Appendices


Social aspects of fertility; with special reference to developing countries. New Delhi, Vikas Publishing House Pvt. Ltd.


# Interview Schedule

<table>
<thead>
<tr>
<th>Sr</th>
<th>Question</th>
<th>Answer</th>
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</thead>
<tbody>
<tr>
<td>1.</td>
<td>Name</td>
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<tr>
<td>2.</td>
<td>Age</td>
<td></td>
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<tr>
<td>3.</td>
<td>Sex</td>
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<tr>
<td>4.</td>
<td>Type of Family (Joint/Nuclear)</td>
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<tr>
<td>5.</td>
<td>Age of Marriage</td>
<td></td>
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<tr>
<td>6.</td>
<td>How many children do you have?</td>
<td></td>
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<tr>
<td>7.</td>
<td>Number of Male children</td>
<td></td>
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<tr>
<td>8.</td>
<td>Number of Female children</td>
<td></td>
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<tr>
<td>9.</td>
<td>Age of mother at the time of the birth of the first child</td>
<td></td>
</tr>
<tr>
<td>10.</td>
<td>Interval between the children</td>
<td></td>
</tr>
<tr>
<td>11.</td>
<td>Number of still births</td>
<td></td>
</tr>
<tr>
<td>12.</td>
<td>Number of miscarriages</td>
<td></td>
</tr>
<tr>
<td>13.</td>
<td>All the children born are alive or not</td>
<td></td>
</tr>
<tr>
<td>14.</td>
<td>If any death occurred, mention the cause of death</td>
<td></td>
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<tr>
<td>15.</td>
<td>Age of deceased children</td>
<td></td>
</tr>
<tr>
<td>16.</td>
<td>Educational qualification of Husband</td>
<td></td>
</tr>
<tr>
<td>17.</td>
<td>Education of wife</td>
<td></td>
</tr>
<tr>
<td>18.</td>
<td>Occupation of Husband</td>
<td></td>
</tr>
<tr>
<td>19.</td>
<td>Occupation of wife</td>
<td></td>
</tr>
<tr>
<td>20.</td>
<td>Educational qualification of children and if Working what is their occupation</td>
<td></td>
</tr>
<tr>
<td>21.</td>
<td>Give reasons for having children</td>
<td></td>
</tr>
<tr>
<td>(a)</td>
<td>Gives security in the old age</td>
<td></td>
</tr>
<tr>
<td>(b)</td>
<td>For increasing income of the family</td>
<td></td>
</tr>
<tr>
<td>(c)</td>
<td>Provide help in agriculture, domestic work etc.</td>
<td></td>
</tr>
<tr>
<td>(d)</td>
<td>Continuing the family name</td>
<td></td>
</tr>
<tr>
<td>(e)</td>
<td>Duty of married couple as per our religion</td>
<td></td>
</tr>
<tr>
<td>(f)</td>
<td>Bringing water, collecting firewood, looking after the younger brothers &amp; sisters</td>
<td></td>
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<tr>
<td></td>
<td>Question</td>
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<td>--------------------------------------------------------------------------</td>
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<tr>
<td>22.</td>
<td>What according to you is the ideal family size? Give reasons</td>
<td></td>
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<tr>
<td>23.</td>
<td>Do you make any difference between a boy and girl? If so give reasons</td>
<td></td>
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<tr>
<td>24.</td>
<td>Do you think that girls are liability to their parent</td>
<td></td>
</tr>
<tr>
<td>25.</td>
<td>Your opinion about female education</td>
<td></td>
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<tr>
<td>26.</td>
<td>Your opinion about working woman</td>
<td></td>
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<tr>
<td>27.</td>
<td>Do you send your sons to School? Yes/No, Give reasons</td>
<td></td>
</tr>
<tr>
<td>28.</td>
<td>Do you send your daughters to School? Yes/No, Give reasons</td>
<td></td>
</tr>
<tr>
<td>29.</td>
<td>Do you have the provision of water supply, electricity, cooking gas?</td>
<td></td>
</tr>
<tr>
<td>30.</td>
<td>If no then what is the source of fuel and water supply</td>
<td></td>
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<tr>
<td>31.</td>
<td>Who is responsible for fetching water, collecting firewood, grazing cattle, helping father &amp; mother in agricultural works &amp; house hold chores?</td>
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<tr>
<td>32.</td>
<td>Do you have a strong son preference attitude? If yes, give reasons</td>
<td></td>
</tr>
<tr>
<td>33.</td>
<td>Cost-Benefit analysis? i.e. Cost of bearing and rearing children and benefits of having more children in the log run</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Family Planning views</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>35.</td>
<td>Reasons for hating girl child</td>
<td></td>
</tr>
<tr>
<td>36.</td>
<td>Who makes decision:</td>
<td></td>
</tr>
<tr>
<td>(a)</td>
<td>As to how many children you would like to have?</td>
<td></td>
</tr>
<tr>
<td>(b)</td>
<td>For having a baby as early as possible</td>
<td></td>
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<tr>
<td>37.</td>
<td>If the wife is not able to give birth to a baby within one year of marriage, who is blamed and the kind of treatment meted out to the bride?</td>
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<tr>
<td>38.</td>
<td>Giving birth to male baby raises her position in her family or not?</td>
<td></td>
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<tr>
<td>39.</td>
<td>Does giving birth to a female baby lower her position? Yes/No Give reasons</td>
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<tr>
<td>40.</td>
<td>If she is not able to give birth to a male baby who is blamed and the kind of treatment meted out</td>
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<tr>
<td>41.</td>
<td>How do you respond to the birth of a male child</td>
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<td>42.</td>
<td>Does giving birth to a male child have any religious implication as is found among Hindus?</td>
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<tr>
<td>43.</td>
<td>What are your views on abortion?</td>
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Fertility Behaviour among Muslims in Odisha: A Pilot Study

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ABSTRACT:
The Indian population includes followers of six major religions Hinduism, Islam, Christianity, Sikhism, Jainism and Buddhism. These six religions account for almost 99.5% of the total population of the country. Between 1961 and 1991 the Muslim population has reported to have grown by 103% faster than the predominant majority group of Hindus, who have reported a growth of 83% over this period. The primary reason for the faster growth of Muslims has been their higher fertility. This paper seeks to explore the fertility behaviour among Muslims in Orissa where they constitute 2.1% of the population. Although Muslims in Orissa are, demographically insignificant but there are some districts where Muslims constitute more than twenty percent of the total population in Cuttack, Bhadrak and Kendrapara. The main objectives of the present study are (1) To explore the role of religion in determining fertility behaviour (2) Understanding fertility behaviour with reference to social class, level of education, occupation, minority character etc. (3) Identifying factors responsible for high as well as low fertility behaviour of Muslims. The present study seeks to collect data from an analytical study based on secondary sources such as the NFHS I, II, III, Census, Human Development Report etc. A brief look at the Muslims of Orissa throws light on the fact that Muslims of Orissa are as heterogeneous as any other communities. The majority of Muslims however are illiterate, poor and engaged in agricultural and petty jobs for whom children are perceived as an economic asset in the long run. They are also motivated to have more children for old age security purposes, particularly in a situation where there is little or no institutional support for the aged and physically disabled and where women are economically dependent on men. Another striking finding of the present study brings to light the fact that their low fertility rate among some sections of the community. This comes out clearly from the higher age at marriage of girls and the prevalence of cross cousin and parallel cousin marriage. Thus in this paper an attempt has been made to demolish the popular stereo type belief that religion is not the only factor which affects fertility behaviour among Muslims rather they are determined by a host of economic, social, cultural and political factors which greatly affect the total fertility rate among Muslims.

KEYWORDS:

INTRODUCTION:
In the study of population human fertility holds a focal position. Human fertility is responsible for biological replacement and for the maintenance of the human society. Fertility refers to the annual birth performance of a group of women or to the relative frequency with which the births occur in total population or in the population exposed to it. It is a result of fecundity the physiological capacity to reproduce.
Thus fertility behavior refers to the process of bearing and rearing children in the context of the household and the wider society. It covers the processes including institutional mechanism leading directly or indirectly to child birth and other demographic outcomes like child survival and mortality. Besides child bearing, child care and provision of domestic and other services to adults also constitutes the entire complex of fertility behaviors.

K. Moulaha 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 Moulaha and Rama Rao clearly confirm the fact that religion is not the only determining factor in terms of fertility.

Roger Jeffry and Patricia Jeffry (2000) in their paper entitled “Religion and fertility in India” tried to analyze inter religious fertility differences based on specific social, economic and political contexts. Given the obscuring 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 in 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 (Kishikakumar 1991; Shafir 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.

After China, India is the second largest and the most populous country in the world. Although the growth rate of the population in India was fairly low before 1951. It gathered momentum during the last four decades of 1951-91. After 1951, there has been a significant increase in the size of the population in absolute terms particularly during the decade of 1971-81, where its decadal and annual exponential growth rate was 24.75% and 2.20% respectively. The 1991 census recorded a marginal decline in these rates during the decade of 1981-91. It was estimated that there may be a further decline in the annual exponential growth from 2.14% in 1991, 1.81% in 1996 and 1.65% in 2001 depending on the effectiveness of family planning and development programme. But,
India’s population has grown at the current decadal growth rate of 21.3% and the average exponential growth rate of 1.93%. The estimated absolute size of the population may reach from 1027 million in 2001, 1778 million in March 2011 to 1264 million in March 2016. (Government of India National Population Policy 2000). However, the general fertility level of the country has declined from 37% in 1971 to 24% in 1981 to 30% in 1991 to 25% in 2001. But the state wise distribution of shares of population in India indicate that even after bifurcation, states like Bihar, U.P. and M.P. remain high fertility populous and vulnerable states.

Socio-economic Profile of Indian Muslims

The majority of Indian Muslims are ethnically Indian since they are the descendent of Indians of indigenous origin; who converted to Islam centuries ago for its egalitarianism which was practiced by the local sufi saints. Muslims are geographically scattered all over India and it is only in the state of Jammu and Kashmir and in Lakshadweep a union territory that they constitute a majority.

The Indian economy has made remarkable progress in the last 50 years. Yet for various reasons, Muslims in India have been unable to enjoy the fruits of development and so they continue to belong to the weaker sections of society. More than 90% of Indian Muslims are small and marginal farmers, artisans and workers. Being engaged in such occupation makes them poor, while their educational backwardness and lack of skills do not allow them to enter high income occupation. In modern industry and trade, Muslims rarely own big business or have positions in large scale industry or business and generally lack strong entrepreneurial skills.

The educational backwardness of the Indian Muslims is not rooted in their religion and culture because there is nothing in Islam which withholds Muslims from receiving secular education. The very process of proletarianization, indigenization and impoverishment and the formation of a slender elite class among the Muslims have taken strikingly different courses in different regions. Equally significantly, their response to the impulses of social change, including their response to the programme of literacy and education are regionally variable and dichotomous.

Peasantry and the working classes which constitute an overwhelming large chunk of Muslim population in India today did not see any value in the kind of education imparted to them even since the days of British Raj. Working classes of all communities lagged behind in education and the Muslim working classes were no exception.

Role of Religion in Determining Fertility Behaviour Among Muslims.

There is a lot of misinterpretation of Islamic belief about the family planning programme and an unfavorable reaction is also observed about the use of birth control practices among Muslims. However it is not true to say that Islam is opposed to restriction on the number of children as discussed earlier. The Quran and its explanatory tradition (the Hadith) are not against limiting family size, although the Quran is silent in respect to family planning. There is no reference to birth control in the Quran but Sunna suggests natural and other methods of family planning except sterilization.

As an institution of marriage, polygamy is widespread among Muslims, just as polyandry or monogamy is a future of Hindu society. These two systems of marriage might play a decisive role in fertility but whether they enhance or suppress fertility is not yet clearly known. Most available empirical evidence supports the view that polygamous marriages enhance fertility and family size.

Kingsley Davis for eg: points out that the cotitus frequency is somewhat higher in polygamy rather than polyandrous marriages because the husband of more than one wife is sexually more active than monogamous husband. Although divorce is more common among the Muslims, there is no practice of widowgamy or restriction on their remarriages which is a strong social norm among Hindus. This norm depresses fertility among Hindus, whereas it enhances fertility among Muslims.

In addition to this the status of being considered a minority may also add to their population growth rate. As pointed out by Sharma (1985) a certain degree of fear in their mind due to communal tension may also affect their growth rate to counteract their problem by their weight of number. He observes that the average number of children per married Muslim women was 5.8 among the Muslim as compared with 4.9 among Hindus in 1971.

Fertility Behaviour Among Muslims in Odisha.

According to the 2001 census Muslims constitute 2.1% of the total population of Odisha. Although Muslims in Odisha are, demographically insignificant but there are some districts where Muslims constitute more than 20% of the total population i.e Cuttack, Bhubnesh and Kendrapura.

According to the reports of National Family Health Survey (NFHS) fertility in Odisha is approaching the replacement level. However, fertility has remained almost constant since NFHS-II. Fertility in Odisha (2.4 children per women) is slightly lower than fertility in India as a whole (2.7 children per women). The total fertility rate (TFR) of
Odisha is 3.4 which is much lower than the states grouped as backward.

Women with no education have 1-2 children more than women with 10 or more years of education in Odisha there is a strong preference for sons. One quarter of women and 1/5 of men want more sons than daughters but only 2% of women and men want more daughters than sons. However, most men and women would like to have at least one son and at least one daughter. Unplanned pregnancies are relatively common. If all women were to have only the number of children they want the TFR would be 1.8 children instead of 2.4 children.

About 70% of currently married women and men in the age group 15-49 want no more children or are already themselves sterilized or have a spouse who is sterilized. In Odisha it is a widely accepted belief that the Muslim population is rapidly increasing and are generally averse to the idea of small family norm. This is believed to be due to their doctrine and practice of religion that is Islam. But sociological studies of different communities of India clearly demonstrate that fertility behavior is not greatly influenced by religion. Their fertility behavior however is determined by a host of social, cultural, economic and political factors.

The main objectives of the present study are as follows:
1. To explore the role of religion in determining fertility behavior.
2. To evaluate the degree to which the socio-economic determinants affect fertility behavior among Muslims with reference to age at marriage, level of education, income etc.
3. Identifying factors responsible for high as well as low fertility behavior among Muslims.

MATERIAL AND METHODS:
In the present study data has been collected from both primary and secondary sources such as books, journals, articles, magazines and statistical data were referred to and primary data was collected with the help of unstructured interview schedules. Cuttack which is one of the largest city in Odisha has been chosen as the study area. Cuttack has a population of 534,654. Around 94% of the population is Hindu and Muslims account for only 5% of the total population. In the present piece of research work, the respondents were selected on the basis of purposive sampling. Thus on the basis of this sampling procedure the eligible couples among the Muslim religious group in the age group of 15-44 were chosen. The respondents were the female partner of the eligible couple. The total sample of the present study consisted of 20 respondents only.

RESULTS:

Age at Marriage and Fertility among Muslims in Odisha

<table>
<thead>
<tr>
<th>No.</th>
<th>Age at Marriage</th>
<th>No. of respondents</th>
<th>Total no. of living children</th>
<th>Average no. of living children</th>
<th>Total no. of expected additional family size</th>
<th>Average expected additional family size</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Below 14</td>
<td>03</td>
<td>10</td>
<td>3.3</td>
<td>15</td>
<td>5.0</td>
</tr>
<tr>
<td>2</td>
<td>15-49</td>
<td>06</td>
<td>18</td>
<td>3.0</td>
<td>26</td>
<td>4.3</td>
</tr>
<tr>
<td>3</td>
<td>20 and above</td>
<td>11</td>
<td>19</td>
<td>1.7</td>
<td>25</td>
<td>2.3</td>
</tr>
</tbody>
</table>

Total no of respondents - 20

Graph No. 1: Distribution on the basis of Age of marriage of the mothers and their fertility in Odisha

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Education and Fertility among Muslims in Odisha

Table No. 2: Distribution on the basis of educational qualification of the mothers and their fertility rate

<table>
<thead>
<tr>
<th>SI No.</th>
<th>Educational category</th>
<th>No. of respondents</th>
<th>Total no. of living children</th>
<th>Average no. of living children</th>
<th>Total no. of expected additional family size</th>
<th>Average expected additional family size</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Literate</td>
<td>14</td>
<td>22</td>
<td>1.6</td>
<td>50</td>
<td>2.1</td>
</tr>
<tr>
<td>2</td>
<td>Illiterate</td>
<td>86</td>
<td>17</td>
<td>2.8</td>
<td>19</td>
<td>3.1</td>
</tr>
</tbody>
</table>

Age at marriage is one of the most important demographic variable which influences the fertility behavior of the couple. In the present study majority of the respondents were found married in the age group 20 and above. But if we compare the three categories we find that the average number of living children and the average expected additional family size is much less in the age group 20 and above and higher in the age group below 14 and age group 15-19. The reason behind this is that since they are married at an early age they have a longer reproductive age and hence have a potentiality of producing more children. The graph presented below also represents the same details as shown in table no.1.

The success of family planning depend mainly on the literacy level of the people. If more people are literate, more people will adopt family planning and thereby reduce the growth of population. Table 2 shows that most of the respondents in the sample area are literate. It reveals that the illiterate Muslim families are having more children and expecting additional family size compared to literate Muslim families. The study reveals the importance of education towards favorable attitude and future adoption of family planning in the sample area. Graph no. 2 represents the same details as shown in table no.2.

Graph No. 2: Distribution on the basis of educational qualification of the mothers and their fertility rate

Income and Fertility Behaviour among Muslims in Odisha

Table No. 3: Distribution on the basis of income of the family and their fertility rate

<table>
<thead>
<tr>
<th>SI No.</th>
<th>Income categories</th>
<th>No. of respondents</th>
<th>Total no. of living children</th>
<th>Average no. of living children</th>
<th>Total no. of expected additional family size</th>
<th>Average expected additional family size</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Below 5000</td>
<td>5</td>
<td>16</td>
<td>3.2</td>
<td>17</td>
<td>3.4</td>
</tr>
<tr>
<td>2</td>
<td>5000-10,000</td>
<td>4</td>
<td>9</td>
<td>2.3</td>
<td>10</td>
<td>2.5</td>
</tr>
<tr>
<td>3</td>
<td>Above 10,000</td>
<td>11</td>
<td>27</td>
<td>2.5</td>
<td>32</td>
<td>2.9</td>
</tr>
</tbody>
</table>
The family cannot survive without sufficient income to maintain it. Hence income is the basis for all activities of the family. The status of the family in the society is determined primarily based on the income of family. Table 3 clearly shows the lowest income group have the highest number of children. The main reason being the fact that greater the number of children greater will be the earning hand which will add to the household income.

Much difference is not found between the middle and higher income groups with reference to average number of children and average expected family size. But comparatively the higher income group have more children because of the reason that among Muslims there is a belief that greater number of children is also a mark of status. So since the higher income groups are economically well off they have no difficulty in managing a large family. Graph no.3 represents the same details as shown in table no. 3.

**Discussion and Conclusion:**
This study contradicts the paradigm that religion is the determining factor behind the high fertility rate amongst Muslims. The findings clearly reveal that fertility behavior of the Muslim population in Cuttack is not only affected by religion but by a host of social, cultural and economic factors such as education and level of income.

Since most of the Muslims are married at an early age their reproductive span is longer. This accelerates to higher fertility because until and unless the people are literate they will not become aware of the various family planning programme which would help in controlling population growth. It has been further found that level of income is also a factor which determines fertility behavior of the respondents. The fertility rate is considerably higher among the lower income groups since it is believed that greater the number of children, greater will be the helping hands in the family both in terms of adding to the household income as well as in the household chores.

Apart from the above mentioned factors, the occupation of husband, employment of wife and awareness and availability of contraceptives are also some of the determinants of higher fertility rate among Muslims. From the above discussion it is clear that the stereotype belief that religion is the sole reason behind higher fertility rate amongst Muslims is not absolute, rather there are numerous other factors which affect fertility behavior. This is a very particularized study of a very negligible population which cannot be generalized. This is an area where further research needs to be conducted to fill in the existing loop holes.
REFERENCES: