Chapter-2

Review of Literature
CHAPTER 2

REVIEW OF LITERATURE

In the book entitled “Population Problems” Thompson and Lewis (1965) has elaborated the ‘theory of social capillarity’ propounded by Arsene Dumont (1849-1902). He was a professor in the University of Strasbourg. His theory of population growth seems to be largely based on his study on the growth of population in France during the later part of the nineteenth century. According to Dumont individual tends to mount to higher levels in a social environment by a process similar to physical capillarity. In the process of climbing upward he becomes less and less likely to reproduce himself; he is drawn out of the natural milieu and away from the family. Dumont believed that in a society where upward mobility from class to class is rather easy, social capillarity is as inevitable as gravity. He says: “What gravity is to the physical world, capillarity is to the social order”. In countries like India where social capillarity is relatively inactive because of a rigid caste system, there is no tendency for the birth rate to decline and the population to die out. (Thompson and Lewis (1965), pp 46-47)

Tulsi Patel (2006) in her book entitled “Fertility Behaviour: Population and society in a Rajasthan Village” has tried to provide an interpretative account of fertility behaviour in the village society of Mogra. Here she analysed fertility behaviour in the context of social structure, people’s behaviour, meanings and perceptions and institutional mechanisms, i.e. customs, rituals and ceremonies. The data from Mogra does not support the widely prevalent view that those who marry early have a longer marital duration and scope for higher fertility. Data revealed that women married before the age of 15 and those married between 16 and 20 years of age have little variation in the number of children born. Further in several demographic studies gainful employment is viewed as enhancing the status of women and lowering their fertility. But Patel’s study of the Mogra village brought to light a completely different approach. Marriage, motherhood and birth of children, especially of sons confer social status on women. The negative sanction on
barrenness supports the high social value of motherhood. Barrenness is a curse. A barren woman is often ridiculed, at times abused and is under the constant fear of a possible second marriage by her husband. Regarding the value and cost of children Patel found that people of Mogra before having a child seldom calculate only in economic terms every aspect of their behaviour that contributes to fertility. This attitude towards children and child rearing practices reveal the cultural irrelevance of such economic reductionism in Mogra. Although the findings of this particular study are quite relevant but are only specific to the village Mogra and hence they cannot possibly be generalised in the larger context. (Patel. (2006), pp 5-81)

Rafiqul Huda Chaudhury (1982) in his book entitled “Social Aspects of Fertility: with special reference to developing countries” conducted an elaborate study on the fertility behaviour and arrives at the following conclusions. Children fulfil several psychological, social and economic needs. Parents belonging to different social strata and culture desire children for different reasons. It has been found that urban middle class parents usually want children for psychological reasons but the salient reason for having them among the rural parents is usually economic. Irrespective of whether the return from the child is positive or negative, children render useful household maintenance tasks and provide the best security to parents. Moreover in a society where women have low status, have little access to education and employment and are dependent on children for social and economic support fertility is higher. The supply of family planning services through government channels will have no independent effect on fertility unless simultaneous changes in economic and social rewards and the cost of large families occur. (Chaudhry. (1982), pp 2-30)

In the Mysore study which was undertaken jointly by the government of India and the United Nations in the year 1961 as an experiment in the use of a sampling survey of households to measure the trends and characteristics of the population and to investigate their inter relations with the processes of economic and social change in an area undergoing economic development, it has been stated that marriage customs are important determinants of fertility, especially in countries like India where few married couples have adopted stringent measures to limit the
number of their children. The age at marriage assumes a special interest in India where marriage is almost universal and where it has been customary among important segments of the population for girls to be married at a very early age. (The Mysore Population study; A cooperative project of the United Nation and the Govt. of India. (1961), pp 88-108)

S. Philip Morgan, Sharon Stash, Herbert L. Smith and Karen Oppenheim Mason (2002), in the article entitled “Muslim and Non-Muslim Differences in Female Autonomy and Fertility: Evidence from Four Asian Countries” have examined that the higher fertility of Muslims can be traced to the lower level of power and autonomy of the Muslim women. They conducted a set of surveys of more than 50 communities in four Asian countries i.e. India, Malaysia, Thailand and Philippines. From their study the author’s found that Muslim women as compared to non-Muslim women usually have more children and are more likely to desire additional children, and are less likely to be using contraception when they desire no more children, but this pro-natalist attitude cannot be necessarily accounted for the less autonomy among Muslim women as compared to their non-Muslim counterparts. This empirical work has examined the link between religion, autonomy and fertility at the aggregate level. Hence, from this study it was examined that the greater pronatalist attitudes of Muslims result from greater poverty or other aspects of socio economic disadvantage. (Morgan, Stash, Smith and Mason. (2002), pp 515-533)

K. C. Bhuyan (1996) conducted a study to investigate the fertility levels and the impact of the important demographic characteristics on them for the couples of different socio economic status and family planning adoption economic status and family planning behaviour in rural Bangladesh”. The data was collected in mid 1992 from 1250 eligible couples of childbearing age. Questions were mainly asked to the respondents regarding the number of children ever born, duration of marriage, yearly income, number of desired children, level of education and occupation of both the husband and the wife. The respondents were divided into 6 groups and 6 linear regression models were fitted for 6 groups of couples and the differentials in impact of these explanatory variables were investigated. It was found that duration of marriage, desired number of children and child mortality had positive impacts on
fertility. Higher socio economic status was positively associated with family planning adoption and negatively associated with fertility, irrespective of the duration of marriage. Both education and family planning adoption behaviour had depressing effects on the fertility levels. Female education had more depressing effects on fertility than that of male education. Both adopter as well as non adopter illiterate females had on an average more children as compared to that of literate females. Thus it was observed that parent’s education and family planning adoption were negatively associated with fertility level. In relation to occupation it was found that occupation of the father had a highly negative effect on the fertility level. Among the working women also higher adoption of family planning and thus a lower fertility level was observed it is because the females working outside do not want to expose themselves to the risk of more pregnancy. But among the couples of lower socio economic status occupation of parents did not play any vital role in reducing fertility. The data collected also indicated that child mortality is positively associated with fertility. The fertility of the couples of low socio economic status would be less if child mortality could have been controlled. Thus from the above study it is quite clear that level of education and occupation of the females had depressing effects on their fertility behaviour. The result of the study conducted by K.C. Bhuyan also supports the findings of the study conducted by me on the fertility behaviour of the Muslims of Cuttack district. (Bhuyan. (1996), pp 302-322)

In the article “Birth spacing in the Netherlands” The effects of family composition, occupation and religion on birth intervals, 1820-1885” family reconstructions from western and central Netherlands in the period 1820-1885 have been analysed by Jan Van Bavel and Jan Kok (2004). Parity related fertility limitation was virtually absent in pre-industrial Europe. Fertility control has often been equalled with parity specific limitation, which means that couples modify their behaviour to avoid having more children after a maximum desired number has been born. Parity-independent limitation on the other hand includes any circumstances or forms of behaviour that reduce the probability of conception or increase the interval between births irrespective of the number of children that have been born. Any attempts to delay the next birth, whether parity related or not, should be counted as
fertility control. This form of control is usually called spacing behaviour in contrast to stopping behaviour. According to the authors spacing was preferred to stopping for both health and economic benefits. With respect to health, longer spacing is beneficial to the child as well as to the mother. Deliberately delaying a next birth would match well with and strengthen a general trait of human reproductive strategy. Longer birth spacing is also beneficial to the household economy. Family with low budgets can be expected to face economic problems during the early family formation years, when young children still form an economic burden to the household. Thus the authors in their work wanted to put light on the fact that households are more likely to be under economic stress when a large fraction of the children alive are young and dependent. This may stimulate parents to try to delay the next birth when the proportion of small children is high. The authors have also stated that the higher and more stable the father’s earnings are the lower will be the motivation to space births. Paid employment of the mother outside the house also heavily influenced the decision making process as well. Casual and unskilled labourers maintained relatively long intervals because their wives often worked outside the homes. In addition labour migration, wet nursing and malnutrition probably depressed fertility in this group. On the other hand farmers and to a lesser extent the self employed middle class had very short intervals. Catholics and orthodox Protestants had relatively short birth intervals compared with the liberal Protestants. In the case of the Catholics this can partly be ascribed to active efforts from the clergy to discourage breastfeeding. Thus the findings of the above study clearly point to the fact that socio economic conditions of the people have an impact on their fertility behaviour. This finding is quite in par with the findings of my study. Lower the economic condition lower becomes the desire to have more children because more will be the number of children higher will be the cost required for their maintenance. (Bavel and Kok. (2004), pp 119-140)

Mahinder Chaudhry (1990) in his paper entitled “Role of social and cultural factors in human fertility in India” stated that during the 1940’s and 1950’s in India, a relatively low level of fertility of 6-8 children per women of unbroken marriage is implicated by the social and cultural factors. He deduced his findings on the basis of the appraisal of the trends over the last 2-3 decades i.e. 1970’s and early 1980’s of
the pertinent variables like age at marriage, widow remarriage rates, the induced abortion rate, postpartum infecundability (breastfeeding) and post partum abstinence, the son preference and the other sexual attitudes and taboos. After doing an exhaustive review of literature the author found out that since in India marriages are solemnised at an early age so the reproductive period is longer which results in higher fertility. If the age at effective fertility rises from below 18 years to 21 years and over there will be a marked reduction in fertility both in the rural and urban areas. Widowhood and the social and religious restrictions on remarriages is also another factor responsible for higher fertility in India. Although among Muslims and Christians there is no religious ban on remarriage as is found among Hindus still the fertility rates would increase by 13.4% for the Hindus and 7% for the Muslims when the taboos on widow remarriage were completely eliminated for the nation as a whole. It is because the higher rate of widow remarriage among the Muslims account for only a third of the difference between the two religious groups. Postpartum infecundability includes lactation duration and postnatal sexual abstinence practices. Breast feeding delays menstruation, inhibits ovulation and therefore reduces the likelihood of conception during the extended period of amenorrhea which follows childbirth. But due to the impact of modernization a decline in the duration of breastfeeding has been observed. This decline is also partly due to the vigorous promotions by many multinationals of milk formulae and supplemental food for infants. Thus breastfeeding as a natural check on pregnancy has ceased to exist which is one of the reason for higher fertility. Similarly the taboo on postpartum sexual intercourse in traditional societies as a means of child spacing as well as of protecting the health of the child and the mother has also lost its significance under the impact of modernisation contributing to higher fertility. In India son preference is very high. Indian society is highly patrilineal therefore sons are highly desired for carrying on the family’s name and transfer of property rights, particularly landed property, as providers of emotional comfort and economic security in the parent’s old age and as the chief source of reliable labour in farming and other family type economic ventures. This is one of the reasons for high fertility in India. Therefore the above findings by the author clearly show that the above mentioned factors are responsible for higher fertility in India irrespective of the religious diversities. (Chaudhry. (1990), pp 117-123)
In the paper “Understanding religion and the economics of fertility in India” Sriya Iyer (2002) explores the impact of religion on women’s fertility in India. The author used data from a micro demographic survey of 201 rural Hindu, Muslim and Christian households in the south Indian state of Karnataka to explore the impact of religion on socio economic factors on fertility. A systematic comparison of Islam, Christianity and Hinduism shows little difference in their theological positions on demographic issues, with the exception of their position on birth control. So apart from religion there are other socio economic factors which influence their fertility behaviour. The factors considered are the education of the woman, the education of her husband, various measures of income, the occupation of the woman, that of her husband, marital consanguinity, the presence of extended family in the household, son preference, provision of water and fuel infrastructure, differences in religion and the age of the mother. After a vigorous study conducted by the author taking into account the above mentioned factors it was found out that there are statistically significant differences in the effect of various socio economic factors on the number of children ever born between Hindus, Muslims and Christians, suggesting that religious groups may need to be targeted differently by policy makers in order to influence demographic decision making. Hence the findings of this paper complement the findings of my study conducted on the fertility behaviour of Muslims in Cuttack district to a great extent that religion is not the only factor affecting fertility among Muslims rather it is influenced by a host of social, economic and other factors. (Iyer. (2002), pp 4-40)

K Moulasha and G Rama Rao (1999) in their paper entitled “Religion specific differentials in fertility and family planning attempted to rule out the popular belief that fertility rate among the Muslim women is significantly higher than for Hindu women which may in the first instance be attributed to such practices as postpartum abstinence and the length of amenorrhea after child birth. According to the authors there are more complex socio economic reasons for the differential behaviour of the two communities that needs to be better understood. They deduced their findings on the basis of the data of NFHS. To study the difference in their social condition, their literacy level has been considered as a key variable. It is found that the proportion of literates among Hindus is slightly more than among Muslims. The
possible reason for the educational backwardness of Muslims is their lower socio economic condition. According to the authors fertility will decline sharply with increasing education in both religious groups. Moreover religion cannot be cited as the only factor promoting fertility among Muslims because although it has been mentioned in the Quran with emphasis that the mother should suckle her children for 2 full years, it seems to be overlooked by the Muslim women for some reasons. This is evident by the fact that the duration of postpartum abstinence is one month shorter than among Hindus. Furthermore as far as the adoption of family planning methods is concerned it was found that although a higher proportion of newly married Muslim women reported knowledge of at least one method of family planning, the proportion of those reporting the use of any method was considerably lower than that among Hindus, particularly for permanent methods (Hindus 32.7%, Muslims 16%). On the other hand the use of modern temporary and traditional methods was slightly higher among Muslims than among Hindus. These differentials may partly reflect the relationship between the level of education and contraceptive use. A part of these differentials may disappear once the level of education is controlled. Hence the above study conducted by Moulasha and Rama Rao clearly confirm the fact that religion is not the only determining factor in terms of fertility. (Moulasha and Rao. (1999), pp 3047-3051)

Roger Jeffery and Patricia Jeffery (2000) in their paper entitled “Religion and fertility in India” tried to analyse inter religious fertility differences based on specific social, economic and political contexts. Given the obscurity of the Hindu and Islamic holy texts on issues like family planning, it would be absurd to look directly to the texts to understand religious influences on fertility behaviour. The messages they provide depend on the interpretations given by Hindu and Muslim religious leaders in India. In both cases some leaders have argued in favour of population growth as part of political strategies. Most Muslims believe that sterilization is un-Islamic and would cause the sterilized person to be excluded from paradise. But there are some Islamic leaders who have not denounced sterilization in particular. The widespread assumption that Islam is hostile to family planning can be falsified if we look at the total fertility rate (TFR) of Bangladesh where the TFR went down from 6.3 in 1971 to 3.3 I 1994-96. This suggests that the effects of Islam on fertility are short term if
socio economic conditions change and accessible family planning services are supplied. Thus higher levels of Muslim Indian fertility cannot be explained with reference to supposedly universal Islamic condemnation of contraception in general, nor of sterilization in particular. Across India Muslims are generally in weaker economic positions than Hindus. More than half of the urban Muslims are reported to have incomes below the poverty line, compared to 35% of urban Hindus (Krishnakumar 1991; Shariff 1995). Similarly indicators of schooling show Muslims to be less well educated than Hindus reflecting the weaker economic position of Muslims. Both education and economic position have very strong relationship with fertility much stronger than the relationships with religion. Census data shows that female education plays a central role in fertility decline. They also suggest that son preference is also important in understanding fertility levels. So, the study of Jeffery and Jeffery attempts to throw light on the fact that the higher fertility among Muslims is not simply because of their religious restrictions on family planning but because of the fact that the Indian Muslims are educationally and economically backward. (Jeffery and Jeffery. (2000), pp 3253-3259)

In the paper entitled “Main and Interaction Effects of Woman’s Education and Status on fertility: The Case of Tanzania the author Oystein Kravdal(2001) did an analysis based on individual 1996 Tanzania Demographic and Health Survey (TDHS) data combined with aggregate data from 1988 census and the 1991/1992 TDHS. A relatively large share of Tanzania’s economic resources has been allocated to education. Primary school enrolment and literacy rates are quite high by the African standards. But the expansion of primary education contributes to only a slightly higher age at first birth, and the effect on higher order birth rates is not significant. Secondary school enrollment influences fertility more markedly, in particular because of a later first birth. In the early 1990’s the total fertility rate was 6.4 for women with no education, 5.9 for those who had an incomplete primary education and 5.4 for those with a complete one (Bureau of Statistics and Macroint International Inc., 1997). The level was as low as 3.2 for women with a secondary education but these are very few in Tanzania. Only about 10% start to take a secondary education, and many of them never complete it. Women who have attained some education and a relatively strong position in terms of physical and
economic autonomy, and who live in societies where men do not generally have a very strong control over women are less likely to be involved in early and arranged marriages and polygamous unions. As a result partners may communicate better about contraception and the husband may see more clearly how childbearing burdens the wife. Effects of women’s status are estimated in models of actual fertility as well as fertility desires, postpartum insusceptibility and contraceptive use, using up to 6 macro or micro level indicators. All significant effects suggest that empowerment of women will tend to push fertility down. The significant interactions between women’s status and education point in different directions, but a majority of them indicate that education has the most pronounced effect on fertility in the most egalitarian regions and among women with relatively high individual status. Hence this paper also supports the findings of my study regarding the fertility behaviour of Muslims in Cuttack district that female education and autonomy influences their fertility behaviour to a great extent. (Kravdal. (2001), pp 107-136)

Bhawna Chawla(2007) in her paper entitled “Women’s Education, Health and Fertility in India: Examining three states in India: Bihar, Rajasthan and Tamil Nadu” attempted to bring out the linkages between woman health and education in developing countries like India. Education is understood to have a positive link with a woman's health and a negative correlation with fertility. At the same time, a woman's education level also impacts her socioeconomic status and geographical location, both factors that may also significantly impact health. This study uses data from the second round of the National Family Health Survey (1998-99) to analyze these linkages in three Indian states: Bihar, Rajasthan and Tamil Nadu. Results indicate that all fertility related variables are strongly linked in the poorer states. Association between education and two variables - contraceptive usage and disease prevalence- show different trends in the developed and less developed states. Nutritional status, on the other hand, is not associated with education in any of the three states. India is a nation of striking interregional diversity. Regions differ not only in culture but also socioeconomic development. Women in states like Kerala, Tamil Nadu and Andhra Pradesh enjoy higher education status and autonomy. On the other hand, northern states are strongly subject to traditional conservatism and women are predominantly less educated and less likely to work outside their homes.
While Bihar and Rajasthan are two of the poorest performers in India in terms of gender equality, Tamil Nadu captures the other end of the spectrum with the state making significant strides in women’s education and health (National Family Health Survey, 1999; Census, 2001). In all three states of study, a higher level of education is associated with women bearing their first child at an older age. The association is significant at the 1 percent level after accounting for economic status and other background variables. A one-year difference in education is positively associated with a 0.13-year delay in childbearing in Bihar, 0.18 year in Rajasthan and 0.25 year in Tamil Nadu. Like other fertility variables, husband’s education is a strong predictor of childbearing age. In Tamil Nadu, being Muslim is associated with having a child at an earlier age. Belonging to upper caste is associated with childbirth delays in Tamil Nadu but not in Bihar and Rajasthan. In all three states, employed women, on an average have children at a younger age as compared to non-working women. The univariate regression results show that women’s education is strongly linked with their fertility and health indices. In the underdeveloped states of Bihar and Rajasthan as well as the developed state of Tamil Nadu, educated women are more likely to use contraception, have fewer children and delay their first childbirth. Women with better education are less likely to suffer from morbid diseases (tuberculosis, jaundice, malaria, asthma) or malnourishment. The findings are consistent with existing assumptions on health, education and fertility that education is correlated positively with women’s health status and negatively with fertility levels. (Chawla. (2007), pp 12-43)

Satyajeet Nanda (2005) in his article entitled “Cultural Determinants of Human Fertility: A Study of Tribal Population in Orissa” made an endeavour to study the plausible causal relationship between cultural factors and human fertility in a more or less non-industrial rural population (scheduled tribes) in Odisha an Eastern Indian state. For this study, the primary data were collected from the ‘Angul’ district of Odisha, which had a comparatively higher proportion of scheduled tribe (ST) population (Census of India, 1991). The currently married women of the age group 13 to 49 years were chosen as the respondents. A total of about 300 such women were interviewed in the sample survey. Besides quantitative data, some qualitative information on fertility preference, perception & practice regarding health and
conception period were collected through key informants, group discussions and informal interview. The data collection was carried out during the year 1997-1998. The bivariate and multivariate statistical analyses showed that lower level of child loss showed significant association with lower fertility. The other variables like higher age at woman’s marriage, self choice of mate by woman and nuclear family showed negative effect on fertility. At societal level, the factors such as village distance, marriage with prior relatives and woman’s birthplace have shown some effect on fertility level, if not always significant. At household level, the nuclear family showed a significant negative association with fertility. This accounts for the cultural influence on decision making in a way that in nuclear family there is a higher chance that the fertility decisions is taken by the wife and husband and less intervened by other kin heads, leading to higher level of fertility regulation. Thus the observation of the above facts gives an impression that the population composition, distance from urban centres, community size, distribution and aborigineness have some bearing on fertility. (Nanda. (2005), pp 221-227)

“Kinship System, Fertility and Son Preference among the Muslims: A Review” by Rosina Nasir and A.K.Kalla (2006) shows that high fertility among the Muslim women is also a consequence of son preference arising out of socio-economic compulsion in the traditional absence (due to strict religious prohibition) of sex selective abortions. According to the ‘First Report on Religion Data, 2001’ released by the Registrar General and Census Commissioner of India. The child sex ratio of Muslim (950/1000) is better than that of Hindus (925/1000), despite the fact that the overall literacy rates among Hindus (65.1%) is higher than that of Muslims (59.1%) populations. Having a girl and then wanting a boy is a universal phenomenon occurring in any society (Grant, 1998). Muslims are less averse to daughters than Hindus. But this does not deny the existence of son preference attitude. This greater sex ratio somewhere intends to probe the long existing speculation on the inferior status of women among Muslims as compared to Hindus. Also, the question whether this improved sex ratio is a consequence of no son preference or of higher status of women among Muslims needs proper inspection. Further, it is needed to look into, cultural practices within Islam in this respect; how are they different from the Hindu system and to what extent non-Muslim communities (especially Hindus) affect the
social life of the Muslims. It needs to be emphasized here that the prohibition of abortion in the holy book, Quran, is one of the many reasons for the sex ratio going in favor of Muslim girls. Further, it is reasonable to add here, that unlike Hindus, the cultural practice of payment of high dowry is not explicit among Muslims. It is taken as gifts to the bride by her family member but is not obligatory and not demanded. Religious teachings play a major role, as Muslims translated prescribed Islamic tenets into practice, in which dowry system is not engendered and abortion is strictly forbidden. This acts as the safeguard against sex selective abortion. But one important point needs to be examined is the impact of socio-cultural milieu, as Muslims form the integral part of a wider complex. It would be worth mentioning at this juncture that the Muslim kinship system is unique. It shares similarities with Dravidian system of south in terms of law of inheritance considering women, recognizing the distinction between cross and parallel consanguineal relatives and giving preference to consanguineous marriage apart from uncle-niece marriage, and on the other hand, Muslims society is patriarchal and patrilineal in nature and follow kin terminological framework similar to Indo-Aryan Kinship system. By and large, it is found that Muslim women gain respect and status when they marry and have children, thereby improving their bargaining position in the social structure (Youseef, 1978). Maulana Ashraf Ali Thanavi, in early 20th century wrote in a compendium that bless a Muslim women by wishing her husband, brother, or children long life, or wishing for her many sons and grandsons (Minault, 1998: 62). So, son preference is an inevitable phenomenon even in the Muslim community. According to Islamic law of inheritance, a son receives twice as much as a daughter, a brother twice as much as a sister and a husband twice as much as a wife. Besides this, Islam considers dower (Mehr) and maintenance being compulsory on the part of husband. It reduces women’s financial commitments and increases man’s burden proportionately; bearing this extra burden on man in mind, his share in inheritance has been fixed at twice that of women. From this, it can be assumed that the high frequency of consanguineous marriages is a consequence to retain the family property which is entitled to the girls. Thus, consanguineous marriage, law of inheritance, compulsion on dower and less importance to dowry among Muslims, promote the social environment to foster female birth and less aversion towards them. So, it has been identified that Muslims treat their daughters better on account of significantly lower
level of daughter aversion. Hence, one of the reasons for the higher fertility of Muslim women in relation to Hindu women may lie in daughters being more welcome in Muslims than in Hindu families. But here, it is more likely to address whether the increased sex ratio in Muslims indicating a rise in fertility rate be an outcome of son preference or is it a sign of welcome for a daughter in a family, despite the fact that female literacy is low in Muslims. Daughter aversion does not imply to only sex selective abortion, but also neglect, low education, low exposure to outer world and less freedom which needs to be considered as attitudinal aversion which suppress women’s development and lead to lower status of women in society. Thus it is required to carry out holistic study keeping in perspective variables like social status, nutritional status, economic status, and educational status, access to health facilities, decision making ability and religious ideologies, facilitate to throw light on reasons for differences in differential frequency of sex preference concerning religion. (Nasir and Kalla. (2006), pp 275-281)

“Muslims in India: A demographic and socio-economic profile” by Malika B. Mistry (2005) presents a demographic and socio-economic profile of the Muslims in India, who form the largest minority in the country. The paper provides a demographic history of Indian Muslims, including the growth and distribution of the Muslim population across Indian states over the past century using the Indian census data and the data of NFHS. Comparative fertility and mortality rates are presented for various religious communities to explain the differential growth of the Muslim population. The relative backwardness of the Muslim community, and particularly of Muslim women, is noted as a factor in the comparatively high fertility rates observed among the Muslim population. Muslims constitute 12% of the total population of India. The available data on the socio-economic profile of Muslims reveal that in spite of 55 years of Indian independence, Muslims in India have remained socially and economically backward. As far as percentage increase during the decade spanning from 1981 till 1991 is concerned, Arunachal Pradesh and Mizoram have recorded the highest growth rates (above 100%). Nagaland, too, has recorded a high growth rate of approximately 75%. Since the Muslim populations in these states are very small, both in terms of absolute numbers and percentages, these growth rates are inconsequential. In Goa, Haryana, Meghalaya, Punjab, Rajasthan and Tripura, the
growth rate of Muslims is between 41% and 50%. It is possible that this higher growth rate is due to the immigration of Muslims from other parts of India to these states. Andhra Pradesh, Bihar, Madhya Pradesh, Maharashtra, Manipur, Odisha, Uttar Pradesh and West Bengal have shown growth rates that are between 30 and 40%. Gujarat, Himachal Pradesh, Karnataka, Kerala, Sikkim and Tamil Nadu have shown rates below 30%. The lowest growth rate among Muslims has been recorded in Sikkim (19%). However, the most important factor that explains the higher growth rate among Muslims is their fertility rate. The National Family Health Survey, India, 1992–93, has computed the total fertility rate for different religious groups. The same survey found that education has a dampening effect on Muslim fertility as it does on the other religious groups. The role of contraception has been very important in explaining the high fertility rate among Muslims. The data from the three sample surveys conducted all over India by Operations Research Group (ORG), Baroda, in 1970–71 and 1980–81 have indicated that the acceptance of family planning practices among Muslims is lower than that of many other religious groups. A study of the demography of Muslims along with that of other religious group shows that in India, different communities are at different stages of demographic transition. Those communities that are at higher levels of modernization, and in which women have an improved status, have achieved demographic transition earlier than other religious groups such as the Parsis and Christians. Hindus are almost reaching this stage of complete demographic transition. However, Muslims are yet to reach that stage. The Muslim–Hindu fertility differentials are in fact a manifestation of the time lag between these two groups in achieving this demographic transition. Nevertheless Muslims too will have to reach that stage in course of time. (Mistry. (2005), pp 399-422)
References


