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## **Muslim Fertility in Urban U.P.: A Qualitative Study**

INDIA is a land of many religions. The various religious communities in the country are known to have been responding differently to master processes of change (e.g. urbanization, industrialization, demographic revolution) in terms of their theodicy and socio-economic characteristics. Thus today when the country is known to be passing through the second stage of demographic transition (low mortality and declining birth rates), significant fertility differentials are known to have emerged between ethnic groups including religious communities. As a matter of fact, as early as 1951, the noted demographer and sociologist, Davis had observed such religious differentials in India. His study was a comparative one. It was based on child-woman ratios. Subsequently many others have shown presence of such differentials in censuses, administrative statistics, and sample surveys data (Sharma and Misra 1978; Gupta 1986; Saseendran and Kumar 1989; ORG u.d.; Bhatia 1990).

One aspect of religious differentials in fertility is that they are rooted in differentials in ideal family size. Also, the relationship between fertility and fertility goals on the one hand, and socio-economic status, on the other, is far from being downward sloping linear (Khan 1976; Gupta 1986; Srivastava and Saksena 1989). For example, among the Muslims in Kanpur city, initially fertility increases with rise in literacy/education levels to be followed by declining fertility at higher levels of literacy/education.

A large section of urban Muslims may possibly have higher fertility than rural Muslims. In this context, the present study was conducted in Kanpur to explore various dimensions of Muslim fertility in the urban setting. Kanpur is the largest city of U.P. with a considerably large Muslim population.

### **Theoretical Framework**

Sharma (1989) developed a theoretical framework to explain patterns of Muslim fertility in India. Criticising the prevailing strands of thought on this issue—Socio-economic theory, cultural theory, and minority-status hypothesis—he said that it requires explanation why is Muslim fertility in India higher than Hindu fertility but lower than fertility of most of the Muslim countries, and even lower than fertility in neighbouring countries such as Pakistan and Bangladesh. This explanation would require a sound understanding of Indian situation including the historical context.

According to Sharma, Muslims in contemporary India seem to show three tendencies; marginalization, modernization, and Islamization. Undoubtedly, these tendencies are

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conditioned by economic factors. The poor are marginalizing, the rich are modernizing and the middle strata are Islamizing. These three tendencies are, however, not completely independent of each other and quite often Islamization results from the failure of much desired modernization to deliver goods. Sharma also stressed that for Indian Muslims in contemporary India Hindus are as much a reference group as Muslims in Pakistan or Saudi Arabia. There is emerging a much more self-confident westernized elite group among the Muslims which can relate to both *Ulema* and westernized Hindu elite. The elite have a more rational attitude towards religion, are sensitive to Indian socio-economic and cultural milieu, are individualising, and want to work in cooperation with Hindus and others. Many of them, for historical reasons, are influenced by the Hindu thought categories. Their reaction against such aims and processes of modernization which are not explicitly and symbolically associated with Hindu tradition is weakening. Among the elite there is rather a sense of competition, consequently many behavioural differences between Hindus and Muslims including reproduction have been dissolved at higher levels of education and modernity.

Because of the fact that different categories of Muslims exhibit different reproductive tendencies, explanation of urban Muslim fertility would require a *theory of rotating coordinates system*.<sup>1</sup> Broadly speaking, their fertility would depend on :

- (a) Religiosity and perceptions of Islamic position on fertility and family planning;
- (b) the degree of residential segregation between Muslims and others;
- (c) socio-economic conditions.

Thus it could safely be assumed that fertility would be higher among families which are (a) highly religious and traditional in their outlook, (b) live in segregated areas, and (c) belong to lower socio-economic strata.

### **Methodology**

Since the purpose of the present study was not to estimate levels of fertility, and fertility differentials but to explore the dimensions of urban Muslim fertility, a qualitative method was adopted. Of late great advances have been made in application of qualitative methods (Misra 1993; Theis and Grady 1991). To some extent the differences between qualitative and quantitative methods have become unimportant. Development theorists have increasingly taken a stand that all methods can be used freely depending on the purpose of the enquiry.

Initially the author felt severely constrained by a number of factors. He did not have an interdisciplinary team of researches that could facilitate use of triangulation. The topic of the study is highly personal. The city of Kanpur has become communally sensitive. In urban areas people are normally busy during the day lime and to make them collect at one place for focused group discussion is difficult. Therefore the author had to satisfy himself only with interview method. He visited various parts of Kanpur, both mixed areas and purely

1. Prof. P. C. Saxena, UPS Bombay, is a great admirer of the theory of rotating coordinating system in social sciences. The author also believes that facts and their interrelationships depend heavily on perspectives and contexts.

Muslim areas and interviewed people of different socio-economic and demographic backgrounds. In majority of cases he established contacts with respondents through local professionals such as doctor, social worker, and a common friend. In some cases direct contacts were also made. Some members of voluntary organizations (such as Shramic Bharati) working in Muslim areas and professionals of Kanpur branch of Family Planning Association of India (FPAI) were also interviewed. These interviews were conducted during July-September 1993.

### **Findings**

In urban areas population may broadly be divided into three groups; the elite, the commoners, and the poor. The elite are those who own industry, run big business enterprises, belong to the class of professionals or are simply property owners. The poor have submarginal existence, irregular jobs, low income, live in slums or ^lum-like conditions. Many of them are new migrants. A great majority of them are engaged in the informal sector. The percentages of the elite and the poor may roughly be around 5 and 40, respectively. The rest are commoners.

The first significant learning that the author had in the field was that not the religion but perceptions of religion should be related to behaviour. In the past researchers have analysed behaviour in terms of religious constructs obtained from holy books (Anonymous 1987; Khan 1991; Sawhney *et al.* 1990; Swee-Hock 1989), i.e. from the great tradition of Islam. That may not help much. No doubt people's understanding at the grassroots level is a reflection of great tradition but the two never match fully. Wherever religion is important it is fundamentally the perceptions of religion which influence behaviour. The author observed the following four responses among Muslims:

#### *(a) Religious Non-actualist*

They have high regard for religion and religious life and keep religion always at high pedestal. Yet their behaviour including fertility behaviour is governed almost fully by conditions of life. They may not even be aware of religious position on issues of practical interest. In other words, among these people the traditional unity of cosmology, metaphysics and ethics, a unique characteristic of Islam, has been broken and ethical concerns are increasingly shaped by material conditions. Cosmology and metaphysics may remain unchanged. The elite and some socially mobile commoners belong to this category.

#### *(b) Religious Rationalizing*

They are the people who either due to compelling circumstances or due to influence of change desire to act according to secular considerations. However, their conditions are such that they generally fail. Then they rationalize their failure in religious terms. Quite often they look religious but they are failed secularists. They are mostly commoners. For example, lack of quality of family planning services among the less educated artisans may result into unwanted delays in family planning acceptance or accidental pregnancy. Then they say that children are in the hands of *Kudarat* (God). One of our respondents said that he wanted to

adopt family planning after two children. So after having two he and his wife got ready. One day they were about to go to the hospital for tubectomy. All of a sudden his father-in-law came and told that his wife's *mausa* (mother's sister's husband) had died. Then his wife went with her father and tubectomy could not be done. After her return, he used nirodh but his wife conceived. Thus they had the third baby. After that also something happened and his wife could not be sterilized. Finally after four she was sterilized by laparoscopy method. Luck was not with them. After tubectomy too his wife conceived. Since his wife had been sterilized he thought that there was some health problem causing swelling on stomach. Their local doctor confirmed swelling. A few days later she went to her father's place from where she wrote that swelling was rising. The village doctor also confirmed swelling. On return when she was taken to a proper lady doctor she confirmed pregnancy. His wife delivered the fifth baby. Our respondent believes that today everybody wants small family. But whether one will have 10 children or none is decided by God—no matter what man does, he is helpless. As one respondent says: "There are some couples who have done everything for it but they have had no child but there are many who get child even if husband just smells his wife".

If good quality family planning services are available and they succeed in preventing births, religious rationalizers change. They may even liberally accept sterilization for health and family planning.

#### (c) *Rationalized Religiosity*

This tendency is exhibited by those commoners whose decisions are purely secular but they would like to believe that they are truly Islamic. They have their own interpretations which show religion in highly positive and scientific image. One such respondent who had only two children *ijnd* was working in I.I.T. said that those who practice Islam can have only 1-2 children. To him none of their *Wall Ullahas* such as Hazrat Ali, Abdul Kadir Jilani, Khwaja Garib Nawaz had more children although many of them had married. The reason is that a person who is really religious and spiritual, who is all the time remembering God, he will not think of worldly pleasures (including sex). He did not accept family planning methods and believed that people truly practicing Islam would not need them. For those who have not yet achieved high religious level, people having rationalized religiosity may permit use of conventional contraceptives but not abortion or sterilization. To them, of course, religion does not allow to think about consequences of having children but it certainly ordains one to use brain for his benefit and benefit of his children. "If one has 12 children, he is all the time worried about maintenance of family, how can he pray?"

#### (d) *Religious Orthodoxy*

Those who have read religious literature only (in Urdu or Arabic), who have theological degrees such as *Hafiz*, *Kari* or *Alim* are orthodox. They think that as soon as boys and girls begin showing signs of adulthood (boys between 12-15 years and girls between 9-12 years) they should be married. They believe that Islam is opposed to all family planning methods and abortion. They believe that *Allah* has made arrangements for all souls sent in the world. To think that large family may lead to misery is to commit sin, a great sin.

This orthodoxy is maintained by *maulvis* and *maulanas* (religious priests) and given the monolithic nature of Islam the poor are mostly guided by such ideas. The influence of priests is highest among those who are poor and who live in segregated areas. They have read only Urdu literature. They read books like *Khamind Musalmaan* by Idris which deals with how should Muslim householder behave. The book is against family planning and propagates the view that children are sent by God. Man's will is unimportant. Their children go to *madarsa*. After fifth standard they drop out. They engage in menial jobs. The vicious circle of ignorance-orthodoxy continues.

Influenced by these ideas many Muslims, even some educated and in modern jobs, feel that family planning is against Islam. A sterilized man cannot perform *namaz* (prayer), he cannot become *nesh imam* (i.e., he cannot lead congregation at the time of *namaz*). To be sure he is not allowed to go for *Haj* (pilgrimage to Mecca and Madina). One *maulvi* said that Islam orders to bring girl of that family in marriage which has 30 children so that she bears large number of children and spreads Islam.

The above are urban Muslim perceptions of religion and their implications for fertility are obvious. Things are certainly changing under economic pressures. Interestingly one sunni-Hanafi *maulana* holding the degree of *alim* and believing that a boy should marry between 12-15 years had not married yet. He was 26 years old. He earned Rs. 500-1000 a month from performing *miladsharif* (religious preachings lasting about an hour) and around the same money from fees that children paid in Urdu school run by him between 1.00-3.00 p.m. He was still waiting for his economic condition to improve before marriage. He was learning scooter repair work from a local mechanic. When the author asked why had he not married till then, as per Islamic injunction, he told that Islam is more liberal towards boys, girls should definitely be married in time lest they commit sin or bring disrepute to family.

At this stage one may ask: What are sources of religious perceptions? Though religion and religious institutions have been highly explored areas in sociological researches, it is still quite intriguing to examine causes and forms of religiosity. On the face of it, religious perceptions are product of socialization. They are, therefore, shaped by complex interplay of socio-economic and political forces. For example, the elite class children, socialized in the nuclear mobile urban family, raised in heterogenous neighbourhood, exposed to modern ideas, going to best schools in the city, and aspiring to become professionals are likely to grow as irreligious or religious non-actualist. They are individualists and they have competitive relationship with other members of society. The members of the upper middle class, educated in school and universities, working in modern secular organizations and yet confronting the fundamentalist Islamic ideology or religious revivalism are likely to reflect rationalized religiosity. They are essentially religious apologists. This tendency satisfied not only certain sociological needs, this also responds to their anxieties, uncertainties, need for meaning and alienation. Political forces in the present day India, leading to emergence of ethnic/religious identities have partly produced this tendency.

Religious orthodoxy is usually a poor segregated class phenomenon. It is as much socio-psychological in nature as political. It is often times a response of a peripheral community on defensive expressing occasionally in a kind of tribal militancy. The author has known that in certain Muslim dominated areas in Kanpur not only the family planning workers but

the municipal or electricity workers also fear to enter. And if they visit them at all, the purpose is simply to show visits on paper to save their jobs and not to act. The peripheral community develops a strange sense of power by putting an iron curtain around it and maintaining its full distinction.

Majority of the people reflect the religious rationalizing tendency. They are members of the vast middle class. They may be religious but their behaviour is governed by secular factors. They are in no way different from Hindu middle classes. Since the middle class has more of failures and frustrations, they seem to rationalize them in the religious framework. Absence of access to good quality condoms or other clinical services and contraceptive failure or discontinuation are common reasons why ordinary people say that children are sent by God.

By and large socio-economic factors and degree of segregation are more important than religion. Many people, marginal to urban economy, e.g. migrant labourers, domestic servants, those engaged in dirty works are hardly religious. They are Muslim only in the sense that they perform *namaz* (prayer) on Id. Otherwise they live among non-Muslims, work among non-Muslims, have no interest and opportunity to learn religious texts. Religion is important no doubt but life is above religion. Even in segregated poor localities many people tend to develop a feeling that like 'constitution of India' Islamic ethics had developed in special circumstances, that change should occur with time and place. But they cannot come up openly due to fear of strong *ulema*. They seem to be trapped in the process of Islamization. The middle class is clever enough to take full advantage of modernization. Yet their Islamization and fundamentalism caused by political forces and identity formation have served as great barriers in modernization of the poor.

Thus socio-economic situation cannot be ignored. Literature show that normative factors, health facilities, income, rational thinking, and costs and benefits of children are important determinants of fertility. As discussed above, socio-economic factors interact with religion and determine how significant influence of religion would be on fertility and family planning behaviour. Table 1 shows the status of correlates of fertility among urban Muslims. Certain observations need to be stressed: (a) the notion that the poor produce more children as a source of income does not seem to be true; rather the poor produce children without thinking and their poverty forces them to do menial jobs early in life; (b) all sections of urban society have moderate to lack of access to quality family planning services; (c) due to seemingly increasing number of cases of uterine and intestinal problems attitudes towards sterilization are softening; (d) in poor localities it is vulgar and cruel to approach people straight for family planning acceptance for whatever may be the nature of relationship between population and poverty at the macro level high fertility does not seem to be the most deciding factor in their marginalization; and (e) benefits like old age security are losing ground.

The above table shows that there is hardly a need for family planning work among the elite. Among them there is hardly any utility of children other than 'consumption utility'<sup>2</sup> but the costs of children are quite high. Among the poor concentrated in certain Muslim

2. According to Leibenstein (1975) consumption utility of children is a kind of direct emotional utility, not as a means for other instrumental utilities such as old age protection, income utility, etc.

TABLE 1 : STATUS OF CORRELATES OF FERTILITY AMONG URBAN MUSLIMS

<i>Correlate</i>	<i>Socio-economic Status</i>		
	<i>The elite</i>	<i>The commoners</i>	<i>The poor</i>
1. Impact of religion	No	Some	Yes
2. Nature of religiosity	Weakend due to westernization	Rationalization of religion — formation of identity	Religious orthodoxy orthodoxy trap
3. Is decision about children (costs and benefits) conscious	Yes	Yes	No
4. Life	Individualized competitive	Competitive cooperative	Cooperative (isolated at the extreme level of poverty)
5. Medical facilities	Easy access	Costly	Inadequate
6. Family size norm	Small family	Changing towards small family	Natural fertility
7. Cost of children	High	Middle	Small
8. Cost of children relative to income	Low	High	Low
9. Utility			
(a) Old age security	Not expected due to functional alternatives	Uncertain but expected	Strong expectation
(b) Work -income utility	Nil	Some	High
(c) Dependence on extended family	Absent	Some	Strong (absent in extreme poverty)
10. Attitude towards sterilization	Liberal	Conditional — largely depending on health grounds	Sinful to accept sterilization
11. Attitude towards conventional contraceptives	Methods accepted	Methods accepted	Accepted if approached properly
12. Attitude towards abortion	Liberal	Conditional, as per Islamic beliefs	Rejection
13. Quality of family planning services <sup>1</sup>	Good	Poor	Very poor
14. Proper approach	Nothing needed	Improve quality of services	a. Approach through <i>Ulema</i> b. Improve quality or services c. Community incentives

dominated areas direct appeal to limit family size will be little effective. May be it will be better to approach them through *ulema*. May be community work can make government or voluntary organizations to have rapport with the poor. And then quality care should make some dent on fertility plateau. Among the poor there are also many who are living among Hindus and others. They are not so much orthodox. Government or voluntary organization can more easily communicate with such people. Finally, quality service is the only thing that commoners require. Providing access to effective methods and facilitating success experience in limiting births should be the best modes of communication among people. This will generate greater self-confidence, efficacy and greater rationalization of the worldview. This should also weaken the religious opposition to family planning if it exists at all.

Nobody desires to have large family, not even the poor. Of course the poor may not realize that small family is a happy family and they should adopt family planning methods. At Jajmau, in a predominantly Muslim locality, inhabited by tanneries workers, the author asked: "which is a happy family, a small family or a large family?" The answer was: "It depends on circumstances." Further, one's thinking on such matters depends on behaviour patterns prevalent in the neighbourhood. Surprisingly, the poor seldom meet their neighbours and discuss social issues. Due to fear of the powerful groups they do not think of organizing even for improving civic facilities.

Another change of great importance occurring among urban Muslims is that dependence on brothers is increasingly replaced by dependence on wife in almost all sections. In need people look for help towards wife, parents and father-in-law in order. Help from brothers is less expected. Even the poor who live in joint family cannot expect much from brothers who themselves are poor. More than brothers they depend on moneylender who may even be a hindu

Sex-preference among muslims seems to be less than among Hindus. Muslim do not have so much dowry as prevalent among Hindus. But due to the fact that girls are married off, women are expected to remain in purdah and old age security expectations, commoners and the poor would desire to have a son also. However, once people start thinking about limiting family size, they may not produce many children in anticipation of son if they had none.

#### Concluding Remarks

The present study of Kanpur Muslims shows that fertility among urban Muslims is largely a socio-economic problem. We cannot deny that religion can sometime appear as a great barrier to family planning adoption. Yet the effect of religion (interpretation) depends heavily on socio-economic structure. This is true that Islam forbids to think that large family (i.e. more children) will lead to starvation, i.e., Islam forbids Malthusianism but Islam says that God has given wisdom to man and man should make use of it for advancing his secular and religious welfare. The real impact of Islamic teachings regarding birth prevention is confined only to segregated poor people; in mixed areas and in abject poverty Muslims hardly bother about religion. In urban areas pressure of economic forces is so great that once they start thinking about economics of reproduction the family size norm will reduce to 1-2

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children in all socio-economic classes. Excepting in the segregated communities, the people do not pay much heed to *maulanas* now. Even though at one time (during emergency days) *maulanas* from mosques had issued *fatwas* against sterilization, hospital records as well as records of Kanpur branch of FPAI show that many Muslims have been accepting sterilization as well as abortion.

The author feels that resources need not be wasted on changing the hard core *ulema*. If good quality family planning services can be made available (initially free or at negligible cost) and the isolation of the poor class is removed through development programmes, religious differentials in fertility and family planning will go.

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