by different scholars support this position. "Islam is a rational religion. In all matters it adopts the middle course which we may call the golden mean. In matters of procreation also, there appears to be no objection in Islam to adopt the middle course without going into the extremes of unrestricted multiplication of children or nullification of procreation. The spacing of child-birth as mentioned under birth control in family planning programmes appears to be quite justified and according to the spirit of Islam."³

To increase population is no religious service at all if material resources are few and difficult to reach as

against too many people. "To produce children who cannot be trained in the temporal and religious sciences is an unforgivable crime in the eyes of religion, morality and common sense."⁵

During the days of Muhammad, Azl (i.e. coitus interruptus) was practised as it was one of the methods of birth control known in those days. If other means were available, he would have definitely favoured them. Muslim (an authority on the traditions of Muhammad, the Hadith) relates: "We used to practise coitus interruptus during the time of the Prophet. He came to know of it, but he did not forbid it."⁶ Malik, Shafi, Koufites and the majority of the doctors of law also agree.⁷

Contraceptive knowledge was known to Al Razi of Persia in late 9th century, to 'the greatest physician of middle ages', Avicenna in West Africa in early 11th century and to Al Jurjani in 12th century Persia. All these were great Muslims. This awareness suggests that there is no clear ban on contraception in Koran, or in the Sunna (traditions of Prophet) or in the Ijma (Islamic consensus which is authoritative).⁸ The classical theologian Al Ghazzali stated that Azl was justified to protect one's property, to preserve the wife's health and beauty and to allay anxieties over numerous children.⁹

"Without a doubt, juridical logic cannot stop within limits of a method" (coitus interruptus) "that is so close to nature. On the contrary it must authorize recourse to other

contraceptive methods that have been brought to light by modern technique, methods that have the same goal as the traditional Azl."¹⁰ "Often the wife's health is deficient or the husband's income is insufficient or the national economy is in a state of crisis. In all these cases the family ought to take all precautions and stop births until the crisis has passed."¹¹

International Conferences on Islam and Family Planning held in Rabat, Morocco, in 1971 and later in 1979 at Banjul, Gambia, West Africa, reiterated the view that the use of family planning methods is not unIslamic. Also, Muslim scholars Congress on Development, Health and Population held in Jakarta, Indonesia, in 1983, unanimously resolved that "issues related to primary health care, maternal and child health and family planning all being interrelated, should be given priority both in rural and urban areas, and in this regard, governments should endeavour to make such services available for the benefit of Muslims."¹²

4.3.2 Views of Muslim Religious Leaders on Family Planning

A Fatwa dated 25th January, 1937, issued by the Mufti of Egypt says: "... Either husband or wife, with the permission of the partner, is allowed to take measures to prevent entrance of the seminal fluid into the uterus as a method of birth control : and either of them may take such measures without permission of the partner if there are reasons. ..."¹³
The Grand Mufti of Jordan (in December 1964) said: "Religious

savants inferred" that "contraceptives might be used and even medicines might be used for abortion. Accordingly we hereby give our judgement with confidence in favour of family planning."¹⁴

Coming to India, the Fatawa-e-Alamgiri, also called Fatawa-e-Hindiya, written during Mughal rule, opines that mutually consenting couples could adopt family planning. Also respected Ulemas like Shah Abdul Aziz Dehlvi, Maulana Sayeed Ahmed Akberabadi, Qazi Sajjad Hussain, Mufti Atiqur Rahman Usmani, Allama Mustafa Hasan Alavi Kakori hold the view that planned parenthood measures are not un-Islamic.¹⁵ The Naib Imam of Juma Masjid, Delhi, Syed Abdul Bukhari states: "... Islam does not place any restriction on family planning ... We should seriously practise family planning for having children 'by choice' alone and thus help the nation. The government has opened centres at various places for free services and advice. We should take advantage of the facilities and thus extend cooperation to it. To help the government is to help yourself. It is service not only to the community but to the nation as a whole."¹⁶ The above review reveals that neither Islam nor Muslim religious leaders have been against family planning. In the later sections the various surveys on contraception are reviewed to find the prevalence of contraceptive practice among Muslims in India.

4.4 A Brief Profile of Family Planning Programme in India

Family Planning as an official programme was adopted

in India in 1952. Until 1963, the approach was clinical. In 1963, it was modified with the extension of the services to households. For effective planning and execution of the programme a full-fledged Department of Family Planning was created in 1966 in the Ministry of Health and Family Planning. It is a voluntary family welfare programme and adopts a 'cafeteria' approach providing, in addition to male and female sterilization, a variety of contraceptives like condoms, contraceptive pills and intra-uterine devices (IUD) for the acceptor to choose from. One of the important objectives of the programme has been to spread knowledge of family planning methods and develop among the people a favourable attitude towards family planning.¹⁷

The percentage of eligible couples (married couples with wife aged 15 to 44) effectively protected (CPR) in India by method from 1970-71 to 1984-85, is given in Table 4.1. In 1970-71, 10.6 per cent of currently married women were practising family planning. This percentage steadily rose to 14.6 in 1972-73 and remained at around this level for the next two years. The percentage increased to 17.0 in 1975-76 and shot upto 23.6 in 1976-77 due to the coercive measures adopted during the Emergency period (1975-77) to accelerate contraceptive prevalence. Following the period of the Emergency, the programme suffered a setback and the percentage of protected couples declined to 22.5 in 1977-78. The backlash effect of Emergency continued for some more years and the

percentage remained stable at around the level of 22 upto 1980-81. By 1981-82, the family planning programme had recovered and since then it has shown a continuous increase. In 1984-85, 32 per cent of the currently married women were practising contraception.

Sterilization has been the major component of the Indian family planning programme. Since 1980-81 there has been a steady acceleration in the couple protection rate by use of spacing methods and by 1984-85 about seven per cent of the couples were being protected by the spacing methods of IUD and conventional contraceptives.

Though in India the family planning programme was officially adopted in 1952, neither the CPR has reached a high level nor the population growth rate has come down significantly. This is because the decision-makers did not realize that "for containing population growth, a family planning programme forms merely a component of a wider spectrum which embraces a combination of programmes for dealing with different social and economic problems of the country. Population control was considered, rather simplistically, to be a precursor of development in other social and economic fields."¹⁸

4.5 Findings from Empirical Studies

The contemporary differentials in Hindu-Muslim attitudes, knowledge and practice of family planning, as revealed by empirical studies, are summarized in this section. For India not much information is available in this respect. In

the fertility studies conducted in the past, family planning was considered as one of the variables. Recently in different parts of the country surveys on contraception have been conducted. Much of the evidence given here is taken from these surveys.

4.5.1 Evidence at All India Level

The NSS 16th round (1960) data on the knowledge and practice of family planning by urban couples reveal that (i) the proportion of those who had some knowledge of family planning including traditional methods and also those who had ever practised some method was slightly lower among Muslim husbands than among Hindu husbands; (ii) if husbands aware of family planning are grouped with husbands having knowledge of family planning, we find that there were no differences between Hindus and Muslims; (iii) the proportion of those who had no knowledge and inclination to learn about any method of family planning was higher by six percentage points among Muslims (59 per cent) compared to Hindus (53 per cent); (iv) 14 per cent of the Muslims considered family limitation to be immoral as against 11 per cent of Hindus. Though NSS data are subject to well known errors and biases in responses, it is quite likely that they portrayed the prevailing differentials with a fair degree of validity.¹⁹

A national sample survey was conducted by Operations Research Group, Baroda, during July 1970-January 1971. In all 25,330 currently married individuals (12,716 husbands and

12,614 wives) were interviewed. These individuals were drawn from 254 urban and 704 rural settlements spread all over the country. The survey covered all of India except Jammu and Kashmir, Arunachal Pradesh and offshore islands. The respondents for the survey were currently married and cohabiting women aged 15-44 years and their husbands. A multi-stage sampling procedure was adopted for the purpose of sampling households. Among the couples of the sample, 90.7 per cent were Hindus, 7.6 per cent Muslims and 1.7 per cent belonged to other communities.

The objectives of the survey were to study (i) awareness of family planning; (ii) willingness to practise birth control for limiting family size and spacing children; (iii) knowledge of family planning; (iv) use of family planning; (v) attitudes towards family planning methods and (vi) also to assess the effects of socio-economic and demographic characteristics of eligible couples on the above factors.

Religion was one of the variables considered. The main findings of this survey regarding attitudes and practice of family planning by religion are summarized in the Table 4.2. Among Muslims, the ideal number of children seems to be higher and son preference lower. The proportion approving family planning was similar for both communities whereas the proportion disapproving was marginally higher for Muslims. Ever use, current use and past use of family planning was higher among Hindus. Never use of family planning was higher among Muslims.

Current use of family planning by all methods was higher for Hindus by 5.0 percentage points than for Muslims. This difference was found to be statistically significant. The use of terminal and traditional methods was higher among Hindus whereas use of IUD was higher for Muslims.

Ten years later, the Operations Research Group conducted the Second All India Family Planning Survey with more or less similar objectives. The field work of the study was undertaken in 1980 and was completed in early 1981. A total of 41,052 households were contacted and 34,831 eligible couples were finally interviewed on family planning practice and related issues. The couples were selected from 238 towns and 805 villages spread over the country. All married couples in India with wife aged 15-49 years constituted the universe for this study excepting those in Assam and offshore territories like Andaman and Nicobar. In the total sample, Hindus constituted 83.9 per cent, Muslims 10.6 per cent and other communities 5.9 per cent.

In this survey too, religion was considered as one of the variables. The main findings of this survey regarding family planning attitudes and practice by religion are given in the Table 4.3. Family size ideal seems to be higher for Muslims. The per cent stating 'few children make a happy family' was higher by 16.6 percentage points for Hindus and the percentage stating 'many children make a happy family' was slightly higher (2.1 percentage points) for Muslims. The

percentage approving birth control methods was higher for Hindus whereas the percentage disapproving was higher for Muslims. Compared to 1970-71 survey, approval of birth control methods had gone up for both communities but the increase was higher for Hindus (23 percentage points) than for Muslims (12 percentage points). So also disapproval of birth control methods had declined for both communities but the decrease was lower for Muslims (14 percentage points) than for Hindus (24 percentage points).

Ever use, current use and past use of family planning was higher for Hindus than for Muslims. Never use was higher for Muslims by 13.3 percentage points. Compared to 1970-71 survey, ever use and current use had gone up significantly for both communities. Current use of family planning by all methods for Hindus was higher by 13.6 percentage points than for Muslims. In the past ten years, contraceptive practice (current use) had gone up among both communities but the increase was more for Hindus (22 percentage points) than for Muslims (14 percentage points). Terminal methods were relatively less popular among Muslims. While 23.3 per cent of Hindus practised sterilization, only 11.2 per cent of Muslims practised it. Among the sterilized couples, the percentage of Muslim acceptors (5.2) was lower than the percentage of currently married Muslim couples to total currently married couples in the sample (7.21). For the pill and condom, the percentage of Muslim acceptors at 11 and 15 respectively, was higher than their percentage of currently married couples in

the sample (7.21).²⁰ Practice of family planning seems to be lower among Muslims largely due to relatively low acceptance of terminal methods. When asked about the reasons for non-adoption of family planning, nearly half of the Muslim respondents (51.6 per cent) said that they were either 'not interested in family planning' or 'do not believe in family planning' or 'family planning was against religion'. The corresponding percentage for Hindus was substantially lower (8.8). Also a higher percentage of Hindus (3.5) reported that they did not practise family planning for they wanted more sons whereas fewer Muslims gave this reason (1.1 per cent).

For India, data on acceptors of sterilization and IUD by religion are provided by the Government of India for the years 1968-69 upto 1979-80. For later years, this information is not available. The percentage distribution of acceptors of sterilization and IUD by Hindus and Muslims for India, from 1968-69 upto 1979-80, is given in the Table 4.4. The Hindu percentages of sterilization and IUD, are above the percentage of Hindus in the total population in 1981 (82.7), whereas the corresponding Muslim percentages of family planning prevalence are below their percentage in the total population in 1981 (11.4). Over time, there is not much variation in the percentages of couples sterilized and IUD acceptors for both communities. Further, IUD had been more popular among Muslims than terminal methods while the contrary had been true for Hindus.

The percentage distribution of sterilization acceptors by Hindu/Muslim for India and for some major States for the year 1979-80 is given in Table 4.5. The percentage to currently married women aged 15-44 by Hindu/Muslim for India is also given in Table 4.5. For India, the percentage of Hindus among sterilization acceptors is slightly higher than and the percentage of Hindus among IUD acceptors is nearly the same as the percentage of Hindus among currently married women. The percentage of Muslims among sterilization as well as IUD acceptors is lower than the percentage of Muslims among currently married women, but the difference is higher for sterilization than IUD.

For the selected States the percentage of Hindus among sterilization acceptors is similar to or higher than their percentage to the currently married women. So also the percentage of Hindu IUD acceptors is, in general, similar to their percentage to currently married women. The percentage of Muslim acceptors of sterilization is lower than their percentage to the currently married women whereas the percentage of Muslim IUD acceptors is, for a few States like Andhra Pradesh, Madhya Pradesh and Maharashtra, higher than their percentage to the currently married women. For Andhra Pradesh, the percentage of Muslims among acceptors of IUD is nearly twice their percentage to the currently married women. The percentage of Muslims among IUD acceptors is more than the percentage of Muslims among sterilization acceptors whereas the contrary

is found for Hindus. This shows that spacing methods are more popular among Muslims whereas terminal methods are more popular among Hindus.

The latest data on acceptors of sterilization and IUD by Hindu/Muslim, available for the year 1979-80, converted into acceptance rates per 1000 currently married women aged 15-44 for India and some major States, are given in the Table 4.6. Some important differentials are found. (i) For the country as a whole, the acceptance rate of sterilization is 15.55 for Hindus and 7.86 for Muslims; (ii) In all major States of India, Hindus have higher acceptance rates of sterilization than Muslims. There are regional variations in the sterilization acceptance rate of Muslims. In those States where the acceptance rate of sterilization is higher for Hindus, it is also higher for Muslims. For instance in Gujarat, the Hindu rate is 40.11 and the Muslim rate is 23.45. Where the Hindu rate is lower, the Muslim rate is also lower. For instance, in Uttar Pradesh, the Hindu rate is 2.30 and the Muslim rate is 0.55; (iii) For the country as a whole, the acceptance rate of IUD is 4.74 for Hindus and 3.17 for Muslims; (iv) In Andhra Pradesh, Gujarat, Madhya Pradesh and Tamil Nadu, Muslims have higher acceptance rate of IUD than Hindus; (v) The difference in acceptance rates between Hindus and Muslims is lower in case of IUD than in case of sterilization in those States where IUD acceptance rate of Muslims is lower than for Hindus. From this and the previous discussion

it appears that Muslims may increase their family planning acceptance rate if spacing methods are available to them.

4.5.2 Abortion

The data available on abortion are partial as it is expected that a number of illegal abortions take place in India due to the traditional nature of the society. In 1976, abortion (medical termination of pregnancy, MTP) was legalized in India. Information on MTP cases by religion for India is available for the years, 1977-78 to 1979-80 (Table 4.7). We observe that a substantial percentage of Muslims (a little above seven) had undergone MTP. This percentage for Hindus had shown a slight decline whereas it had shown a slight increase for Muslims. Statewise distribution of MTP cases by Hindu/Muslim, 1979-80, is given in Table 4.8. Regional variations in the percentage undergoing abortion are observed for both Hindus and Muslims.

4.5.3 Evidence from Local Surveys

4.5.3.1 Hindu-Muslim Differentials in Knowledge on and Attitudes Towards Family Planning

Driver, in 1961, found that Muslims in Nagpur district had more knowledge and interest in family planning compared to Hindus. The proportion of couples with birth control knowledge was 32.1 per cent for Hindus and 54.6 per cent for Muslims. Interest in family limitation was expressed by 69.2 per cent of Hindus and 83.3 per cent of Muslims.²¹ Rele and Kanitkar, in 1966, in their study of Bombay found that the proportion of those with family planning knowledge was 68.26

per cent among Hindus and 61.70 per cent among Muslims.²² The knowledge of family planning was slightly less among Muslims.

I.Z. Husain, in 1966-67, in her study of Lucknow, found that Muslims had less knowledge and less interest in family planning. Among Hindus 51 per cent and among Muslims 43 per cent had knowledge about contraception. Eleven per cent of Hindu households and five per cent of Muslim households had ever visited family planning centres.²³ In the same city, in a study conducted by D.N. Saxena in the year 1970, it was found that the proportion of respondents who disapproved of family planning was 19.3 per cent among Muslims and 25.3 per cent among lower caste Hindus. The proportion of those who had knowledge, awareness and desire to use family planning methods among Muslims was nearer to that of upper caste Hindus and higher than that for middle caste Hindus and lower caste Hindus. Among upper caste Hindus 90.6 per cent had knowledge, 97.0 per cent were aware and 66.9 per cent expressed a desire to use family planning as against 80.9 per cent, 91.0 per cent and 41.9 per cent respectively for Muslims. The proportion of couples who did not want to have additional children was found to be similar between upper caste Hindus (70.12 per cent) and Muslims (69.23 per cent).²⁴

In a study conducted of the rural population around Calcutta on attitudes towards family planning, in 1978,

B.N. Sarkar found that 39.0 per cent of Muslim wives with two or more living children were unwilling to practise family planning on account of religion and 21.0 per cent on account of spouse disapproval. The corresponding percentages for Hindu wives (excluding scheduled castes) were 10.9 and 35.5 respectively. Thus for religious reasons more Muslims did not practise family planning but because of spouse disapproval, more Hindus did not practise family planning.²⁵

A study of acceptors and non-acceptors of family planning among Hindus and Muslims was conducted during February-April 1984 with a sample of 1000 Hindus and Muslims drawn from Bidar and Gulbarga districts of Karnataka. The sample was equally divided between acceptors and non-acceptors, Hindus and Muslims, and urban and rural dwellers. The findings of the study regarding attitudes towards family planning were that (i) Hindus seem to have stronger son preference than Muslims; (ii) religious disapproval was reported to be the reason for non-use of family planning methods by 23 per cent of Muslim non-acceptors while none of the Hindu non-acceptors reported this as a reason.²⁶

A study conducted in Cannanore district of Kerala in 1985 found that only 5 per cent of the non-acceptors among currently married women had given religion as the reason for non-acceptance and this entire group were Muslims. 23.61 per cent of urban Muslims and 11.84 per cent of ^{rural} Muslims, while none of the Hindus, gave religion as the reason for non-acceptance.²⁷

4.5.3.2 Hindu-Muslim Differentials in Current Use/Ever Use of Family Planning

In the aforementioned study of Bombay by Rele and Kanitkar, it was found that the proportion practising family planning methods was 25.2 per cent for Hindus and 17.7 per cent for Muslims. Though the practice of contraception was lower for Muslims, the percentage difference between knowledge and practice of family planning was the same for both communities.²⁸

Goel's study, based on the data from the Delhi Fertility Survey carried out in 1969-70, revealed that (i) the proportion that had ever used contraceptives was 52.4 per cent and 27.0 per cent for Hindus and Muslims respectively and (ii) the proportion of current contraceptive users was 46.5 per cent and 17.9 among Hindus and Muslims respectively. The study shows a significant variation in ever use and current use of family planning between Hindus and Muslims.²⁹

Data on vasectomy camps conducted in the Seventies in Ernakulam district in Kerala show that family planning acceptance was lower among Muslims. The proportionate participation of Hindus in the regular programme in the district and the State and also in the three camps was greater than that for Muslims. In the third camp, the acceptance factor of Muslims compares well with that of Hindus.³⁰ It appears that though Muslims are late starters, family planning acceptance will increase over time.³¹

In a benchmark survey of Lucknow conducted by

Bhattacharya and Tripathi in 1974, it was found that 33.8 per cent of Hindus and 10.2 per cent of Muslims practised family planning. Thus Muslim contraceptive practice was much lower than for Hindus.³²

In the study of Gulbarga and Bidar districts regarding the use of family planning, it was observed that (i) Hindu couples were accepting family planning methods, particularly terminal methods, earlier in their reproductive life than Muslims; (ii) A larger percentage of Muslim women than Hindu women reported that they experienced adverse side effects following sterilization; and (iii) dissatisfied acceptors were more among Muslims than Hindus with regard to both male and female sterilization.³³

A study conducted by the Gandhigram Institute in Nilgiris district of Tamil Nadu State during 1984-85 revealed that at the district level, the proportion of family planning users was higher among "other Hindus" (49.1 per cent) and lower among Muslims (29.9 per cent) but only slightly lower among Hindu Scheduled Castes and Scheduled Tribes (48.4 per cent).³⁴

In Chikmangalur district of Karnataka (which is a progressive district as higher levels of literacy and work participation prevail here) a study was conducted in 1985-86. It revealed that the percentage of Hindus among adoptors (91.4) was higher than their percentage among non-acceptors (88.5). Among the non-acceptors the percentage Muslims (7.2)

was more than among the adoptors (4.5). In this district, at the time of survey, the proportion of Hindus was 90.0 per cent and Muslims 6.8 per cent. In urban areas the percentage Hindus among the adoptors were slightly less (78.4) than among the non-adoptors (79.4) whereas the percentage Muslims among adoptors (11.4) was slightly more than among non-adoptors (10.4 per cent).³⁵

In a study of the backward district of Bahraich in Uttar Pradesh, conducted during 1985-86, it was observed that family planning practice among Muslims was lower compared to Hindus. Around 14.4 per cent of the eligible women of all communities were currently using contraception. In the sample, while Hindus formed 77.2 per cent and Muslims 22.8 per cent, the percentage of Hindus among eligible women currently using contraception was 96.1 and only 3.9 for Muslims.³⁶

It was found that the acceptance rate of contraception was significantly higher for Hindus than for Muslims in the Cannanore district study. Around 38.9 per cent Hindus were practising contraception as against 12.7 per cent of Muslims. The rates in urban areas were 44.8 per cent for Hindus and 18.0 per cent for Muslims and in rural areas 34.3 per cent for Hindus and 10.4 per cent for Muslims. In spite of the low acceptance rate for Muslims, it was observed that younger Muslim women appeared to have taken to birth control seriously. The open birth intervals of younger Muslim women

were also longer than for Hindus of the corresponding age group. Another important observation of the study was that Muslims had lower sterilization acceptance rates than Hindus. But in the use of IUD and other contraceptives, there was a tendency for Muslims to favour these methods proportionately more than Hindus. This tendency showed that Muslims had a favourable attitude towards birth control methods other than sterilization.³⁷

A study was conducted by Srivatsava and Saksena during 1984-85 with a sample of 1,152 reproductive females (1,048 Hindus and 104 Muslims) in Sikandarpur Karan Primary Health Centre of Unnao district in central Uttar Pradesh. Hindus and Muslims were classified into homogeneous groups in terms of their demographic and socio-economic status. A limitation of the study was the small sample size for Muslims. Its findings regarding the use of family planning were: (i) the current use of family planning methods by the Muslim respondents at 2.9 per cent was found to be significantly lower than that for Hindus living in the same rural area (10.7 per cent); (ii) By age of women, no Muslim couple below age 25 was using any family planning method but 4.7 per cent of Hindu women aged below 25 were doing so; and (iii) By number of surviving children, no Muslim couple with three or less surviving children was using family planning methods while the percentages for Hindus were 4.7 among women with two or less surviving children and 11.8 per cent among women with three surviving children.³⁸

4.6 Interspouse Communication and Family Planning

It has been suggested that couples who get more opportunity to communicate on sex life between themselves tend to have a favourable attitude towards family planning and therefore have a relatively lower fertility than those who communicate rarely or do not get an opportunity to do so. Usually wives want to limit the family size but cannot do so as they lack the necessary authority particularly in male dominated societies.

In the two All India Surveys conducted by Operations Research Group, interspouse communication was studied by religion. According to the first survey (1970), interspouse communication existed among 19.2 per cent of Hindus and 14.2 per cent of Muslims.³⁹ According to the second survey (1980), interspouse communication existed among 35.5 per cent of Hindus and 24.9 per cent of Muslims.⁴⁰ Thus in both the surveys, interspouse communication was lower among Muslims. Over a period of ten years, the interspouse communication had increased for both communities but the increase, in percentage points, was higher for Hindus (16.3) than for Muslims (10.7).

In the second survey of Operations Research Group, the respondents were asked as to who decides about the family size. Around 51 per cent of Hindus and 55 per cent of Muslims reported that it was the husband who decides about family size. Another 36 per cent of Hindus and 28 per cent of Muslims reported that both husband and wife decide about the

family size.⁴¹ Thus male domination seems to be greater among Muslims.

A study was conducted in Bhiwandi, a Muslim majority area near Bombay, to know the extent of interspouse communication and decision-making among Muslims. The sample consisted of two Muslim groups, Koknis and Momins. It was found that among both groups

- (i) A majority of couples never discussed family planning matters with their spouses;
- (ii) A higher proportion among Koknis discussed about family planning than among Momins;
- (iii) Interspouse communication on sex matters starts late after having three or more male children and after five to ten years of married life;
- (iv) In a majority of cases, husbands took unilateral decisions regarding family planning;
- (v) Among Koknis there was a higher degree of interspouse communication.⁴²

It may be due to their relatively higher educational attainment, higher age at marriage for boys and girls, higher status given to women and spacious houses and smaller family size norms. These findings support the view that interspouse communication depends upon woman's status and the socio-economic level of the group in general.

4.7 Education and Family Planning

The relationship between education and family planning is not direct. Yet a positive relation can be observed between education and family planning as the educational process modifies the behaviour of an individual and gives him/her modern values. Further when both spouses are educated,

the influence of social and psychological factors may be less as an educated person can think for himself. With an increasing level of education, knowledge, awareness and practice of contraception are expected to increase. In different parts of the country a positive relation was observed between education and family planning.

The first survey of Operations Research Group indicated that the proportion of those who disapproved of birth control methods decreased with educational level; from 46.5 per cent among the illiterate to 23 per cent among those who had attended primary school, 14 per cent among those who attended secondary school and 6 per cent among those who attended college.⁴³ Among Hindus and Muslims, the use of family planning methods was observed to increase with level of education of wife though at each level Hindu contraceptive practice was higher than for Muslims (Table 4.2).

In the analysis of the data of Calcutta Fertility Survey, 1970, a positive relation between family planning practice and education of wives above the primary stage was observed. According to the decomposition, of the 47 to 51 per cent fertility reduction, only 2 to 8 per cent of fertility reduction was due to family planning practice while 40 to 41 per cent was due to education above the primary standard.⁴⁴ Goel, in his study based on Delhi Fertility Survey, observed that the proportion of users was higher for the highly educated than for the illiterates or those with less education.⁴⁵

Also Srivatsava and Saksena in their study of Sikandarpur Karan observed that literacy seems to lead to higher acceptance rates among both Hindus and Muslims. Further education of women appears to promote use of family planning in both communities.⁴⁶

Low educational levels of Muslims compared with Hindus may be one of the reasons for low level of contraceptive acceptance among Muslims. As seen in Chapter I, Muslims are educationally backward. Some of the surveys too have observed the same. For instance, in the study of Bahraich district, it was observed that among Hindu households 63.1 per cent and 84.2 per cent of the male and female children aged 5-9 years respectively were not going to school at the time of the survey. By contrast, among Muslim households, the proportion of male and female children aged 5-9 years not going to school were found to be respectively 76.7 per cent and 87.4 per cent. The same pattern was observed for these two religious groups among children aged 10-14 and 15-19 years.⁴⁷

In a study of areas around Calcutta, it was observed that the lower rate of family planning acceptance by Muslims and scheduled caste Hindus may be a social factor in conjunction with female illiteracy as kinship domination among them may compel illiterate females to carry on the tradition of large size families. Education of females is not encouraged among Muslims and scheduled caste Hindus of Bengal and Bihar due to high kinship bondage. Muslims do not place much

importance on education, especially that of females. Muslim parents were less inclined to educate daughters even when wives were literate. Also the enrolment rate for scheduled castes and scheduled tribes and other Hindu females was found increasing whereas it remained stagnant for Muslim females.⁴⁸

4.8 Socio-Economic Status and Family Planning

Some studies have found that couples with higher socio-economic status are expected to have a higher contraceptive prevalence rate. Goel found that the proportion of users of contraceptives was higher for the economically better off than lower income groups, i.e., socio-economic status was positively correlated with contraception.⁴⁹ Bhattacharya and Tripathi observed a positive relation between contraception separately with education, income and occupation.⁵⁰

Another study of two Muslim groups, Koknis and Momins, in Bhiwandi was conducted to know the relation between family planning and socio-economic status among Muslims. The study states that "an analysis of data on the couples' awareness of the family planning services in Bhiwandi, their use and satisfaction derived through the same by their ethnicity, indicated that higher proportion of them were found among the Koknis than among the Momins."⁵¹ This finding is related to the higher socio-economic status enjoyed by the Koknis.

The study of Sikandarpur Karan made the following observations regarding the relation between family planning and socio-economic status: (i) The differences in family

size ideals between Hindus and Muslims in general were relatively smaller in lower socio-economic strata and larger in higher socio-economic strata. It may be because a higher socio-economic level did not reduce the family size ideals of Muslims in that area while it did so among Hindus; (ii) The findings of Hindu-Muslim differences in family planning approval rate were matching with those on differences regarding family size ideals. However, unlike for family size motivation, where most of the socio-economic variables did not exercise any moderating influence on the number of children considered ideal by the Muslims, several variables were seen to have a positive influence on their family planning acceptance, although such an influence was not strong enough to significantly bridge Hindu-Muslim differences in family size ideals; and (iii) Both family income and per capita income appear to be positively associated with the current use of family planning in both communities.⁵²

The low family planning acceptance among Muslims may be due to their lower socio-economic status. In the first chapter we have seen that Muslims in India generally have a lower socio-economic status. Some of the surveys too have noted this observation. For instance, Bidar and Gulbarga study observed that Muslim couples in that area were, on the average, socially and economically more backward.⁵³ So we may expect that with better socio-economic conditions, higher income and housing facilities, family planning acceptance among Muslims may increase.⁵⁴

4.9 Future Prospects

Though the acceptance of family planning is low among Muslims, it is observed that the resistance to family planning on grounds of religion is declining among the younger generation of Muslims. For instance, in the study of areas around Calcutta, it has been pointed out that role of religion among young wives of 15-24 years has not hindered popularization of spacing methods of family planning. Objections on religious grounds have disappeared among Hindu wives and have been reduced among Muslims who are generally opposed to terminal methods only. Significant fertility reduction may be achieved by motivating females to avoid pregnancies before 20 years of age through adoption of birth spacing methods effectively.⁵⁵

The Cannanore study finds that Urban Muslims accept IUD and conventional methods in larger proportions at younger ages than either their rural counterparts or even urban Hindus and infers that Muslims are slowly taking to birth control measures.⁵⁶ This study comes to a rather optimistic conclusion: "A decreasing trend in fertility among Muslims can be expected only after the age specific rates make a decrease. And as the contraceptive acceptance rate among young Muslims indicated the possibility of an increase, it can be hoped that fertility rates may decrease in the near future."⁵⁷

4.10 Some Policy Measures

Some of the studies have suggested policy measures to improve the family planning acceptance in general and among Muslims in particular. The Bidar and Gulbarga study has suggested that: (i) General welfare programmes, educational and other socio-economic programmes need to be designed appropriately to reach those women who are socially and economically backward; (ii) Temporary methods of contraception should be made available along with permanent methods. Such a cafeteria approach might help the people of different faiths to choose the appropriate method which does not violate principles they hold dear; (iii) A strong educational programme is required to clear the misconceptions of Muslims preferably by involving progressive religious leaders of Islam; and (iv) Post-operative follow-up care needs to be improved and regular visits to non-acceptors by the health/family planning staff need to be paid. This study optimistically anticipates that if misconceptions of Muslims about family planning are removed then it is likely that Muslim fertility may drop faster than Hindu fertility as son preference is less among Muslims than Hindus.⁵⁸

Sikandarpur Karan study too suggests that the support of the Muslim religious leaders for the family planning programme should be enlisted, incentives should be given to acceptors, the family planning message should be more widely disseminated to the Muslim community in general and the target Muslim couples in particular.⁵⁹

4.11 Summary and Conclusions

Among human populations today, differentials in contraception are responsible for wide variations in the level of fertility within marriage. So differentials in family planning between Hindus and Muslims are important for explaining the fertility differentials between these two communities. In general, resistance to family planning arises from such reasons as the belief that children are gifts of god, that they provide for old age security, disapproval of family planning by elders and religious leaders, likely imbalance in the population strength of different communities, neutral or hostile position taken by politicians and prejudices and misunderstandings about family planning methods.

The attitudes of Muslims towards family planning have been analysed. In Islam's position on family planning there is no clear ban on contraception in Koran or in the Sunna or in the Ijma. In the days of Prophet Muhammad, Azl was practised. There appears to be no specific barrier in Islamic theology as far as family planning is concerned. In international conferences of Muslim countries, it has been held that primary health care, maternal and child health, and family planning should be given priority and governments should endeavour to make such services available for the benefit of Muslims. Statements made by Muslim religious leaders in India and abroad reveal that neither Islam nor Muslim religious leaders are against family planning.

In India, family planning is a voluntary programme. In spite of adopting a cafeteria approach, sterilization has been its major component. Though family planning was officially adopted in 1952, neither the contraceptive prevalence rate has reached a high level nor the fertility level has come down significantly. This is because the decision-makers failed to realize that the family planning programme forms merely a component, though important, of a wider spectrum of measures which embrace many programmes for ameliorating various social and economic problems of the country.

The contemporary differentials in Hindu-Muslim attitudes, knowledge and practice of family planning as revealed by empirical studies are summarized next. Data from the NSS 16th round (1960) on urban couples reveal that attitudes were slightly less favourable, and knowledge and practice of family planning were slightly lower among Muslims. The Operations Research Group's all-India survey (1970-71) found that the ideal number of children was higher and son-preference lower for Muslims and the proportion disapproving was marginally higher for Muslims. The use of family planning, both terminal and traditional methods, was higher for Hindus whereas use of IUD was higher for Muslims. The second all-India survey (1980-81) of Operations Research Group found that the family size ideal and the proportion disapproving family planning was higher for Muslims. Practice of family planning was lower for Muslims. Terminal methods were less popular whereas

spacing methods were more popular among Muslims as compared to Hindus. The practice of family planning seems to be lower among Muslims largely due to the relatively low acceptance rate for terminal methods. Between the two surveys, for both communities, the proportion approving and practising family planning had increased but the percentage point increase was greater for Hindus.

Data on sterilization and IUD for India by religion from official sources from 1968-69 to 1979-80 show that family planning practice was proportionately less among Muslims. Terminal methods have been less popular and spacing methods have been more popular among Muslims as compared to Hindus. The acceptance rates per 1000 currently married women show that for India and all the major States, the acceptance rates of sterilization are higher for Hindus, whereas rates of IUD prevalence are higher for Muslims in a few States. In those States where sterilization rates are higher for Hindus, they are also higher for Muslims. The difference in acceptance rates between Hindus and Muslims is lower for IUD than sterilization. Findings from local surveys regarding knowledge, awareness and practice of family planning are in general consistent with these observations at the national level. A substantial percentage of Muslims in India seem to undergo abortion. Compared to Muslims in most other countries, Muslims in India have relatively higher sterilization and abortion rates.

Interspouse communication, education and socio-economic status are some of the variables accounting for differentials in family planning acceptance between Hindus and Muslims. It seems that interspouse communication is lower and male domination greater among Muslims. Though contraceptive practice is higher for Hindus than for Muslims at each educational level, the use of family planning is observed to increase with the level of education for both communities. Socio-economic status also leads to higher family planning acceptance among both communities.

Lower educational levels, lower socio-economic status and lower status of woman due to lower female education, lower female work participation and Purdah, besides some degree of opposition on the grounds of religion, and lower acceptance of sterilization are the main factors that account for lower family planning acceptance of Muslims in India. Therefore some of the studies have suggested that the cooperation of Muslim leaders should be sought in propagating the family planning message, spacing methods should be popularized and general welfare programmes to raise the socio-economic status of Muslims, should be undertaken.

Though the acceptance of family planning is low among Muslims, the resistance to family planning on grounds of religion is declining among the younger generation of Muslims. With increasing education, improvement in socio-economic status, lowering of religious barriers to family planning,

popularization of spacing methods, differentials in contraceptive practice between Hindus and Muslims may be expected to decline with a consequent narrowing of marital fertility differentials between the two communities in the long run. In the next chapter, we shall examine the fertility and family planning behaviour of Muslims in other countries.

Table 4.1 : Percentage of Couples Effectively Protected (CPR) by Method, India, 1970-71 to 1984-85

Year	Couple Protection Rate			
	Sterilization	IUD	CC* Users	Total
1970-71	8.1	1.4	1.1	10.6
1971-72	9.8	1.3	1.2	12.4
1972-73	12.3	1.1	1.2	14.6
1973-74	12.3	1.0	1.5	14.8
1974-75	12.7	1.0	1.2	14.9
1975-76	14.3	1.1	1.7	17.0
1976-77	20.7	1.1	1.8	23.6
1977-78	20.1	0.9	1.5	22.5
1978-79	19.8	0.9	1.6	22.3
1979-80	19.8	1.0	1.7	22.7
1980-81	20.0	1.0	1.7	22.7
1981-82	20.6	1.1	2.0	23.7
1982-83	22.0	1.4	2.5	25.9
1983-84	23.7	2.2	3.3	29.2
1984-85	25.0	2.9	4.0	31.9

** CC = Conventional contraceptives.

Source : Ministry of Health and Family Welfare, 1988, Family Welfare Programme in India, Year Book 1986-87, Government of India, New Delhi.

Table 4.2 : Attitudes and Practice of Family Planning by Religion, India, 1970-71

Attitude/practice	Hindus (per cent)	Muslims (per cent)
<u>Attitudes towards family planning</u>		
Per cent stating three or less children as ideal number	41.0	30.8
Per cent stating one must have a son	88.9	82.6
Per cent disapproving birth control methods	40.3	47.3
Per cent approving birth control methods	41.2	40.0
<u>Practice of family planning</u>		
Ever use	18.5	12.7
Current use	13.8	8.8
Past use	4.7	3.9
Never use	81.5	87.3
<u>Current use of family planning by method</u>		
Terminal methods	6.4	2.8
Traditional methods	4.1	2.4
Condom	2.0	2.0
IUD	0.6	1.5
Other methods (oral contraceptive, diaphragm, jelly, foam tablets, etc.)	0.4	0.4
Any methods	13.8	8.8
<u>Ever use of family planning by level of education of wife</u>		
Illiterate	13.7	9.9
Gone to primary school	31.0	13.3
Gone to secondary school/college	46.3	37.2

Source : Operations Research Group, 1971.

Table 4.3 : Attitudes and Practice of Family Planning by Religion, India, 1980-81

Attitude/Practice	Hindus (per cent)	Muslims (per cent)
<u>Attitudes towards family planning</u>		
Which is a happy family?		
Few children	83.6	67.0
Many children	4.9	7.0
Approve	83.0	65.0
Disapprove	16.0	33.0
<u>Practice of family planning</u>		
Ever use	40.4	27.1
Current use	36.1	22.5
Past use	4.3	4.6
Never use	59.6	72.9
<u>Current use of family planning by method</u>		
Terminal methods	23.3	11.2
Traditional methods	7.4	5.2
Condom	4.0	4.4
Loop/IUD	0.5	0.3
Pill	0.9	1.4
Any method	36.1	22.5

Source : Khan, M.E. and C.V.S. Prasad, 1983.

Table 4.4 : Percentage Distribution of Acceptors of Sterilization and IUD by Hindu/Muslim, India, 1968-69 to 1979-80

Year	Acceptors for which break-up is available (per cent)		Sterilization		IUD	
			Hindus* (per cent)	Muslims* (per cent)	Hindus* (per cent)	Muslims* (per cent)
	Sterilization	IUD				
1968-69	66.0	80.0	88.4	5.2	82.4	7.2
1969-70	66.1	80.4	88.6	4.7	83.5	6.8
1970-71	70.9	83.4	88.8	5.1	85.0	6.5
1971-72	69.7	81.6	90.5	5.3	82.5	6.1
1972-73	72.5	78.3	89.2	5.5	81.6	6.2
1973-74	58.3	70.4	87.8	5.6	84.7	6.7
1974-75	72.4	88.0	88.3	6.3	84.7	7.4
1975-76	66.3	86.5	85.9	8.1	82.0	7.2
1976-77	87.1	89.3	89.0	6.9	82.8	7.1
1977-78	91.2	84.3	87.5	6.3	81.1	6.4
1978-79	92.0	86.6	88.5	5.9	83.3	7.1
1979-80	92.7	84.3	88.6	5.9	83.9	7.4

	<u>Hindus</u>	<u>Muslims</u>
Percentage of total population according to 1981 Census@	82.7	11.4

Notes: * The sum of the percentages Hindu and Muslim will be less than 100.0 since the percentage in other communities is not shown.

@ Excluding the State of Assam.

Source : Government of India, Family Welfare Programme in India, Year Book 1980-81, Ministry of Health and Family Welfare, New Delhi, p. 99.

Table 4.5 : Percentage Distribution of Acceptors of Sterilization and IUD by Hindu/Muslim for India and Some Major States of India, 1979-80

State/ India	Percentage to currently married women aged 15-44 ----- Hindus* Muslims*		Percentage of acceptors			
			Sterilization		IUD	
			Hindus*	Muslims*	Hindus*	Muslims*
Andhra Pradesh	89.38	7.83	89.7	5.9	81.3	12.6
Bihar	83.88	13.70	90.4	4.4	84.8	7.0
Gujarat	90.24	8.02	94.0	4.9	88.5	8.5
Karnataka	86.58	10.75	92.4	5.6	89.5	7.0
Kerala	57.90	23.58	58.2	13.3	59.3	14.7
Madhya Pradesh	93.77	4.33	92.6	3.6	88.5	5.9
Maharashtra	82.60	8.38	94.0	4.5	84.3	10.7
Rajasthan	89.68	7.42	92.8	2.9	90.1	4.5
Tamil Nadu	89.29	5.27	91.7	3.7	88.2	6.5
Uttar Pradesh	84.39	15.00	93.7	4.0	89.2	8.3
India	83.73	11.00	88.6	5.9	83.9	7.4

Note : * The sum of the percentages of Hindus and Muslims will be less than 100.0 since the percentage in other communities is not shown.

Source : Same as for Table 4.4, pp. 100-104; and Census of India 1981, VI A and B Fertility Tables for India and respective States.

Table 4.6 : Family Planning Acceptance Rate by Hindu/Muslim for India and Some Major States of India, 1979-80

State/India	Acceptance rate per 1000 currently married women in age group 15-44 (per cent)			
	Sterilization		IUD	
	Hindu	Muslim	Hindu	Muslim
Andhra Pradesh	17.98	13.39	1.19	2.11
Bihar	5.00	1.47	1.08	0.55
Gujarat	40.11	23.45	6.48	7.02
Karnataka	19.92	9.66	8.50	5.39
Kerala	26.44	14.85	4.55	2.77
Madhya Pradesh	10.87	9.02	1.54	2.23
Maharashtra	29.63	14.01	2.43	3.04
Rajasthan	6.98	2.63	3.52	2.14
Tamil Nadu	19.91	13.73	3.79	4.75
Uttar Pradesh	2.30	0.55	9.11	4.77
India	15.55	7.86	4.74	3.17

Source : Same as for Table 4.5.

Table 4.7 : Medical Termination of Pregnancy (MTP) Cases by Hindu/Muslim, India, from 1977-78 to 1979-80

Year	Hindus (per cent)	Muslims (per cent)
1977-78	86.2	7.2
1978-79	85.5	7.6
1979-80	84.6	7.7

Source : Same as for Table 4.4, p. 110.

Table 4.8 : Statewise Distribution of MTP Cases by Hindu/Muslim, 1979-80

State	Hindus (per cent)	Muslims (per cent)
Andhra Pradesh	79.9	11.3
Assam	71.6	26.0
Gujarat	90.4	7.7
Karnataka	85.9	8.8
Kerala	66.4	12.5
Madhya Pradesh	91.2	7.0
Maharashtra	81.6	10.0
Orissa	96.0	2.6
Rajasthan	88.6	3.0
Tamil Nadu	93.7	2.9
Uttar Pradesh	88.3	8.7
West Bengal	90.0	6.7

Source : Same as for Table 4.4, p. 110.

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CHAPTER V

FERTILITY AND FAMILY PLANNING IN MUSLIM COUNTRIES

5.1 Introduction

In this chapter we examine the fertility and family planning behaviour of Muslims in Muslim countries in general and in a few selected Muslim countries in particular. We also compare and contrast the Indian Muslim fertility and family planning behaviour with that of Muslims in these countries.

5.2 Fertility and Family Planning Behaviour in Muslim Countries in General

In 1988, there were 47 Muslim countries in the world, out of which in 40 countries, Muslims were in a majority (above 50 per cent) and in seven countries, they were in a significant minority (25 to 49 per cent).¹ By geographic regions, in northern Africa there are seven Muslim countries, in western Asia there are 15 countries, in sub-Saharan Africa 17 countries, in South Asia four countries, in Southeast Asia three countries and in Europe there is one.² Of the total world population of 5,128 millions in 1988, Muslims were 984 millions and constituted 19.2 per cent of the world population. "At current rates of growth, the 1988 estimated population of some 980 million Moslems could nearly double to 1.9 billion before the year 2020, accounting then for 23 per cent

of the world's total.⁴ Although Islam is a proselytizing religion, its proportionate increase in the modern world is much more a result of natural increase (the excess of births over deaths) than it is the conversion of non-Moslems to the Islamic faith. The nations of Islam tend to be farther behind in the demographic transition from high to low birth and death rates than other major categories of nations. As a group, they have the highest fertility levels (with only a few signs of an impending decline), the highest mortality (although declining), and some of the highest rates of natural increase."⁵

5.2.1 Fertility and Family Planning Behaviour in Muslim Countries Before 1967

In 1967, Parker Mauldin noted about Muslim natality: "Despite major factors making for difference among Muslims - territorial separation, linguistic diversity, political fragmentation, and absence of a central religious hierarchy - a certain cohesiveness appears to underlie various Muslim cultures with regard to the level of natality. Not only is Muslim natality generally high (insofar as the seriously limited data indicate, birth rates in Muslim countries range from the low 40's to 60 per thousand), but it also seems to be higher than that of neighbouring peoples of other major religions, and to have been unaffected by important trends over time. ... Recently, however, concern over the consequences of rapid population growth has led theologians, political leaders, and commentators to examine more closely the

relationship between the Muslim religion and the voluntary limitation of family size."⁶

Dudley Kirk had done a study on Muslim natality in 1967. His findings about fertility in Muslim countries are: "Insofar as data are available, Moslem countries range from annual birth rates in the low 40s (per 1000 population) to very high rates upto 60, estimated for certain Moslem countries of West Africa. Aside from sub-Saharan area, Moslem natality seems to be concentrated within a rather narrow range. Among the five Arab countries of north Africa, the birth rates obtained from a variety of sources are clustered from 43-50 and the computed gross reproduction rates range from 2.8 to 3.1. The Middle Eastern countries display a similar homogeneity in natality. Again the computed gross reproduction rates vary only from 2.9 in Turkey to 3.4 in Jordan. There are almost no data for the original homeland of Islam in the Arabian peninsula except for Aden and Kuwait, where the reported birth rates of 47-48 (1962) are consistent with the figures for other Arab countries."⁷

About fertility differentials between Muslims and non-Muslims Kirk's observations are that in East Africa, for example in Zanzibar and Camarouns, the Muslim women were characterized by low fertility because of high incidence of sterility due to venereal diseases.⁸ Arabs had much higher birth rates than Jews in Israel, and indigenous Christians in Lebanon and Egypt. In Malaysia too, native Malays who were Muslims, had higher birth rates and re-

production rates than the Chinese though it was only a recent phenomenon. In the past Chinese had higher birth rates.⁹ Muslim areas in Europe and USSR reported birth rates lower than their counterparts in other Muslim countries, for instance, Albania and Yugoslavia; but compared to their non-Muslim compatriots, they exhibited higher fertility. Based on above observations, Kirk concluded that: (i) Muslim natality was almost universally high, (ii) it showed no evidence of declining trends over time and (iii) it was generally higher than that of neighbouring people of other major religions.¹⁰ .

About family planning in Muslim countries, Kirk remarked that men and women in Muslim countries displayed ignorance about the physiology of reproduction. Family planning studies undertaken in Muslim countries showed that the desired family size was lower than the actual family size and yet they did not practise family planning, for instance in Turkey. In those countries, where modernization was taking place, birth rates were declining due to practice of family planning, for instance, USSR, Albania, etc. He further remarked that "KAP and other studies show: (a) that a substantial number of couples in all Moslem societies have favourable attitudes towards family limitation and would like to practise it given suitable methods — where the question was asked (Turkey) the respondents said they favoured a government birth control programme; (b) that the actual practice of birth control is still limited to a small

urban and educated minority; (c) that efforts to introduce birth control on a large-scale encounter much more salient lack of motivation than for example in Buddhist and Far Eastern countries. Despite these difficulties, the present attitudes and programmes of governments, and the availability of more suitable contraception methods, augur much more rapid adoption of family planning in Moslem countries than could have been expected even a few years ago."¹¹

5.2.2 Fertility and Family Planning Behaviour of Muslim Countries in 1980s

In 1988, John Weeks published a study on the demography of Islamic nations.¹² He statistically analysed several combinations of demographic variables including CBR, CDR, TFR, IMR, life expectancy, ratio of men to women enrolled in secondary schools, and the percentage of brides under age 20 for the aforementioned forty majority and seven minority Muslim countries. This analysis revealed that the Muslim-minority countries are much more similar demographically to the Muslim-majority countries than they are to other developing countries. Statistical analysis of the countries in which Muslims are found in large numbers but constitute less than 25 per cent, such as India, China, USSR showed that these countries were not similar to Islamic countries.

A comparison of the demographic and related variables of Muslim¹³ and non-Muslim developing countries is given in Table 5.2. A perusal of the table shows that as a group, Muslim countries are characterized by higher than average

fertility, higher than average mortality and rapid rates of population growth. Indonesia and Malaysia are two Muslim countries which have lower than average fertility, mortality and population growth. We shall consider these two countries in the later part of this chapter. As compared to other developing countries, the 47 Muslim countries have significantly higher CBR (25 per cent more), CDR (37 per cent more), natural increase (22 per cent more), and TFR (33 per cent more), lower life expectancy (11 per cent less), and higher infant mortality (65 per cent more). Thus Muslim countries can be characterized as being in the early stages of demographic transition. Death rates are declining though they still are at the world's highest levels, but fertility remains stationary. High fertility in Muslim countries leads to a young population. The percentage of population under age 15 in Muslim countries is 43 as compared to 39 in other developing countries.

5.2.3 Mortality Indicators by Income Level

Those countries with high incomes appear to show low levels of mortality. To verify this, Muslim countries were classified into two income categories - upper income, i.e., 500 dollars or more per capita per year and lower income, i.e., less than 500 dollars per capita per year (Table 5.2). We find that for all mortality indicators, namely, life expectancy at birth, IMR and maternal mortality, increase in income results in decline in mortality. With higher income,

life expectancy increases while infant mortality and maternal mortality decline. As compared to other developing countries, the income effect is much less in Muslim countries. This may be because improvements in health and related factors are not keeping pace with an increase in income.

5.2.4 Proximate Determinants of Fertility in Muslim Countries

The four important proximate determinants of fertility, given by John Boongarts, are proportions married particularly in younger ages, use of contraception, incidence of abortion and involuntary fecundity, especially post-partum fecundity as affected by breastfeeding practices.¹⁴ The percentage of brides under age 20 is 34, which is significantly higher for Muslim countries than for non-Muslim developing countries (23) (Table 5.2). The percentage of married women in age group 15-19 is nearly twice (35) compared to that prevailing in other developing countries (19). Abortion in most of the Muslim countries is illegal and it can be allowed only on medical grounds. In Tunisia and Turkey alone, abortion is permitted on request. Contraceptive practice is much lower in Muslim countries. The percentage of married women using some method of contraception in Muslim countries is a little above half (22) of what it is in other developing countries (39).

In Chapter III, we have seen that Islam is not against contraception but birth spacing methods are favoured to limiting methods. Of the 18 Muslim countries for which data were available in 1987, seven countries permitted female

sterilization on request, while four countries prohibited it, and the remaining seven countries permitted it for medical reasons but not for contraceptive purposes.¹⁵ So far as breastfeeding is concerned, the percentage of women still breastfeeding their last baby after 12 months was slightly higher in Muslim countries (60) than in other developing countries (57). Thus, except for breastfeeding practice, the other proximate determinants in these countries favour high fertility. The other factors that favour high fertility in Muslim countries are discussed in the following paragraphs.

5.2.5 General Factors Favouring High Fertility

5.2.5.1 Underdevelopment and Lack of Modernization

Education, income and industrialization which have a strong positive relation with decline in birth rate are at low levels in many Muslim countries. Except a few oil producing countries such as Bahrain, UAE, Saudi Arabia and Qatar, most of the Muslim countries are poor. They lack resources to improve the health profile and living conditions of the people. Muslim countries are the least urbanized in the world. The average percentage of population living in urban areas in Muslim countries is 40 whereas it is 43 for other developing countries (Table 5.2). But Muslim countries in West Asia such as Saudi Arabia have urbanization rates above the world average and yet the people do not have urban attitudes and an urban way of life.

Most of today's Muslim countries had been under

European or Turkish control when the industrial revolution was gathering momentum and they missed the opportunity to transform themselves into developed countries. Centuries of suppression and exploitation by Ottomans or Europeans left the Muslim countries economically and socially backward at the end of the Second World War. "These countries have spent the time since independence trying to gain a toehold in a highly competitive economic milieu. Some have been more successful than others. Most, if not all, of these countries are in a stage that has been called 'economic dependency', in which economic development of a nation is dependent more upon foreign capital than it is on internal savings."¹⁶

5.2.5.2 Conservatism

All traditional societies are conservative. But Muslim societies are more so because old beliefs and customs are maintained and influence their present life much more tenaciously. "Their resistance to change has both historical and political reasons. Islam had over a millenium of conflict with Christianity and Europe had politically subjugated them and so mistakenly Muslims identify modernization with Christianity and pay a heavy price for their obstinacy."¹⁷

5.2.6 Special Muslim Characteristics Favouring High Fertility

In Muslim countries, family is strongly patrilineal, patrilocal and patriarchal. Joint family is the ideal. Nuptiality practices in these countries, as compared to other developing countries, force women to spend a larger part of

their reproductive period in marriage. There are several reinforcing social institutions that account for these patterns.

(i) Marriage of women is universal. More often only one per cent remain unmarried by the end of reproductive period.¹⁸

(ii) Age at marriage is low for Muslim women (excluding Hindus from the comparison) as it is felt that marriage and childbearing are the most important functions in a woman's life and also due to the fear that daughters may lose their virginity if marriage is delayed.

(iii) Widowhood is declining due to reduction of mortality.

(iv) Divorce is more common but not very high.

(v) Early remarriage of widows and divorcees prevail. These women are taken as additional wives.

(vi) Polygamy is legally allowed in most of the Muslim countries but it is found to be not a significant practice. For instance, around 2.5 per cent of marriages contracted in Egypt are polygamous and mostly they occur in rural areas.¹⁹ Polygamy is more common among the Arab Bedouins and the Muslims south of Sahara where Muslim customs converge with earlier tribal practices. In more advanced Islamic countries such as Tunisia and Turkey, polygamy has been declared illegal. Polygamy seems to be more a spectacular feature of Muslim social institutions than a decisive

factor in Muslim natality. In most cultures, it is a luxury which requires accumulation of wealth. Polygamy is certainly a pronatalist factor in promoting marriage opportunities for women.²⁰

5.2.7 Low Status of Woman

In Chapter I, we have seen the various rights granted to women in Islam. Empirical observations reveal that the status of Muslim women in Muslim countries is no better and perhaps worse than that of Indian Muslim women. "The woman in the Islamic countries, is generally backward with neither respect nor any grace. She lives a life similar to that of animals; her whole existence is but another name for mean earthly desires; she suffers privations more than she ever tastes of happiness; she is made to surrender more than she is given; and seldom rises above the level of a purely impulsive existence."²¹

In Table 5.2, two main indicators of the status of woman are given. The first is the ratio of girls per 100 boys enrolled in secondary schools and the second is ratio of female life expectancy to male life expectancy at birth. The first indicator is significantly lower (58) than for other developing countries (83). The second indicator does not differ much between the two groups. Maternal mortality rate is also an indicator of the status of woman. In both income groups, i.e., above 500 and below 500 dollars, there is significant difference between Muslim and non-Muslim

developing countries, which we have earlier noted (Table 5.2). The difference is much more prominent between higher income Muslim and non-Muslim countries than between lower income Muslim and non-Muslim developing countries. This suggests that the status of woman has not improved to the same extent as income in richer Muslim countries.

The study on status of woman done by Population Crisis Committee (mentioned in Chapter I) included 23 Muslim countries. Of the lowest scoring 20 countries 16 were Muslim countries. Within each region, Muslim countries received lower scores than non-Muslim developing countries. One of the main factors contributing to the low status of Muslim women is the institution of Purdah, i.e., segregation of women and a taboo against contact and communication with outside males. Generally Purdah is not practised by the poor to the same extent as middle and upper classes as it is a symbol of prestige.²² Women in Purdah get shielded from modernizing influences. The other factors are low literacy levels and low female labour force participation rates.

Gender gap in age, education, etc., in these countries is much higher as compared to that in other developing countries. Husbands are on an average eight years older than wives. Men are considerably more educated than women. This further strengthens male domination. In many of these countries whether a wife can practise contraception or not is largely her husband's decision. In a 1983 Senagalese study,

it was found that the second most cited reason for non-practice of family planning by women was the opposition of husbands, the first reason being the lack of information.²³ In Sudan too, the decision not to practise contraception was found to be male-determined.²⁴

A statistical analysis was conducted to assess how well a country's status as Muslim or non-Muslim could predict that country's total fertility rate, taking into account the proximate determinants of fertility (Boongarts; above-mentioned) including contraceptive use and youthful marriages, and controlling for geographic region. It revealed that contraceptive use is by far the most important of these variables in explaining intercountry differences in fertility levels. "After controlling for contraceptive use, the proportion of young women who are married, and geographic region, there was nothing else unique about Islamic nations that could explain the differences in fertility."²⁵

5.2.8 Family Planning Policies in Muslim Countries

5.2.8.1 Government Views on the Country's Population Growth Rate

Most of the developing countries are faced with high population growth rates and want to reduce them within a reasonable time period and are making efforts to do so. When governments of 38 Muslim countries were asked their view about their current population growth rate, 15 countries (40 per cent) said that the growth rate was too high, 19 countries (50 per cent) said that it was satisfactory and 4 countries

(10 per cent) said it was too low (Table 5.2). Those countries which said that their rate of growth of population was too low were countries such as Saudi Arabia which are thinly populated and import manpower heavily. When the same question was put to the governments of 75 other developing countries, 52 per cent of them said that it was too high, 35 per cent said that it was satisfactory and 13 per cent said that it was too low. Thus a higher percentage of Muslim countries (50 compared to 35) felt satisfied with their current population growth rate.

5.2.8.2 Family Planning Policies

One of major means of reducing population growth is by promoting family planning. In this process, government can play an important role by providing the means of fertility control. While the motivational component of and demand for family planning arise from social changes, availability of the means of fertility control usually depends upon direct government support through appropriate programmes. One way to measure this is by the index of family planning programme effort which Robert Lapham and Parker Mauldin have developed.²⁶ The programme effort score gives values to each of the following components: (i) policy and stage-setting (ii) services (iii) record-keeping and evaluation and (iv) availability and accessibility. The scores for the components are added to produce an overall index of family planning programme effort. Scores can range from zero to 120 (maximum

effort). Muslim countries have an average programme effort score of 25 which is less than the score of 41 for other developing countries (Table 5.2). Programme effort, thus, is weaker in Muslim countries than in other developing countries. Yet there is a consistent pattern in both Muslim and non-Muslim developing countries for the programme effort score to go up as the government perception of the population growth rate shifts from being too low to being too high. Muslim countries like Tunisia and Egypt are serious about their family planning programmes. An ambitious, government-sponsored family planning programme has made modern contraceptives, sterilization and abortion available to a large number of Tunisians. In response the TFR in this country has dropped from 7.0 in 1960s to 4.4 by 1988.²⁷

About family planning programmes in Muslim countries, John Weeks concludes that "All of the data available ... suggest that Islamic nations are as likely to respond to this challenge as are non-Islamic nations and the nature of the response will more likely reflect a nation's socio-economic and socio-cultural conditions than it will be based on that nation's predominant religious group."²⁸

5.2.9 Regional Variations in Fertility Determinants

The above analysis may give an impression that all the Muslim countries have similar fertility determinants and effects. But the effects may be different for each region. Weeks considered the regional factor and found that each

region has differential effects over fertility determinants. Statistical analysis showed that Sub-Saharan countries had a much lower percentage of currently-married women using contraceptives than do developing nations any where in the world and this pattern holds for Muslim and non-Muslim countries alike. Belonging to the Sub-Saharan African region was more important than being a Muslim country in explaining country-to-country differences in the percentage of married teenaged women. But outside Sub-Saharan Africa, being a Muslim was more important than the geographic region in explaining country-to-country differences in both contraception and teenaged married women.²⁹ Further, using secondary school enrolment as an index of the status of woman, women have the lowest status in South Asia, mainly comprising of the Indian subcontinent, irrespective of whether they live in a predominantly Muslim or a non-Muslim society. On the contrary, female secondary education is highest in Southeast Asia regardless of whether the women live in a Muslim or a non-Muslim country.³⁰

5.3 Fertility and Family Planning Behaviour in Selected Muslim Countries

In the previous sections, we have seen the fertility and family planning behaviour in Muslim countries in general. To have an indepth view of Muslim fertility and family planning, these aspects are examined for five selected Muslim countries, viz., Turkey, Pakistan, Bangladesh, Indonesia and Malaysia. As our main purpose in this chapter is to compare

and contrast the fertility and family planning behaviour of Muslims in India with Muslims in other countries, India is also included in this analysis.

Turkey, Pakistan, Bangladesh and Indonesia are Muslim majority countries whereas Malaysia has a significant minority and India has a smaller minority of Muslims. In terms of the percentage of Muslim to total population, in 1988 Turkey had 99 per cent, Pakistan had 97 per cent, Bangladesh had 85 per cent, Indonesia had 88 per cent, Malaysia had 49 per cent and India had 11.4 per cent Muslims (Table 5.1). With regard to the absolute number of Muslims, Indonesia has the largest number of Muslims in the world, followed by Pakistan, Bangladesh and India.

5.3.1 Brief History of These Countries

Turkey formed the core of the Ottoman empire until World War I. In this war, Turkey was defeated but it re-established its independence under Mustafa Kamal by declaring itself a secular republic. During his presidency in 1920s and 1930s, Turkey adopted the Latin script, European style civil code and criminal law, abolished Purdah, polygamy and Islamic law. For these reasons, Turkey is considered to be the most modern Muslim country. Turkey remained neutral in World War II. In the postwar era, it was a participant in the European recovery programme. In spite of all these changes, it has not made much economic progress compared to Western European countries.

Before its independence in 1947, Pakistan was part of India. Bangladesh, prior to its independence in 1971, was a part of Pakistan and was known as East Pakistan. India, Pakistan and Bangladesh form parts of the Indian subcontinent which was the largest colony of the British empire before 1947. Pakistan and Bangladesh are not only neighbouring countries of India but also the cultures of these countries are similar in many respects due to a common history.

Indonesia and Malaysia were, under European domination before they got independence in 1949 and 1957. Muslims in Indonesia and Malaysia have the same ethnicity. In these countries, the people were Hindus and Budhists before their conversion to Islam many centuries ago. Most of the Muslims in India, Pakistan and Bangladesh were also Budhists and Hindus (as we have already seen) before their conversion to Islam and have same ethnicity similar to their compatriots. There are significant cultural differences between Muslims in Indian subcontinent and Muslims in Southeast Asia, mainly in Indonesia and Malaysia.

All these countries, except Malaysia, consider population growth as a problem and are striving to reduce it. Malaysia has followed a somewhat pronatalist policy since 1984. Previous to that, Malaysia too had a population policy aimed at reducing population growth rapidly.

5.3.2 Demographic Indicators for Six Selected Countries With Large Muslim Populations

Demographic indicators for the earlier mentioned six

Muslim countries are given in Table 5.3. There is wide variation in annual average growth rate of population in 1988 among these countries. The highest population growth rate is for Pakistan (3.39) and the lowest for Indonesia (1.61). The growth rate for Turkey is 2.0, for Malaysia 2.56 and for Bangladesh 2.67. The growth rate for India is 2.08 which comes closer to that of Turkey. During 1971-81, the growth rate of Muslims in India was 2.67 (vide Chapter I).

The crude birth rate (CBR) in 1988 was highest for Pakistan (46.5) and lowest (27.2) for Indonesia. Turkey and Malaysia had CBRs closer to that of Indonesia. The CBR of Bangladesh was closer to that of Pakistan. The Indian CBR is in the middle of the above range (31.9). The Indian Muslims had a CBR in 1980 of 34.1³¹ which is a little above average CBR for India. The crude death rate (CDR) in 1988, had the highest value for Bangladesh (15.3) and the lowest for Malaysia (4.9). The CDR for Turkey was closer to that of Malaysia. The CDRs of Pakistan and Indonesia are closer to that of Bangladesh. India's CDR was near that for Indonesia. Indian Muslims had a CDR of 6.5 in 1980³² which is far below the national average.

Measured in terms of total fertility rate (TFR), in 1988 the fertility was the highest in Pakistan (6.4) and lowest in Indonesia (3.3). TFR of Bangladesh was closer to that of Pakistan whereas TFRs in Turkey and Malaysia were close to that in Indonesia. India's TFR was 4.3 which is in

the middle of this range. TFR of Indian Muslims, according to 1981 Census, was 4.9,³³ a little above the national average, but much less than that for Bangladesh and Pakistan.

Both Bangladesh and Pakistan have very high infant mortality rates (IMR) (118 and 108) whereas India, Indonesia and Turkey have closer IMRs, and the lowest IMR is for Malaysia (24). The IMR of Indian Muslims is slightly below the national average.³⁴ Life expectancy at birth is the highest in Malaysia (68.9 for males and 72.7 for females) and the least in Bangladesh (51.3 for males and 50.6 for females). Next to Malaysia is Turkey. Life expectancies in India, Pakistan and Indonesia cluster together.

In the above description of country demographic profile, we can find a pattern. Turkey, India, Malaysia and Bangladesh have lower population growth rates between 2.00 and 2.67 per cent whereas Indonesia and Pakistan fall at the two extremes. It may be noted that partly because CDR and IMR are on the higher side and life expectancies on lower side for Indonesia, it has the least population growth rate in spite of having the lowest fertility level. Further the fertility levels seem to be similar for Indonesia, Malaysia and Turkey, which are on the lower side; Pakistan and Bangladesh, which are on the higher side, have similar fertility levels. Several factors are responsible for the variations in fertility levels among these countries as discussed next.

5.3.3 Differentials in Nuptiality Patterns

A higher age at marriage, especially that of females, indicates a lower fertility. The singulate mean age at marriage (SMAM) and the proportion ever married by age 50 by sex for these countries is given in Table 5.4. There is not much variation in SMAM of males. India has the lowest SMAM (23.4) and Malaysia has the highest SMAM (26.6) for males. There is significant variation in SMAM of females. Malaysia has the highest SMAM (23.5) and Bangladesh has the lowest (16.7) SMAM for females. Difference in SMAM between males and females is the highest in Bangladesh (7.2) and the lowest in Turkey (3.0).-

Marriage is universal for males as well as females in these countries. Variation in the proportion never married by age 50 for males (3.9) is higher than that for females (2.2). For males, the proportion ever married by age 50 is the highest in Indonesia (98.9) and lowest in Pakistan (95.0), although the difference is not large. For females, the highest proportion ever married is for India (99.6) and the lowest for Malaysia (97.4), again the range being small. In general, we observe that SMAM, particularly for females, is higher (above 20) for those countries in which fertility is lower. So also the proportion of ever married women is slightly lower in those countries where fertility is lower, excepting Pakistan.

The minimum legal age at marriage (MLAM) in these countries is given in Table 5.5. The highest MLAM of groom (22)

is for Bangladesh and the lowest (16) is for Malaysia. MLAM of bride is highest (18) in Bangladesh, India and lowest (14) in Malaysia. Comparison reveals that there is no association between MLAM and SMAM, and supports the argument that it is only by social awareness that age at marriage can rise in practice. According to Berelson, "the relatively mild yet effective sanction bearing on age at marriage would require not simply the issuance of a decree or the passage of a law but at the least the strongly convinced support of national and community leadership and probably certain supporting socio-economic developments as well."³⁵ For instance, though MLAM is 18 for females in Bangladesh, the SMAM is 16.7 which implies that a significant proportion of adolescents are married before the age 18. According to Bangladesh Fertility Survey, in 1975, as many as 76 per cent of the 17 year old girls enumerated in the household schedule had been married.³⁶ On the contrary, in Malaysia, where MLAM for brides is only 14, SMAM is 23.5. According to the Malaysian Fertility and Family Planning Survey, in 1974 only 10 per cent of 25-29 year olds reported being married before the age of 15.³⁷

5.3.4.1 Differentials in Contraception

A high level of contraception is usually associated with a low level of fertility, other factors remaining the same. The percentage of currently married women in ages 15-44 practising contraception for different years for each of these countries is given in Table 5.6. In Turkey, the national

family planning programme was set up in 1965.³⁸ In 1963, the percentage of women practising contraception was 22. There onwards it showed a continuous increase. It rose to 38 per cent in 1973, 48 per cent in 1978. In 1983, it was 53 per cent which was the highest among these countries.

Since 1965, Pakistan has had a comprehensive population (family) planning programme.³⁹ Yet contraceptive practice has been one of the lowest in the world. In 1968-69, the percentage of currently married women practising contraception was six. It fell to four per cent in 1975 and to three per cent in 1979-80, rose to seven per cent in 1985. These negligible levels of current use may be explained by the fact that family planning activities have not yet fully recovered from major setbacks in the early 1970s.⁴⁰ The reasons for the programme's exceptionally poor performance are the presence of a number of serious constraints. Political support is not strong and the organizational structure is not conducive to rapid achievements. Financial allocations to family planning are relatively small and there are inconsistencies between budget plans and actual disbursement of funds for programme implementation. Much supervision and management are of poor quality and there is a great need for staff training and retraining.⁴¹

In Bangladesh, in 1965, (which was then part of Pakistan), only three per cent of the currently married women were practising contraception. In 1975-76, the current use

rose to 8 per cent. Thereafter it has shown a continuous increase. This percentage rose to 13 in 1979, 19 in 1981, 22 in 1983 and 25 in 1985. Though current use is low, it has increased over time and, compared to Pakistan, it is significantly higher.

Indonesia is a late starter so far as the family planning programme is concerned. Only in 1970, the Government of Indonesia launched a national family planning programme.⁴² But it has made rapid progress. It has been a trend-setter within the region. In fact, in 1979, 19 per cent of currently married women were using contraception. The percentage rose to 30 in 1979-80, 39 in 1982, to 40 in 1985 and to 48 in 1987, which means that nearly one-half of the currently married women were using contraception.

The following two factors have contributed greatly to the success of family planning programme in Indonesia.

(1) Strong government support: Strong government support, particularly that of President Suharto, made the programme a great success. The President provided political, administrative, legal, moral and budgetary support. He provided sufficient funds for the programme even when the government revenues were falling.⁴³ The government was also wise not to include abortion and sterilization, the methods most opposed by Muslims. However, most of the contraceptive methods adopted are temporary for which the continuation rates are low.

(ii) Involvement of religious leaders: In the beginning Indonesian Muslim religious leaders were opposed to the concept of family planning. When the government approached and convinced them of the importance of family planning, they played an active role in supporting and propagating family planning methods. They were so eager that family planning messages were included in wedding ceremonies.⁴⁴

In Malaysia a national family development programme was initiated in 1960.⁴⁵ In 1966-67, the current use of contraception was only 9 per cent. Thereafter it showed substantial increase. The percentage of currently married women using contraception rose to 35 in 1974, 42 in 1982, and 51 in 1984. Since 1984, Malaysia follows a somewhat pro-natalist policy.⁴⁶ Yet it has one of the highest contraceptive user rates among Muslim countries.

India is one of the earliest countries to set up a family planning programme. It established the programme in early 1950s. Despite the early start, the practice of contraception did not reach a high level. From 1970 onwards, with a shift from clinics to an extension approach, the family planning programme gathered momentum. In 1970-71, 10.6 per cent of currently married women practised contraception. This percentage steadily rose to 14.6 in 1972-73 and remained at around this level for next two years. The percentage increased to 17.0 in 1975-76 and shot up to 23.6 in 1976-77 due to the coercive measures adopted during the Emergency

period (1975-77) in order to accelerate contraceptive practice. Following the period of the Emergency, the programme suffered a setback and the percentage declined to 22.5 in 1977-78. The backlash effect of Emergency continued for some more years and the percentage remained stable at around the level of 22 upto 1980-81. By 1981-82, the family planning programme had recovered and since then it has shown a continuous increase. In 1984-85, 32 per cent of the currently married women were practising contraception.

In general, Turkey, Indonesia and Malaysia have high rates of current use of contraception (around 50 per cent and above). These are also the countries which have lower fertility. Pakistan has the least contraceptive practice whereas Bangladesh and India have higher rates. Between Pakistan, Bangladesh and India, India has the highest contraceptive practice rate and therefore it is possible that the Muslims in India have a higher level of contraceptive practice than Muslims in Pakistan and Bangladesh. However, surveys show that the contraceptive prevalence rate is lower for Muslims than for Hindus in India and that most Muslims use only temporary methods.

In Chapter IV, we have noted that Muslims in general (Indian Muslims as well as Muslims in other countries) oppose terminal methods (vasectomy and tubectomy) and favour spacing methods. Some data relating to this are given in Table 5.7. A perusal of the table reveals that universally in Muslim

countries, spacing methods are more widely practised. In Turkey in 1983 the use of terminal methods was negligible. In Indonesia in 1987 permanent methods accounted for only six per cent whereas spacing methods accounted for 94 per cent. In Malaysia, in 1984, only 16 per cent used permanent methods as against 84 per cent using spacing methods. In Bangladesh, in 1985, the use of permanent methods accounted for 40 per cent whereas spacing methods accounted for 60 per cent. In general only in Bangladesh and Malaysia, there is some use of permanent methods. Compared to these countries, India stands out as an exception where permanent methods are more widely used than spacing methods. In 1984-85 in India 78 per cent of the contraceptors used permanent methods whereas only 22 per cent used spacing methods. However, if the Muslims in India are considered separately, they have a preference for spacing methods as in other Muslim countries. But a substantial proportion of Muslims, (as we have already noted in Chapter IV) in certain States of India, have undergone sterilization (vide Table 4.5).

In all Muslim countries excepting Bangladesh, sterilization is entirely limited to females. Only in India males and females have undergone sterilization in equal proportions. In Bangladesh, again female sterilization is higher by 75 per cent than male sterilization,⁴⁷ as it is considered unmanly for a Muslim male to undergo vasectomy.

5.3.4.2 Differentials in Access to Birth Control

An easy access to birth control plays an important

role in promoting family planning and thereby reducing fertility. The Population Crisis Committee conducted a birth control survey (1987) in developing countries. From this survey the committee has prepared an index of access to birth control taking 10 indicators out of which five relate to availability of different methods of contraception and the sixth relates to abortion. The seventh indicator is service related activities and the eighth is on the information and outreach activities. The ninth and tenth indicators relate to private sector involvement and government budget policies. Each indicator has a maximum score of 10 and a minimum of zero. The scores of the ten indicators are added to get the composite index.

Access to birth control (total score) is highest in Indonesia, Bangladesh and India (Table 5.8). In Malaysia the access is lower than in the above countries. The access is lowest in Pakistan and second lowest in Turkey. Among the three countries - India, Bangladesh and Pakistan - India and Bangladesh have the same score and Pakistan has the least score and the variation is very large, nearly 35 points.

The percentage decline in TFR from 1970-75 to 1985-90 is given in the same table. The percentage decline in TFR has been high in Indonesia, Malaysia, Turkey and India. The decline in TFR has been low in Pakistan and Bangladesh. Relating the total score to the percentage decline in TFR, we observe, though the access is high in Bangladesh, the

decline in TFR is not significant. Though the access is lower in Malaysia and Turkey the decline has been significant in both countries. This may be due to the pace of modernization which generates the necessary demand for voluntary contraception. In India both the access to birth control and the decline in TFR have been substantial.

5.3.5 Differentials in Level of Modernization

We have noted in the First Chapter that modernization has an important bearing upon fertility and family planning behaviour of a country. A few indicators of modernization - income, share of income derived from agriculture, literacy and urbanization - for these countries are given in Table 5.9. Turkey is the most modernized Muslim country with a high per capita income, a low share of GDP derived from agriculture, high levels of literacy for both sexes and a high level of urbanization. The low fertility and high level of contraceptive practice in this country go together with a high level of modernization.

Indonesia and Malaysia are still rural but have a high level of annual increase in per capita GDP (5.1 per cent) and high levels of literacy. They are in the process of modernization. India is also in the process of modernization though a little behind Malaysia and Indonesia. Pakistan and Bangladesh are much behind the above countries in modernization. As India is more modernized than Pakistan and Bangladesh and a large proportion of Indian Muslims live in urban

areas, it is likely that they are more modernized than those in Pakistan and Bangladesh. Our observations regarding the extent of modernization of these countries support the argument that some threshold of modernization and socio-economic development is essential for a decline in fertility and a higher level of contraceptive practice.

5.3.6 Differentials in Status of Woman

We have already noted in the first chapter that status of woman has an important bearing on fertility and family planning behaviour. In societies where the status of woman is high the fertility is lower and family planning practice is higher. In this section we explore the differentials in the status of woman in Muslim countries. Here we refer to the study on status of woman by Population Crisis Committee mentioned in Chapter I.

The rankings of the status of woman for these countries are given in Table 5.10. The status of woman is poor in Turkey and Malaysia, very poor in Indonesia and India, extremely poor in Pakistan and Bangladesh. Among these countries the status of woman seems to be better in Malaysia, Turkey, Indonesia and India; but worse in Pakistan and Bangladesh. Bangladesh is also the country with the least ranking in the world by the status of woman.⁴⁸ We observe that the status of woman is better in India than in Bangladesh and Pakistan. Since the Hindu-Muslim differentials in the status of woman are not large in India, the status of

a Muslim woman in India may be better than that in Pakistan and Bangladesh.

The score for gender gap (which indicates the degree of discrimination against females) is high for Malaysia, India, Indonesia and Turkey (Table 5.10). The score for gender gap is the lowest (which indicates a high degree of female discrimination) for Bangladesh. Women's status score is high for Malaysia, Turkey, Indonesia and lowest for Bangladesh and Pakistan. Variations in the score of each sector are given in Table 5.11. In the sectors of health, marriage and children, and education the score is high for Malaysia, Turkey and Indonesia. For the employment sector the score is low in all the countries. For the sector of social equality the score is high for Turkey, Malaysia and India.

If we relate our observations regarding status of woman with that of fertility and family planning, we have to conclude that those countries with a relatively better status of women do exhibit lower fertility and higher family planning use. Turkey, Malaysia and Indonesia have a better status of woman whereas Bangladesh and Pakistan have a lower status of woman. India falls in the middle category. In these countries fertility is inversely related to and family planning directly related to the status of woman.

5.3.7 Factors Accounting for Differentials in the Status of Woman

We have already noted that Indonesia, Pakistan, Bangladesh and Turkey are Muslim majority countries whereas only

half of the Malaysian population is Muslim. Yet we have observed that there are substantial differences in the status of woman among these countries. What are the factors that account for these variations?

In Turkey the status of woman is better undoubtedly due to greater modernization and secularization. We have already noted that Turkey is the most modern and secularized Muslim country in this group. One of the main factors which accounts for differentials in status of woman between South Asian Muslim countries, viz., Pakistan and Bangladesh, and Southeast Asian Muslim countries (Indonesia and Malaysia) is the differences in the strictness in the practice of Islam. In Pakistan and Bangladesh Islamic practices are widespread and powerfully reinforced by social norms. In Indonesia and Malaysia, Islam takes a different and more syncretic form. Islamic principles are combined with indigenous beliefs and behaviour. "The syncretic form of Islam in Java represents a combination of mystically inclined Buddhistic and Hindu belief and concepts, syncretically integrated in an Islamic frame of reference."⁴⁹ Islam in Indonesia is considered to be not proper or pure. Pakistani Muslims practise Shariah of Hanafi jurisprudence and Fiqh Jafaria or the Shiite interpretation of personal and family life whereas in Indonesia Shariah of Shafi jurisprudence and in terms of faith, the analysis of Assyariyah instead of those from the Koran, are practised.⁵⁰

Contemporary Pakistani and Bangladeshi societies observe a patriarchal, patrilineal and patrilocal pattern of family. Yet the status of the mother is very high due to the Islamic preaching that 'the paradise lies under the feet of the mother'. The position of woman is 'restricted to emancipated'. Both legal and cultural restrictions curtail woman's autonomy in the family. There is no religious barrier for a woman to choose her spouse but this right is exercised only by the parents of male members. A Muslim woman has a right to her own income or business. Rural and urban women too let the men manage business affairs. Obviously local customs overrule the religious sanction of exercising an individual's right.

5.3.7.1 Divorce and Remarriage

Divorce and remarriage are not uncommon in Indonesia. It has reported high rates for both divorces and remarriages for decades. The divorce and remarriage rates in Indonesia upto early 1970s were nearer to those of Western countries and were anywhere two to five times compared to Middle Eastern countries.⁵¹ One of the reasons for high rates of divorce is that women too can initiate a divorce in Indonesia more easily than in other Muslim countries.⁵² The remarriage rates too are high. The Indonesian Fertility and Mortality Survey of 1973 revealed that between one-third and one-half of Javanese women had married more than once.⁵³ It is in contrast to remarriage rates in Pakistan and Bangladesh.

According to the 1975 Pakistan Fertility and Mortality Survey over 95 per cent of women in all age groups had been married only once. Among women aged 45-49 only 8.8 per cent were found to have been married twice and almost none more often than that. In the total sample only four per cent had married twice and hardly any had married three times. Only half of the women whose first marriage had dissolved had remarried.⁵⁴ In Bangladesh too remarriage rates are low. In Bangladesh, in the age cohort 45-49 just 11.5 per cent of rural women had been married two or more times. Only 5.3 per cent of urban women in this age group had more than one marriage.⁵⁵ In Pakistan and Bangladesh remarriage prospects for women are few and are further reduced by social disapproval.⁵⁶

5.3.7.2 Female Participation in Economic Activity

In Pakistan and Bangladesh women's work and social life lie within the household and their status is conferred by husband and son. Very few women work in the fields or in other jobs away from the house. "Women are more constrained in their search for security. Individual initiative is largely ruled out. Strong traditions of Purdah dictate that women do not engage in trade or field work or leave the family for other than traditionally specified visits to relatives."⁵⁷

Women in Indonesia play a central role in their households. They are active in earning money by formal employment

or a wide range of informal income generating activities. Not only the economically active proportion of women in Indonesia is higher but also they are engaged in wide range of occupations. According to 1980 Indonesian Population Census one-third of women (aged ten or over) were counted as economically active.⁵⁸ This stands in striking contrast to the situation in Bangladesh in which only a little over four per cent of females were counted economically active in the 1974 Census.⁵⁹ Among the female labour force in Bangladesh a negligible proportion of women (1.3 per cent) worked in sales;⁶⁰ in Indonesia nearly one-fifth (18.7 per cent) of the female labour force did so.⁶¹ Nearly three-fourths (72.5 per cent) of economically active women in Bangladesh were engaged in agriculture⁶² whereas in Indonesia only half (52.4 per cent) did so.⁶³

In Indonesia the jobs of secretaries, typists, pharmacists, teachers and trained midwives, working in private firms or government, had been open to women for several decades and were considered acceptable, even desirable, for women of lower-middle and middle class status. "Cultural values and social arrangements of Indonesian societies generally encourage individual actions, whether in family formation or financial activity, consistent with a division of responsibilities among participants."⁶⁴

5.3.7.3 Modernization and Status of Woman

It seems to be true that in Indonesia education has promoted new values which downgrade family based authority

and lead to greater autonomy in courtship and spouse choice. In the olden days a girl's marriage was totally arranged by her parents without her consent. Also a girl was kept in the house soon after her first menstruation (a practice called dipingit). Most often the girl did not know her husband until the wedding ceremony took place. In present times Indonesian youth in general do their own courtship and make their own choice of spouse. They meet each other at school, at work, in planting, harvesting and at parties or festivals.⁶⁵

In Indonesia sexual segregation was done in earlier days long before independence in 1949. Now girls and boys go to the same school and often share the same desk. In Pakistan and Bangladesh Purdah is an institutionalized system. Here when families become better off they tend to keep stricter Purdah for Purdah provides respectability and status, enhances marriage prospects for daughters, helps maintain the family position and name - a valuable asset that yields power and influence in dealing with the community. But its demands are costly and restrictive. With strict practice of Purdah the chance of a girl meeting a husband before marriage and courtship is very limited. "Education and modernization in Indonesia, have substantial impact to eliminate traditional behaviour."⁶⁶ But in Pakistan and Bangladesh education and modernization seem to have little effect on the status of woman because female education is not widespread.

5.3.7.4 Son Preference

In Pakistan, Bangladesh and India, there is a marked preference for a son. Daughters and sons are treated differently. A son is preferred to a daughter because he provides old age security to the parents and also security to the mother in case of her widowhood. In the Pakistan Fertility Survey 1975, nearly 70 per cent of the women wanting another child had preferred a son.⁶⁷ In the Bangladesh Fertility Survey 1975, of women wanting another child, 62 per cent preferred a son.⁶⁸ In Indonesia and Malaysia, such a great preference for son is not found. In the Indonesian Fertility Survey 1976, of women wanting another child, 34 per cent preferred a boy, 30 per cent a girl and 36 per cent were indifferent to the sex of the child. The preference seemed to be for a balanced composition of sex.⁶⁹

5.3.7.5 Large Difference in Age at Marriage between Husband and Wife

In Pakistan and Bangladesh there is large difference in age of bride and bridegroom in marriage. The difference in SMAM in Bangladesh and Pakistan is seven years and five years whereas in Malaysia and Indonesia it is three and four years (Table 5.4). One reason advanced is that: "Daughters though do useful work, do not bring in wages nor provide for old age support. So marry daughters as early as possible but hold on to sons as long as possible."⁷⁰

Taking all these factors into account we may conclude that some degree of modernization, a better status of woman

and a strong governmental support for family planning (as in Indonesia) will lead to a higher use of contraception and a decline in fertility. Among the countries in the sub-continent, India is more modernized in some respects and more committed to family planning programme than Pakistan and Bangladesh. Also the status of woman is higher in India. To this extent it appears that the fertility behaviour and family planning practice of Indian Muslims is more progressive than that of Muslims in Pakistan and Bangladesh.

5.4 Muslims in China, USSR and USA

5.4.1 Muslims in China

The total population of China, in 1988, was 1,087 million out of which 16 millions or 1.5 per cent were Muslims (Table 5.1). "Of the officially recognized 55 minority nationalities in China, the Hui and the Uygur represent the numerically largest predominantly Moslem groups, accounting for about 80 per cent of all Moslems in the country. There are an additional eight predominantly Islamic ethnic groups which account for the remainder of the Chinese Moslem populations, including the Kazak, Uzbek, Tajik, Tatar, Kirgiz, Salar, Dongxiang, and Bonan. In general, the Chinese Moslem population seems to defy demographic generalization, because the differences among groups are much more noticeable than are the demographic similarities. The largest group, the Hui numbers about 7.2 million persons and geographically is widespread throughout the country. They tend demographically

more like the Han majority than almost any other minority group except Koreans. Data from the 1982 Census of China show an average number of children ever born of 2.81 per woman, with 33 per cent of women of reproductive age being childless and 11 per cent having only one child. By contrast, the Uygur, who number 5.9 million, are heavily concentrated in the northwest corner of China (bordering the predominantly Moslem area of the Soviet Union). They average 3.49 children per woman, and 27 per cent of the women are childless, while 11 per cent have only one child. Compared with the Hui, the Uygur are more rural and have a lower life expectancy."^{71,72}

We observe that in China too, among minorities socio-economic status affects the level of fertility. Thus, Uygur Muslims with lower socio-economic status exhibit higher fertility than Hui Muslims with relatively higher socio-economic status.

5.4.2 Muslims in USSR

Next to India, USSR has the largest minority of Muslim population. Out of a total population of 286 millions, in 1988, 49 million or 17 per cent were Muslims. Out of more than 100 different ethnic groups living within the borders of USSR, 36 are of Islamic origin. Mostly Muslims in USSR are concentrated in the south-western corner of the Soviet Union, a territory that was for centuries a part of the Ottoman empire and was taken over by USSR after World War I.

Muslims in USSR have been growing at a more rapid rate

than Russians. During the period 1929-59, Muslims had a lower percentage increase in population(41) than Russians (47). During the period 1959-70, the trend was reversed. The percentage increase among Muslims was three times higher (45) than that of Russians (13). During 1970-77 too, the Muslim percentage increase (23)^{was}/four times greater than the Russian percentage increase (6) although the annual rate of increase of Muslims was lower than that for the previous period.⁷³ This may be attributed to the more rapid fertility decline among Russians.

"The Russian population has passed through the demographic transition earlier than has the Moslem population, in a classic mirroring of the world-wide difference between the transitions experienced by developed societies (in this case the Russians) and a developing society (in this case the Soviet Moslem minority). Mortality is now dropping among Moslems, but fertility remains high. The Russian population, by contrast, has already traversed the entire demographic transition to low fertility and mortality. For Soviet planners, the rapid population increase among all minority groups, including Moslems, has presented a set of policy dilemmas, since Russians tend to dominate the political and military institutions of Soviet society."⁷⁴

5.4.3 Muslims in USA

Though USA is one of the five most populous nations of the world, it has the fewest Muslims. The total population

of USA in 1988 was 245 millions. Different estimates made by American social scientists place the number of Muslims in USA, as of 1988, between 1.5 and 6 million. This accounts for 0.60 to 2.45 per cent of total population. Most of the Muslims in USA are immigrants and a few are black converts to Islam. It is observed that the fertility of Muslim immigrants and converts is higher than the average fertility of the country. The Muslim population is growing at a more rapid rate than the rest of the population.⁷⁵

5.5 Summary and Conclusions

In the past Muslim countries were characterized by high fertility rates that showed no declining trends over time. In the late 1960s, the annual crude birth rates in Muslim countries ranged from 40 to 60 and the GRR ranged from 2.9 in Turkey to 3.4 in Jordan. As regards fertility differentials between Muslims and non-Muslims, many countries, whether with a minority or majority Muslim population, showed higher fertility among Muslims than non-Muslims. In East Africa, Muslim women showed lower fertility because of the higher incidence of sterility possibly due to venereal diseases. Muslim areas in Europe and Russia reported birth rates lower than their counterparts in other Muslim countries. The family planning practice was also low. However, family planning studies in Muslim countries showed that the desired family size was lower than actual family size.

Currently Muslim countries as a group are characterized

by higher than average fertility, higher than average mortality and rapid rates of population growth. They are in the early stages of demographic transition. For these countries, the average CBR is 42.1, the average CDR is 13.8 and the average rate of natural increase is 2.8 per cent. The general factors that favour high fertility are underdevelopment, lack of modernization and conservatism. The special Muslim characteristics favouring high fertility are universality of marriage, low age at marriage and low status of women. The factors that contribute to low status^{of} Muslim women are their low educational levels, low work participation rates and the practice of Purdah. Family planning practice in these countries is low. There are regional variations in fertility and family planning behaviour of these countries.

In order to have an in-depth view of Muslim fertility and family planning, we have analysed these aspects for Turkey, Pakistan, Bangladesh, Indonesia and Malaysia. Starting from their historical background, demographic indicators for these countries are examined. Turkey, India, Malaysia and Bangladesh have intermediate population growth rates between 2 and 2.67 per cent whereas Indonesia has the lowest and Pakistan the highest rates. The fertility level seems to be similar for Indonesia, Malaysia and Turkey on the lower side and for Pakistan and Bangladesh on the higher side. The singulate mean age at marriage is higher and proportions of ever married women are lower for countries where fertility is lower.

Family planning practice is higher for Turkey, Malaysia, Indonesia, lower for Bangladesh and Pakistan and in the middle for India. Most of these countries use spacing methods. Access to birth control is higher for Indonesia, India and Bangladesh. In Indonesia strong government support and involvement of religious leaders are the main factors in promoting family planning practice.

The status of woman seems to be better in Malaysia, Turkey, Indonesia, India and worse in Pakistan and Bangladesh. The countries with better status of woman show a lower level of fertility and a higher rate of family planning practice. We observe that some threshold of modernization and socio-economic development is essential for a decline in the fertility level and an increase in the level of contraceptive practice to take place.

The status of woman is better in Turkey due to modernization and secularization. It is better in Indonesia and Malaysia compared to Pakistan and Bangladesh due to the less stringent practice of Islam and higher levels of modernization. There is greater divorce and remarriage, greater female literacy, greater female labour force participation and absence of son preference in Indonesia and Malaysia. The difference in age at first marriage between husband and wife is larger in Pakistan and Bangladesh.

Taking all these factors into account, we may conclude that some degree of modernization, a better status of woman,

and a strong governmental support for the family planning programme will lead to a higher use of contraception and a decline in fertility. Among the countries in the sub-continent, India is more modern in some respects and more committed to the family planning programme than Pakistan and Bangladesh. Also the status of woman is higher in India. To this extent it appears that the fertility behaviour and the family planning practice of Indian Muslims is more progressive than those of Muslims in Pakistan and Bangladesh.

Briefly we have compared the fertility behaviour of Muslims in China, USSR and USA. In China, Uygur Muslims with lower socio-economic status exhibit higher fertility than Hui Muslims with relatively higher socio-economic status. Muslims in USSR have been growing at a more rapid rate than ethnic Russians. Among Russian Muslims, mortality is now dropping but fertility remains high. In USA the fertility of Muslim immigrants is higher than the average fertility of the country and the Muslim population is growing at a more rapid rate than the rest of the population.

**Table 5.1 : Selected Muslim Countries in the World:
Population Composition by Muslims**

Name of the country	Per cent Muslims	Total 1988 population (millions)	Muslim population (millions)
I. Countries in which Muslims are in majority (50-99 per cent of the total population)			
Afghanistan	99	14.5	14.3
Algeria	99	24.2	24.0
Morocco	99	25.0	24.7
Saudi Arabia	99	14.2	14.0
Turkey	99	52.9	52.5
Iran	98	51.9	50.9
Pakistan	97	107.5	104.2
Iraq	96	17.6	16.9
Egypt	91	53.3	48.6
Indonesia	88	177.4	156.1
Bangladesh	85	109.5	93.1
Sudan	72	24.0	17.3
II. Countries in which Muslims are in a significant minority (25-49 per cent of the total population)			
Malaysia	49	17.0	8.3
Nigeria	45	111.9	50.4
Ethiopia	35	48.3	16.9
Tanzania	30	24.3	7.3
III. Countries in which Muslims are in a minority (less than 25 per cent of the total population)			
USSR	17	286.0	49.5
Yugoslavia	16	23.6	3.8
India	11	816.8	89.0
China	1.5	1,087.0	15.9
World total	19.2	5,128.0	983.5

Note: Out of 47 Muslim countries considered by Weeks, the countries with a large Muslim population are included in this table.

Source : Weeks, J.R., 1988, pp. 8, 9.

**Table 5.2 : Demographic Characteristics of Muslim Countries
Compared with Other Developing Countries, 1988**

Demographic characteristic	Muslim countries	Other developing countries
(1)	(2)	(3)
Number of countries	47	94
Average population size (millions)	21.2	30.3
Average Crude Birth Rate per 1000 population	42.1	33.6
Average Crude Death Rate per 1000 population	13.8	10.1
Average rate of Natural Increase	2.8%	2.3%
Average Total Fertility Rate	6.0	4.5
Average life expectancy (years)	55	62
Average Infant Mortality Rate per 1000 births	104	63
Average per cent of population under age 15	43	39
Average per cent urban	40	43
<u>Proximate determinants of fertility</u>		
Per cent of brides under age 20	34	23
Per cent of married women in the age group 15-19	35	19
Per cent of married women using some method of contraception	22	39
Per cent of women still breast- feeding their last child beyond 12 months	60	57
<u>Indicators of the status of woman</u>		
Ratio of girls per 100 boys enrolled in secondary schools	58	83
Ratio of female life expectancy at birth to male life expectancy at birth	106	107

(continued)

Table 5.2 : (continued)

(1)	(2)	(3)
<u>Mortality indicators by income level</u>		
Life expectancy at birth:		
Average per capita income:		
Less than \$500/year	47 (17)	53 (23)
\$500 or more/year	62 (19)	66 (51)
Infant mortality rates/1000 births		
Average per capita income:		
Less than \$500/year	138 (17)	102 (23)
\$500 or more/year	74 (19)	48 (51)
Maternal mortality rates/ 100,000 births		
Average per capita income:		
Less than \$500/year	642 (11)	500 (18)
\$500 or more/year	442 (11)	173 (32)
<u>Government view of the country's population growth rate</u>		
	(38)	(75)
Per cent of governments saying that the population growth rate is		
Too high	40	52
Satisfactory	50	35
Too low	10	13
<u>Family planning programme effort score according to government view of population growth rate</u>		
Average score	25	41
Growth is too high	38	46
Growth is satisfactory	18	38
Growth is too low	4	30

Note : Figures in brackets refer to number of countries.

Source : Population Reference Bureau, 1988 World Population
Data Sheet and Weeks, J.R., 1988, pp. 21, 26, 30,
42, 45.

Table 5.3 : Demographic Indicators for Selected Muslim Countries, 1988

Country	Average annual growth rate (per cent)	CBR	CDR	TFR	IMR	Life expectancy at birth (years)	
						Males	Fe- males
Turkey	2.0	28	8	3.5	76	64	64
Pakistan	3.39	46.5	12.4	6.4	108	56.8	56.8
Bangladesh	2.67	42.0	15.3	5.5	118	51.3	50.6
Indonesia	1.61	27.2	11.1	3.3	83	54.9	57.7
Malaysia	2.56	29.3	4.9	3.6	24	68.9	72.7
India	2.08	31.9	11.2	4.3	98	58.0	58.2

Source : 1988 ESCAP Population Data Sheet, ESCAP.
For Turkey, UN World Population Chart 1988.

Table 5.4 : Singulate Mean Age at Marriage (SMAM) and Proportion Ever Married by Age 50 by Sex in Selected Muslim Countries

Country	Date of census or survey	Males		Females		Difference in SMAM between men and women (years)
		SMAM (years)	Proportion ever married (per cent)	SMAM (years)	Proportion ever married (per cent)	
Turkey	1980	23.6	98.3	20.6	98.6	3.0
Pakistan	1981	24.9	95.0	19.8	97.9	5.1
Bangladesh	1981	23.9	98.6	16.7	99.1	7.2
Indonesia	1980	24.1	98.9	20.0	98.7	4.1
Malaysia	1980	26.6	96.3	23.5	97.4	3.1
India	1981	23.4	97.7	18.7	99.6	4.7

Source : U.N., 1988, p. 66.

Table 5.5 : Minimum Legal Age at Marriage in Selected Muslim Countries

Country	Year reported	Age of groom (years)	Age of bride (years)
Turkey	1983	17	15
Pakistan	1982	21	16
Bangladesh	1982	22	18
Indonesia	1977	19	16
Malaysia	1983	16	14
India	1978	21	18

Source : Same as for Table 5.4, p. 32.

Table 5.6 : Per Cent of Currently Married Women Ages 15-44 Practising Contraception, 1963-87 in Selected Muslim Countries

Country	Year	Per cent practising contraception
Turkey	1963	22
	1973	38
	1978	40
	1983	53
Pakistan	1968-69	6
	1975	4
	1979-80	3
	1985	7
Bangladesh	1965	3
	1975-76	8
	1979	13
	1981	19
	1983	22
	1985	25
Indonesia	1976	19
	1979-80	30
	1982	39
	1985	40
	1987	48
Malaysia	1966-67	9
	1974	35
	1981	42
	1984	51
India	1970-71	10.6
	1971-72	12.4
	1972-73	14.6
	1973-74	14.8
	1974-75	14.9
	1975-76	17.0
	1976-77	23.6
	1977-78	22.5
	1978-79	22.3
	1979-80	22.7
	1980-81	22.7
	1981-82	23.7
	1982-83	25.9
1983-84	29.2	
1984-85	31.9	

Source: Mauldin, Parker W., and Sheldon J. Segal, 1988, pp.344,345. Figures for India are taken from Ministry of Health and Family Welfare, 1988, Family Welfare Programme in India, Year Book 1986-87, Government of India, New Delhi.

Table 5.7 : Percentage of Contraceptive Users by Permanent/ Spacing Method Among Couples with Wife Aged 15-44 Years in Selected Muslim Countries

Country	Year of Survey	Per Cent Using Contraception			
		Total* Permanent methods	Spacing Methods		
			Modern	Traditional	
(1)	(2)	(3)	(4)	(5)	(6)
Turkey	1968	32	0	15	17
	1978	40	0	19	19
	1983	53	1	25	27
Pakistan	1975	5	1	3	1
	1985	7	2	5	1
Bangladesh	1975	8	1	5	2
	1981	19	5	7	7
	1985	25	10	11	6
Indonesia	1976	19	0	18	1
	1985	40	1	37	0
	1987	48	3	44	2
Malaysia	1974	35	4	23	8
	1984	51	8	31	13
India	1970-71	11	8	3	N.A.
	1982-83	26	22	4	N.A.
	1984-85	32	25	7	N.A.

Notes : Permanent methods include terminal methods such as male sterilization and female sterilization. Modern methods include pill, injectibles, IUD, condom, vaginal methods and others. Traditional methods include rhythm, withdrawal and abstinence.

*The percentages in total and each method are rounded independently and so figures in columns (4), (5), (6) may not add up to the figure in column (3).

Source : Same as for Table 5.6.

Table 5.8 : Access to Birth Control in Selected Muslim Countries

Country	Access to birth control (score out of 100)	Percentage decline in TFR (1970-75 to 1985-90)
Turkey	39	33
Pakistan	29	18
Bangladesh	64	21
Indonesia	67	37
Malaysia	58	36
India	64	32

Source : World Access to Birth Control, Developing Country Birth Control Survey, 1987, Population Crisis Committee, Washington.

Table 5.9 : Development Indicators for Selected Muslim Countries

Country	Per capita gross domestic product (GDP) in US \$ (in 1980)	Per cent of average annual increase in per capita real GDP (1970-80 average)	Per cent of GDP derived from agriculture (in 1980 or 1981)	Per cent literate (in 1979-80)			Per cent of total urban population	
				Age Group	Males	Females	1980	2000 (projected)
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
Turkey	1254	3.0	22	11+	83	53	45	59
Pakistan	339	1.9	26	10+	36	12	28	38
Bangladesh	143	3.4	49	5+	33	15	10	18
Indonesia	460	5.1	24	10+	80	64	22	36
Malaysia (Peninsular)	1724	5.1	29	15+	72	45	29	42
India	230	1.3	33	5+	47	25	23	34

Notes : Per cent of GDP derived from agriculture for Malaysia refers to 1976.

Per cent literate figures (columns 5, 6, 7) for Malaysia refer to 1970.

Source : Nortman, Dorothy L., 1983, Population and Family Planning Programs: A Compendium of Data Through 1983, 12th edition, A Population Council Fact Book, Population Council, New York, pp. 23, 24, 25.

Table 5.10 : Rankings of Status of Women in Selected Muslim Countries

Country	Gender Gap score (out of 25)	Women's Status score (out of 75)	Total score (out of 100)	Ranking/Grade
Turkey	13.0	39.5	52.5	Poor
Pakistan	9.5	18.5	28.0	Extremely poor
Bangladesh	5.5	16.0	21.5	Extremely poor
Indonesia	13.0	33.5	46.5	Very poor
Malaysia	15.5	42.5	58.0	Poor
India	14.0	29.5	43.5	Very poor

Source: Country Rankings of the Status of Women, Poor, Powerless and Pregnant, 1988, Population Crisis Committee, Washington.

Table 5.11 : Rankings of Status of Women in Selected Muslim Countries by Category

Country	Health (out of 20)	Marriage and children (out of 20)	Educa-tion (out of 20)	Employ-ment (out of 20)	Societal equality (out of 20)
Turkey	13.5	14.5	7.0	3.0	14.5
Pakistan	8.0	11.0	5.0	2.0	2.0
Bangladesh	5.5	4.5	4.5	3.0	4.0
Indonesia	11.5	11.5	9.5	6.0	8.0
Malaysia	16.5	15.0	10.0	6.0	10.5
India	10.5	12.0	6.0	4.5	10.5

Source : Same as for Table 5.10.

Notes and References

1. For a complete list of Muslim countries, see Weeks, J., 1988, Table 1.
2. Ibid., Table 2.
3. Including Muslims in those countries in which they form less than 25 per cent of total population.
4. This calculation uses the population projections of Haub, Carl and Mary Mederios Kent, 1988, World Population Data Sheet, Population Reference Bureau, Washington and assumes no change over time in the proportion of the population in each country that is Muslim.
5. Weeks, J., op.cit., p. 5.
6. Parker Mauldin, 1973, Foreword, in Schieffelin, O. (ed.), Muslim Attitudes towards Family Planning, The Population Council, New York.
7. Kirk, Dudley, 1973, p. 73.
8. Ibid., p. 76.
9. Ibid., p. 77.
10. Ibid.
11. Ibid., p. 86.
12. Weeks, J., op.cit.
13. All Muslim countries are developing countries.
14. Boongarts, John, 1982, "The Fertility Inhibiting Effects of the Intermediate Fertility Variables", Studies in Family Planning, Vol.134, No.6/7, June-July.
15. Ross, John A. et al., 1988, Family Planning and Child Survival: 100 Developing Countries, Columbia University, New York, pp. 42, 43.
16. Weeks, op.cit., p. 39.
17. Kirk, Dudley, op.cit., p. 78.
18. Ibid., p. 81, data relates to 1967.
19. Al Dakkak, Mohammad S., 1987, p. 89.

20. Kirk, op.cit., p. 82.
21. Kutub, M., 1981, p. 125.
22. Adioetomo and Hassan, 1987, p. 20.
23. Douglas, Nichols, et al., 1985, "Vanguard Family Planning Acceptors in Senegal", Studies in Family Planning, Vol.16, No. 5, September/October.
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26. Lapham and Mauldin, 1986, "Contraceptive Prevalence: The Influence of Organized Family Planning Programmes", Studies in Family Planning, Vol.16, No.3, May/June.
27. "Tunisia: FP Program Grows, But Contraceptive Use Lags in Some Areas", International Family Planning Perspectives, Vol.14, No.1, March 1988.
28. Weeks, op.cit., p. 45.
29. Ibid., p. 23.
30. Ibid., p. 27.
31. For one of the Indian States viz. Maharashtra. (Srikantan and Bhate, 1989, p. 97.)
32. Ibid.
33. According to 1981 Census data TFR was 3.6 for India and 4.1 for Indian Muslims (vide Table 2.10). The Muslim fertility was higher than the national average by 14 per cent. Assuming that in 1988 too, Muslim fertility is higher than the national average by the same percentage, we have calculated the above TFR for Muslims. Considering that TFR for India in 1988 is 4.3, the TFR in 1981 for India (3.6) seems to be an under-estimation.
34. Registrar General, 1980, Survey on Infant and Child Mortality, 1979. A Preliminary Report, Ministry of Home Affairs, New Delhi.
35. Berelson, Bernard, 1988, p. 212.
36. The Bangladesh Fertility Survey, 1975. A Summary of Findings, WFS, No. 13, April 1979, p. 3.
37. The Malaysian Fertility and Family Planning Survey 1974: A Summary of Findings, WFS, No. 4, January 1978, p. 4.

38. Studies in Family Planning, 1966, No. 9, January, Population Council, p. 2.
39. The Pakistan Fertility Survey 1975: A Summary of Findings, WFS, No. 3, November 1977.
40. U.N., 1987, p. 36.
41. Ibid., p. 38.
42. The Indonesian Fertility Survey 1976: Summary of Findings, WFS, No. 11, October 1978, p. 2.
43. Warwick, Donald P., 1986, "The Indonesian Family Planning Program : Government Influence and Client Choice", Population and Development Review, Vol. 12, No. 3, September, p. 455.
44. Ibid., p. 467.
45. U.N., 1987, p. 33.
46. Ibid., p. 30.
47. Mauldin and Segal, 1988, pp. 347, 348.
48. Population Briefing Paper, 1988, p. 3.
49. Adiotomo and Hassan, op.cit., p. 7.
50. Ibid., p. 5.
51. Lev., D.S., 1972, Islamic Courts in Indonesia, A Study in the Political Bases of Legal Institutions, University of California Press, Berkeley, p. 141.
52. Papanek, H., and Laurel, S., 1988, p. WS-76.
53. Indonesian Fertility and Mortality Survey 1973, University of Indonesia, Jakarta.
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55. Ahmad and Chaudhary, 1981, ⁱⁿ Population of Bangladesh, Country Monograph Series No.8, U.N., ESCAP, New York, p.97.
56. Arthur and McNicoll, 1978, p. 53.
57. Ibid., p. 52.

58. Biro Pusat Statistik, 1982, Population of Indonesia 1980, Series S, No. 1, Jakarta, Table 31.8.
59. Alamgir, 1981, Population of Bangladesh, Country Monograph Series No. 8, U.N., ESCAP, New York, p. 172.
in
60. Ibid., p. 176.
61. Biro Pusat ..., op.cit., Table 36.8.
62. Alamgir, op.cit., p. 176.
63. Biro Pusat ..., op.cit., Table 36.8
64. Papanek and Laurel, op.cit., p. WS-83.
65. Adiotomo and Hassan, op.cit., p. 11.
66. Ibid., p. 33.
67. The Pakistan ..., op.cit., p. 10.
68. The Bangladesh ..., op.cit., p. 10.
69. The Indonesian ..., op.cit., p. 9.
70. Arthur and McNicoll, op.cit., p. 52.
71. Weeks, J., op.cit., pp. 10, 11.
72. In China, minorities have been exempt from the 'one child' policy.
73. Weeks, J., op.cit., p. 10.
74. Ibid., p. 10.
75. Ibid., pp. 52, 53.

CHAPTER VI

PROSPECTS FOR HINDU AND MUSLIM POPULATION STABILIZATION

6.1 Hindu-Muslim Population Growth Differentials

The cultural, social and religious differences between Hindus and Muslims, their relative economic conditions and the political situation of the country make the Hindu-Muslim fertility differentials a contentious issue. The present Hindu-Muslim fertility and population growth rate differentials are not large and are likely to narrow down in future. If the present growth differentials continue without change over a long period, the question arises whether Muslims can ever become a numerically dominant community in a reasonable time span in India. To find whether a minority can become dominant numerically we have simulated a model. This model demonstrates that a minority can become a majority only when three conditions are jointly met: The minority constitutes a significant proportion of the total population, the population growth rate differential is large and the duration is long.

An observation of the Indian scene reveals that the differential annual growth rate of Muslims and Hindus is around 0.005 currently, at national level Muslims constituted only 11.4 per cent of India's population (excluding Assam) in 1981 and the pockets in which Muslims constitute

25 per cent or more, whether rural or urban, are few. The model shows that, at the country level, Muslims cannot attain numerical dominance in the near or far future. In certain areas, they may become numerically equal to Hindus after 200 years if the present growth differential persists. But two hundred years is a long period of time and already changes are taking place in the country towards a reduction in the difference between Hindu and Muslim growth rates and a convergence of the growth rates.

The simulation model has been used to project the population backwards historically. At present the Muslim population is about 13 per cent and if the annual growth rate differential is assumed to have been constant at 0.006, then the Muslim population may be placed at 10 per cent 50 years ago. The Indian census figures for the period 1881 to 1941 show that in 1941, Muslims constituted 24.3 per cent of total population of undivided India and 20 per cent in 1881. Thus over a period of 60 years, the proportion of Muslims in undivided India had increased by 4.3 percentage points. This would correspond to an average annual Hindu-Muslim growth differential of 0.0046 over this period. In post-Partition India (excluding the State of Assam where the 1981 Census was not taken), Muslims were 11.4 per cent of the total population in 1981 and in 1951 they were 9.6 per cent. During these 30 years, the percentage of Muslim population had increased by 1.8 and the

annual growth differential has been 0.0067. Even if the differential does not decline (an unlikely contingency), Muslims cannot become a dominant group in India in the foreseeable future.

The recent growth differentials between Hindu and Muslim populations show a declining trend. If this trend continues the Hindu-Muslim growth differential may be expected to narrow down in future. Also an analysis of the long term growth differentials between Muslim and non-Muslim populations suggests a narrowing trend in growth differentials. This comparison shows further that some religious groups, in addition to Muslims, had higher growth rates compared to Hindus. Recent trends show that the growth differentials between different communities are narrowing down.

6.2 Demographic Transition of Different Religious Groups in India

In India, religious groups are undergoing the demographic transition at varying paces. Mortality has declined significantly for all religious groups whereas fertility decline is in different stages. Inter-marriage between religious groups is uncommon. Nuptiality practices and marital fertility differ by religion.

Different religious groups enter the demographic transition at different times and the pace may also vary. In adapting to a modern industrial society, ultimately all communities have to complete the demographic transition. The

associated changes in proximate variables relating to nuptiality and contraception do not take place simultaneously for all religious groups. This sets forth a cycle of increasing differentials in fertility which finally narrow down when the new demographic regime is well established in all communities. Fertility and mortality levels of all communities then converge and population stabilization is achieved for the country as a whole.

Parsees with low death and birth rates are already in the final stage of establishing a new demographic equilibrium. The Christian community is reaching this stage. Fertility of urban Hindus too has fallen significantly. Likewise Muslims would reach the final regime of demographic transition with low levels of fertility, mortality and population growth so as to adapt themselves to a modern industrial society.

6.3 Hindu-Muslim Fertility Differentials

There is no data on Indian fertility before 1872. Both Hindu and Muslim fertility behaviour was normative. On examining the norms regarding marriage, divorce, marital institutions, family, child bearing, son preference, contraception and the status of woman we have concluded that historically there might have existed no significant fertility differentials between these two communities.

From 1872, censuses in India have been regularly conducted in every decade although in the pre-Independence

period, (excepting for the 1941 Census) no information on fertility was collected. Kingsley Davis examined Hindu-Muslim fertility differentials for the period 1891-1941, using the child-woman ratio as no other fertility rate was available for this period. This was the only study based on census data which showed that Muslim fertility was somewhat higher than Hindu fertility. In the post-Independence period, only from 1971, information on fertility was collected. The fertility data available from the Censuses of 1971 and 1981 show that Muslims had higher fertility than Hindus. In 1971, Muslim fertility exceeded Hindu fertility by 11 per cent in rural areas and by 20 per cent in urban areas. Even when controlled for education, Muslims showed higher fertility than Hindus. According to 1981 Census data, TFR, TMFR, GFR and GMFR, were higher for Muslims by 13 per cent. Using P/F ratio method¹, the adjusted fertility differential increased to 21 per cent.

A number of fertility surveys were conducted in different parts of the country from 1950 onwards. Religion was one of the variables considered. A review of these survey results reveals that the religious differentials in fertility were not strong upto 1960s. We may conclude that Hindu-Muslim fertility differentials were weak before Independence or even upto late 1960s as the Indian fertility remained at a stable but high level. Increasing Hindu-Muslim fertility differential is a contemporary phenomenon and has arisen only on the onset of fertility decline in India as Hindus

have entered the demographic transition earlier than Muslims.

6.4 Hindu-Muslim Differentials in Nuptiality Patterns

Two major proximate determinants of fertility are nuptiality and contraception. Contraception has an impact on marital fertility only whereas nuptiality has an impact on the overall fertility level of the population. Socio-economic factors such as education, income and status of woman affect fertility directly, and indirectly by affecting nuptiality patterns and contraception.

Among Hindus in north India, an essential condition for marriage is that the bride and groom should not be blood relatives. In south India, the types of marriages allowed conform to the rule of clan endogamy. Hypergamy, sororate and levirate are still occasionally practised. Polyandry is mainly practised among Khasis of Assam and Todas of Nilgiris. The practice of polygamy is rare. Child and adolescent marriages are also observed. Divorce is rare but becoming more frequent in urban areas. Remarriage of widows and divorcees is not common.

Among Muslims cousin endogamy and group endogamy is practised to some extent. Hypergamy and levirate are also practised. Sororate and polyandry are absent. Practice of polygyny is rare among Muslims and there is no evidence that the percentage of polygynous marriages is larger than for Hindus. Child and adolescent marriages are present but less

prevalent than for Hindus. Divorce and remarriage of widows and divorcees are present but the extent is not known. The marriage patterns for Hindus and Muslims are similar except for polyandry and sororate. The similarity arises because the majority of the Indian Muslims are descendants of converts to Islam and their ethnicity is mainly Indian. In the past converted Indian Muslims adopted many of the social customs and nuptiality practices then prevalent in the country.

Age at marriage does not differ much between Hindu and Muslim women. In 1981 there was not an appreciable difference in the mean or median age at marriage of Hindu and Muslim women. Analysis of the mean age at marriage for decade synthetic cohorts of Muslims and Hindus for the period 1891-1931 for India and the then existing states shows that in this period Muslim women had a higher age at marriage than Hindu women and that the mean age at marriage has shown an increasing trend for both communities.

The proportion of currently married women in reproductive ages did not differ much between Hindu and Muslim women in 1981. The ratio of currently married to ever married women in 1981 for the two communities, both in urban and rural areas, does not vary much. The analysis of decade synthetic cohorts for the period 1891-1931 shows that Muslim women had in general higher proportions single than Hindu women in the age groups 25-30 and below.

The institution of marriage is the foundation of the family. In both the communities, excepting for a few sub-groups, a patrilocal, patrilineal and patriarchal family system exists. The incidence of joint or nuclear family living is the same for both communities. Modernization, education and the secular forces are similarly affecting the family system of Hindus and Muslims. Among Indian Muslims, an educated middle class is as yet minuscule and so the Muslim family size and functions continue largely unchanged. On the whole, nuptiality patterns do not adequately account for the differences in fertility except that relatively easier divorce and widow remarriage among Muslims may result in a slightly higher fertility level than for Hindus.

6.5 Hindu-Muslim Differentials in Family Planning

Differences in family planning use between Hindus and Muslims are important in explaining the marital fertility differentials between the two communities. Islam imposes no clear ban on contraception either in the Koran or in the Sunna or in the Ijma. In the days of Prophet Muhammad, AzI was practised. There is no specific prohibition in Islamic theology as far as family planning is concerned. In international conferences of Muslim countries, it has been held that primary health care, maternal and child health and family planning should be given priority and governments should endeavour to make such services available for the benefit of Muslims. Statements made by Muslim religious

leaders in India and abroad reveal that neither Islam nor Muslim religious leaders are against family planning.

The first all-India (1970-71) and the second all-India (1980-81) family planning surveys conducted by Operations Research Group, Baroda, found that the ideal number of children was higher, son preference lower and the proportion disapproving family planning was higher for Muslims compared to Hindus. The practice of family planning was lower among Muslims largely due to the relatively low acceptance rate for terminal methods. Between the two surveys the proportion approving and practising family planning had increased but the percentage point increase was greater for Hindus.

Data on sterilization and IUD acceptance for India by religion from official sources from 1968-69 to 1979-80 reveal that family planning practice was proportionately less among Muslims. Terminal methods have been less popular and spacing methods more popular among Muslims as compared to Hindus. A comparison between States shows that where sterilization rates are higher for Hindus they are also higher for Muslims. Findings from local surveys are consistent with these observations at the country level. Some studies have found that the levels of education and socio-economic status have a positive association with family planning practice among both communities.

A lower educational level, lower socio-economic status, lower female work participation and Purdah, besides some

degree of opposition on the grounds of religion and less acceptance of sterilization are the main factors accounting for a lower acceptance rate of family planning among Indian Muslims. Therefore spacing methods should be propagated more and the cooperation of Muslim religious leaders should be sought. The resistance to family planning on the grounds of religion is declining among the younger generation of Muslims. Compared to Muslims in most other countries, Muslims in India have relatively higher sterilization and abortion rates.

6.6 Socio-Economic Conditions and Status of Muslim Woman in India

The family planning programme alone cannot bring about a decline in fertility though it is an important component of a wider spectrum of measures embracing many programmes for ameliorating difficult social and economic conditions. Socio-economic conditions and the status of woman among both Hindus and Muslims have to be improved, especially in rural areas and backward States.

Educationally Muslims are three to four times behind other communities according to some indicators. More than 90 per cent of Muslims are small and marginal farmers, artisans and related workers. The lower status of Muslim woman in India is due to her lower educational level, consequent lower participation in economic and social activities and observance of Purdah. Unless socio-economic conditions and the status of woman improve among Muslims, their family

planning practice will not increase and marital fertility will not fall. Therefore general welfare programmes to raise the socio-economic status of Muslims should also be emphasized.

6.7 Fertility and Family Planning Behaviour of Muslims in Other Countries

Currently Muslim countries as a group are characterized by higher than average fertility, higher than average mortality and rapid rates of population growth and the level of family planning practice is low. The general factors favouring high fertility are underdevelopment, lack of modernization, and conservatism. The special Muslim characteristics favouring high fertility are the universality of marriage, a low age at marriage and the low status of woman.

The fertility level is lower for Indonesia, Malaysia and Turkey and higher for Bangladesh, Pakistan and in-between for India. Compared to India, family planning practice is higher in Turkey, Malaysia, Indonesia, and lower in Bangladesh and Pakistan. Most of the Muslim countries use spacing methods and are generally opposed to terminal methods and abortion.

Our analysis shows that some degree of modernization, a better status for woman and strong governmental support for the family planning programme, will lead to a higher use of contraception and a decline in fertility. Among the countries in the sub-continent, India is more modern in some

respects and more committed to the family planning programme than Pakistan and Bangladesh. Also the status of woman is relatively higher in India. To this extent Indian Muslims are more progressive in fertility control and family planning use.

6.8 Prospects for Hindu and Muslim Population Stabilization

The present Hindu-Muslim fertility differentials are not large and are likely to narrow down in future. Even in the unlikely contingency that the present growth differential does not decline, Muslims cannot become a numerically dominant community in the country in the foreseeable future. Changes are already taking place towards a reduction in the difference between Hindu and Muslim growth rates and a convergence of these rates.

In adapting to a modern industrial society, ultimately all communities have to complete the demographic transition. However, changes in associated proximate variables relating to nuptiality and contraception have not taken place synchronously for all religious groups. In India, Parsees are already in the final stage of demographic transition. Christians are reaching this stage. Fertility of urban Hindus has fallen significantly. Likewise Muslims too would reach the final regime of demographic transition with low levels of fertility, mortality and population growth so as to adapt themselves to a modern industrial society.

The family planning programme alone cannot bring about

a decline in fertility. Socio-economic conditions, especially of women, among both Hindus and Muslims have to be improved in rural areas and backward States. Changes in social institutions such as marriage and the status of woman have to be brought about in a sustained and cumulative manner. Then only will all the communities of this pluralistic society complete the demographic transition, attain population stabilization and adapt themselves to technological changes.

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GLOSSARY

Aitreya Brahmana: One of the lengthy commentaries on the Vedas, composed in Sanskrit by the Hindu sage Atri.

Ajlaf : Term used to describe converts from lower Hindu castes.

Allah : Arabic name for the universal God.

Arya Samaj : Modern reformist Hindu sect which advocates return to the Vedas. Founded by Swami Dayanand Saraswati in 1875.

Ashraf : Term used to describe Muslims claiming descent from the four groups of foreign extraction, viz., Sayyad, Sheikh, Mughal and Pathan.

Athna Ashari : Shia subsect that recognizes twelve Imams the last of whom, Muhammad al-Muntazar, is believed to have disappeared between A.D. 873-877 and will return on the day of judgement.

Azl : Coitus interruptus.

Brahmin/Brahman : Among the Hindus of India, a member of the highest or priestly class.

Brahma Purana : Sanskrit sacred poem of Hindu mythology on Brahma, the creator god of late Vedic religion.

Brahmo Samaj : A reformist Hindu sect founded by Raja Ram Mohan Roy, which does not believe in idol-worshipping.

Bohris : See Ismailiya

Contraceptive prevalence rate: Percentage of married women aged 15-44 using contraception.

Crude birth rate (CBR): The number of births in a population during a specified period divided by the number of person-years lived by the population during the same period. It is frequently expressed as births per 1,000 population.

Crude death rate (CDR): The number of deaths in a population during a specified period divided by the number of person-years lived by the population during the same period. It is frequently expressed as deaths per 1,000 population.

Devdasi : Temple prostitute.

Dipangit : An Indonesian practice of keeping the girl in the house soon after her first menstruation.

Economic equality : The degree to which women have equality in the work place and have (equal participation) autonomy in economic decision making.

Equality in marriage and family: The right to freely enter into marriage and equal rights in divorce; equal legal rights and responsibilities between husband and wife in marriage.

Female infant and child mortality : Number of deaths to a cohort of 1,000 female births in the reference year occurring before their first or fifth birth day.

Female/male differential life expectancy : The difference in years between female and male life expectancy at birth.

Female/male differential literacy : The difference between literacy rates for men and women, ages 25-45 years.

Female/male societal equality : The absence of discrimination against women in society.

Female/male widowed, divorced and separated rate : Widowed, divorced or separated women per 1,000 widowed, divorced or separated men.

Fiqh Jafaria : Jurisprudence of Jafaria sect (a subset among Shias).

Gauna : Ceremony of sending the girl to the groom's house after she attains puberty; the ceremony usually takes place in communities which still practise child marriage and among whom the girl goes to her husband long after her wedding.

General fertility rate (GFR): The ratio of number of live births in a period to the number of person-years lived by women of child bearing ages during the period.

General marital fertility rate (GMFR): The ratio of the number of live births in a reference period to married women in reproductive ages to the number of person-years lived by such women during the reference period.

Gotra : A Hindu clan tracing its paternal linkage from a common ancestor, usually a saint or sage.

- Gross reproduction rate (GRR) : The average number of female children a woman would have if she survived to the end of her child bearing years and if, throughout, she were subject to a given set of age-specific fertility rates and a given sex ratio at birth.
- Hadith : A traditional account of things done and said by Muhammad or his companions. The entire body of such accounts.
- Hanabali : A follower of the Hanabali School of Islamic jurisprudence founded by Ahmad ibn-Hanbal, who rejected the consensus of Muslim learned opinion as an unlawful innovation and depended heavily upon the actual wordings of the Tradition as a source of Islamic jurisprudence.
- Hanafi : A follower of the Hanafi School of Sunni jurisprudence which, named after the Persian scholar Abu Hanifa, recognizes analogical deduction and consensus among jurists as important roots of Islamic jurisprudence.
- Huns : An Asiatic people who ravaged Europe in the 4th-5th century. Also invaded India.
- Ijma : Consensus, either of the whole Islamic community or of the learned regarding what is truly Islamic.
- Infant mortality rate (IMR) : The number of deaths of children under one year of age to a cohort of 1,000 live births in the reference year.
- Ismailiya : Shia subject that recognizes Ismail as its Imam. The Imami Ismailiya Shias are divided into two groups, Bohris and Khojas. The cleavage between them goes back to 1094 when al-Mustali, instead of his brother Nizar, succeeded al-Mustansir as the Fatimid caliph in Egypt. The Bohris trace the line of their Imams to al-Mustali. On the other hand, the claim that Nizar's Imamate was the real one was taken up by Hasan-ibn-Sabbah and, in the wake of Nizaris of Alamut, by the Khojas, who regard the Aga Khan as their living Imam.
- Khojas : See Ismailiya.
- Koran : The sacred text of Islam, believed to have been dictated to Muhammad by Gabriel and regarded by Muslims as the foundation of law, religion, culture and politics.
- Kshatriya: Warrior caste among Hindus.

Kushanas : Foreigners who ruled Indus valley, Kashmir and Afghanistan at the beginning of the Christian era.

Life expectancy at birth : The average number of years that a member of a cohort of births would be expected to live if the cohort were subject to the mortality conditions expressed by a particular set of age-specific mortality rates.

Lingayat : A follower of Shiva, a major god of Hindus, who gives importance to Nandi, the vehicle of Shiva.

Maliki : A follower of the Maliki School of Islamic jurisprudence which regards tradition, either that of the Prophet or local custom, as having the first claim to consideration after the Koran as a root of Islamic jurisprudence.

Maternal mortality rate : Represents the risk of dying as a result of complications of pregnancy, child birth and the puerperium. It is defined as the number of deaths due to puerperal causes per 10,000 or 100,000 live births.

Mehr : Dower promised by the husband to his wife at the time of marriage.

Moksha : Liberation from the chain of births impelled by the law of Karma.

Mughal : See Ashraf.

Mutazilas: Members belonging to Mutazila, an independent Islamic school, an offshoot of the Shias, founded by Wasil bin Ata.

Namboodri : Brahmins of Kerala.

Nayar : Kshatriyas of Kerala.

Parvas : Names given to certain days in the lunar month; at the full and change of the moon, and the sixth, eighth and tenth of each half-month.

Pathan : See Ashraf.

Prarthana Samaj : A reformist movement started by English educated, enlightened Hindus in the 19th century against idol-worship and caste distinctions.

Primary/secondary school enrolment : Total primary and secondary school enrolment divided by the number of primary and secondary school age girls in the population, expressed as a percentage.

- Purdah : Muslim practice of seclusion of females.
- Puranas : Sanskrit sacred poems of Hindy mythology.
- Qadiyanis : A subsect of Ahmadiyas, founded by Mirza Ghulam Ahmad of Qadiyan who claimed to be an incarnation of the Hindu god Krishna as well as Jesus returned to earth, and at the same time the re-manifestation of Muhammad.
- Rahbaniyat: Giving up the norms of worldly life (like monks and nuns in Christianity).
- Ritu : Season.
- Ruksati : The ceremony of sending the bride to her husband's house, among Muslims. Similar to Gauna among Hindus.
- Sambandham : Marriage of a Nayar woman with a Namboodri man.
- Sati : Hindu custom of immolating the widow along with the dead husband.
- Sayyad : See Ashraf. Supposed to be the descendants of Prophet Muhammad.
- Shafi : A follower of the Shafi School of Islamic jurisprudence, founded by the Arab scholar Muhammad al-Shafi who frowned upon the unlimited use of arbitrary opinion as a root of Islamic jurisprudence and insisted that, before any valid deductions could be made, the underlying motive in the Koranic 'premises' must be taken into account.
- Shaikh: See Ashraf.
- Shakas: Scythians who invaded India.
- Shariah : The sacred law of Islam.
- Shia : A follower of the smaller of the two principal sects within Islam that adheres to Ali. The principal point of cleavage between the Shias and Sunnis is that the former claim that Ali was the rightful successor to Muhammad but his right of succession was usurped by the first three caliphs.
- Shiite : Related to Shias

Smritis : The bodies of recorded or remembered law; the ceremonial and legal institutes of the Hindus.

Sufis : Members of any of the several orders of Islamic mystics.

Sunna : Practices and precepts of the Prophet.

Sunni : See Shia.

Talaq : Divorce.

Total fertility rate (TFR) : The average number of children that would be born per woman if all women lived to the end of their child bearing years and bore children according to a given set of age-specific fertility rates; also referred to as total fertility.

Total marital fertility rate (TMFR) : The product of the age-specific marital fertility rate times the duration of the age interval, summed over all reproductive age groups.

University enrolment of women : Total university level enrolment divided by the number of women ages 20-24 in the population expressed as a percentage.

Vedic : Related to Vedas, the most ancient and sacred literature of the Hindus.

Virashaiva : Same as Lingayat.

Vishnu Purana : Sanskrit sacred poem of Hindu mythology on Vishnu, a Vedic god who preserves the universe.

Wahabis : Followers of Abd-al-Wahab, opposing all practices not sanctioned by the Koran.

Zaidias : A subsect among Shias which follows Imam Zaid.