FERTILITY DIFFERENTIALS BY RELIGION IN INDIA: AN ANALYSIS OF 1971 CENSUS FERTILITY DATA

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Abstract — The association between religion and marital fertility, based on Indian census fertility data, has been explored. The results indicate that religion has a significant effect on marital fertility in India. Of the various religious groups studied, Buddhists were found to have the highest fertility, followed by Christians, Muslims, Hindus and Sikhs; Jains exhibited the lowest fertility. Religious differential in fertility persisted even after controlling for the effect of several major indices of social and economic development, such as, urbanisation, women's education and age at marriage.

Key Words — **marital fertility, religious differential, religious beliefs, explanatory variables, contraceptive use**

In view of rapid population growth in India, the study of the factors contributing to high fertility and differences in fertility levels between various groups assumes great significance. Population growth varies from one community of the country to another according to the socioeconomic development and with the interaction of numerous factors such as social traditions, norms and values, religious beliefs and geographical and climatic conditions.

In India, religion has special significance, as social behaviour is greatly influenced by practices which are subject to religious sanction. The

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major religious communities in India are Hindu, Muslim, Christian, Sikh, Buddhist and Jain. According to the 1971 census, Hindus accounted for 82.7 per cent of the total population. The corresponding proportion for Muslims was 11.2 per cent, while Christians formed only 2.6 per cent of the total population, followed by Sikhs (1.9), Buddhists (0.7) and Jains (0.5). Each religious group has its own traditions and mores, its own outlook and its own allegiance superordinate to all others. It has been observed that age at marriage, remarriage, divorce, customs and beliefs, and taboos on sex — all of which have a great impact on fertility performance — vary from one religious community to the other. The main objective of this paper is to study the fertility differentials by religion, in India, and to attempt to explain the causes of such differentials.

The first serious effort to deal with fertility differentials by religion in India was made by Kingsley Davis (1951). In the absence of better quality data, he had to rely on census data (1911-1931) and therefore the child woman ratio remained the basic measurement for differential fertility. Sikhs were found to have the highest fertility, followed by Muslims, Christians, Hindus and Jains; the Parsees had the lowest fertility. Later, Visaria (1974) reported that during 1901-1931, the marital fertility of Muslim women was about five to nine per cent higher than that of Hindu women. Such differentials were not due to deliberate fertility control or contraceptive use but, rather, to indirect and institutional factors such as age at entry into marital union, exposure to intercourse within marriage and duration of marriage, which in turn are regulated by social customs and practices.

The higher fertility of Muslim women compared to their Hindu counterparts was also supported by findings from various other studies, including the Mysore Population Study (United Nations, 1961), the National Sample Surveys conducted during 1960-65 (Visaria, 1974:367) and an intensive fertility survey undertaken by Saksena (1973). Several other studies dealing with the fertility differential between various religious groups indicated no clear trend with regard to the predominance of one group over the other, except for once again indicating the high fertility of Muslim women compared to Hindu women (Driver, 1963; Goyal, 1974; Jain, 1939; Rele and Kanitkar, 1966).

Thus, most of the studies conducted in different parts of India point to the differences in fertility behaviour of the two major religious groups, Hindus and Muslims. Fertility differentials for all the religious groups are not very clear. Moreover, very few studies have attempted to

isolate the specific effect of the other underlying factors which may explain the fertility differences among different religious groups. This may perhaps be due to a paucity of adequate data on the subject. Hence, a more systematic study is needed in order to make conclusions on the role of religion in influencing fertility.

The Data

Information on fertility is generally not obtained in national population censuses. However, a one per cent sample of individuals was canvassed in the 1971 population census in order to collect information on fertility (India, 1977). Here, an attempt is made to use these national data to investigate fertility differentials between the different religious populations of India.

In the 1971 census, data were collected from all currently married women with regard to their present age, age at marriage, religion and educational level, and whether they had given live birth during the 12-month period prior to 1 April 1971. However, the marital fertility indices derived from the question on births during the preceding 12 months may suffer from certain limitations. Apart from the under-enumeration error, a few content errors may also be present in the data. Important here is the quality of age reporting that suffers from digital preferences and other age biases (India, 1977:3). The grouping of ages in quinquennial categories does not remove these deficiencies, although they are reduced to some extent. Due to the omission of births, the analysis of marital fertility differentials would not be affected substantially if the extent of under-enumeration is the same for all the religious groups under consideration. The actual level of fertility for all the groups, however, may be underestimated.

Results and Discussion

Fertility Differentials

The age-specific marital fertility rates (ASMFR) and total marital fertility rates (TMFR) for the different religious groups in India are presented in Table 1, which clearly delineates religious differences in marital fertility. Buddhists were found to have the highest fertility,

TABLE 1. AGE-SPECIFIC MARITAL FERTILITY RATE AND TOTAL MARITAL FERTILITY RATE, BY RELIGION, INDIA, 1971

Present Age*	Fertility Rates per 1,000 Currently Married Women					
	All India		Hindu		Islamic	
	Rate	No. of Women	Rate	No. of Women	Rate	No. of
13 - 17	74.3	79,874	70.2	68,996	100.1	9,145
18 - 22	233.9	207,459	230.7	173,779	242.5	24,416
23 - 27	254.3	190,365	252.1	158,760	260.7	20,763
28 - 32	208.8	203,676	205.8	170,607	228.1	21,701
33 - 37	152.7	135,481	150.4	113,272	173.6	14,115
38 - 42	89.7	131,875	88.4	110,330	102.5	13,361
43 - 47	41.1	76,664	40.7	64,250	47.5	7,391
All ages	176.56	1,025,394**	173.80	859,995	192.67	110,892
TMFR (13-47)	5.27		5.19		5.78	

.* The 1971 Census data deviates from the conventional quinquennial
   age categories, viz. 15-19, 20-25.... etc. in reporting the age
   specific marital fertility rates. The lower age at marriage and at
   first birth in India, also warrants to group women in 13-17,18-22...
   etc. age categories.

** Includes religion not stated.

followed by Christians and Muslims, while Jains had the lowest fertility. The fertility of Hindus and Sikhs fell in the middle range.

In conformity with earlier studies, the fertility of Hindus was found to be uniformly lower than that of Muslims. Similarly, the marital fertility rates among Hindus were uniformly lower than that of the Christians and Buddhists in all the age groups, except for the ages 43-47 in the case of Christians and 33-37 in the case of Buddhists. The fertility of the Hindus was, however, slightly higher than that of Jains and Sikhs in the case of women over 33 years of age. Although the overall level of fertility of

TABLE 1. (continued)

Fertility Rates per 1,000 Currently Married Women

Present Age	Christian		Sikh		Buddhist		Jain	
	Rate	No.of Women	Rate	No.of Women	Rate	No.of Women	Rate	No.of Women
13 – 17	127.7	470	90.0	400	79.1	468	108.3	157
18 – 22	280.0	3,397	254.7	2,729	300.3	1,475	254.1	850
23 – 27	276.3	4,473	265.4	3,237	314.5	1,453	269.1	825
28 – 32	224.3	4,523	215.0	3,372	235.1	1,544	192.7	872
33 – 37	158.9	3,393	143.9	2,355	144.4	1,025	85.6	631
38 – 42	97.1	3,399	71.8	2,562	103.1	873	43.1	603
43 – 47	29.7	2,020	37.9	1,662	55.3	561	15.0	400
All ages	193.31	21,675	177.79	16,317	212.06	7,399	163.44	4,338
TMFR (13–47)	5.97		5.39		6.16		4.84	

Source : Computed from Census of India, 1971. Fertility Tables, Paper 2 of 1977, R.G. Office, New Delhi, pp.4-5.

Jains was found to be the lowest, the ASMFR was higher in the younger age groups (13-27 years) compared to that for the Hindus, Muslims or Sikhs. Thus the Jains exhibited the lowest fertility in the 28-47 age group. On the other hand, Buddhists had the highest fertility in the 18-32 age group. The fertility of Christians was higher than that of the Muslims in the case of women below 28 years; the reverse trend was found in the case of women over 28.

The fact that fertility differentials by religion in India still exist is very apparent from the above data. However, it would be interesting to know the statistical significance of the differences in fertility behaviour between the various religious groups in India. It is interesting to note from the tests of significance that the marital fertility of the Hindus was not found to be significantly higher than that of Jains, or lower than that of

Sikhs. Similarly, although the marital fertility of Christians was found to be a little higher than that of Muslims, the difference was not statistically significant. However, the differences in marital fertility between the other religious groups was found to be highly significant. In order to measure the overall influence of religion on marital fertility, the following procedure was adopted.

All the married women covered in the sample were classified by their present age and religion. Presuming that there is no difference in marital fertility between different religious groups in India, the expected number of live births to women in each group during the year preceding the inquiry, was derived using the age-specific marital fertility rates obtained for all religions taken together. This was then compared to the actual number of live births that were reported to have occurred in each religious group during the above-mentioned reference year. If there is really no difference in marital fertility between different religious groups, the observed and the expected number of live births to the women, by religion, are supposed to be in close agreement. If this is not so, the extent of difference between observed and expected number of live births by each religion would reflect the influence of religion on marital fertility. To test statistically whether there is any significant relationship between fertility and religion, the *chi-square* test was employed as a test of independence by classifying the observed number of women with births and without births in the reference period, by religion, in the form of a contingency table (Dandekar, 1959). It may be noted, however, that fertility differences by religion might, in part, be due to the differences in the age structure of the females. To test whether there is any significant influence of age structure on the relationship between fertility and religion, the same *chi-square* test was employed by arranging the expected number of live births in a similar two-way table (expected number of women with births and without births in the reference period, by religion). Conceptually, the fertility differences by religion were not anticipated, in view of the fact that the expected number of live births to women in each religious group was derived using the same age-specific marital fertility schedule. If the *chi-square* test indicated that there is any relationship between the two, it would be attributed to the differences in the age structure of the females by their religion.

It is evident from the results of the analysis presented in Table 2 that the expected number of live births — derived on the basis of overall ASMFRs — and observed number of live births to women in all the religious groups were not in agreement. Further, the calculated value of

TABLE 2. OBSERVED AND EXPECTED NUMBER OF LIVE BIRTHS, BY RELIGION

Religion	No. of Women	Observed Births(O)	Expected Births(E)
Hindu	859,995	149,466	151,576.52
Islamic	110,892	21,366	19,855.80
Christian	21,675	4,190	3,816.83
Sikh	16,317	2,901	2,852.56
Buddhist	7,399	1,569	1,329.34
Jain	4,338	709	769.10
Total	1,020,616	180,201	180,200.15

Values of Chi-Square $\quad \psi_O^2 = 354.41^{**} \qquad \psi_E^2 = 6.19^{ns}$

ns — Not significant. ** Highly significant at .001 level.

ψ_O^2 was found to be highly significant, and the hypothesis that fertility does not depend on religion is discredited. On the other hand, the insignificant value of ψ_E^2 in Table 2 indicates that the influence of age structure on fertility differences by religion, was not significant. Thus there is some positive evidence that religious differentials in marital fertility exist in India.

Role of Explanatory Variables

In this section, an attempt is made to isolate the specific effect of the socioeconomic characteristics of the different religious groups which may explain the fertility differences existing among these groups. This, in turn, may perhaps aid in forming conclusions concerning the role of religion in influencing the fertility. Given the type of data, we propose to consider the following factors to explain the religious differentials in marital fertility in India: (a) place of residence, (b) wife's education and (c) female age at marriage.

All the married women were classified according to the factor under consideration and the same procedure that was performed earlier in the case of all women was followed to examine the statistical significance of the divergence in fertility among the different religious groups. The results of the analysis are summarized in Table 3.

The religious differences in marital fertility persisted even when the effect of the place of residencce was controlled. In both rural and urban areas, the observed and the expected number of live births to women in each religious group were not found to be in close agreement. Further, the value of Ψ_0^2 in both rural and urban areas was found to be highly significant, and the influence of age structure on such fertility differences can be ignored, the value of Ψ_E^2 being insignificant. When the effect of education — one of the most important socioeconomic indicators — was controlled, religion was still emerging as a significant factor influencing fertility. The same trend of marital fertility differential by religion persisted in each education group. The fertility differences by religion in each educational group were found to be highly significant.

It is the female age at marriage which has a direct relationship with fertility performance. On the other hand, the influence of socioeconomic status on mean age at marriage is also supported by many studies. Therefore, it would be interesting to know the role of this important variable in explaining the religious differences in fertility. It was observed that the fertility differentials by religion were maintained even when the married women were classified by their age at marriage. In each such group, fertility differences by religion were highly significant, and the effect of age structure on such differences was not significant (see Table 3).

A further analysis of the data providing the total marital fertility rate of each religion by the women's place of residence, education and age at marriage is presented in Table 4. The results once again reiterate the effect of religion on fertility in India, although the extent of fertility dif-

TABLE 3. EFFECT OF SOCIOECONOMIC CHARACTERISTICS ON RELIGIOUS DIFFERENCES IN MARITAL FERTILITY

Characteristics	The value of chi-square while testing the independency of fertility and religion in contingency table, based on :	
Place of Residence	Observed Births	Expected Births
Rural	243.30**	2.48*
Urban	192.71**	8.09*
Female Education		
Illiterate	225.54**	6.34*
Literate but less than Matriculate	116.11**	26.69**
Matriculate & above	111.54**	7.29*
Female Age at Marriage		
Less than 13 years	73.27**	2.89*
13 - 17	205.84**	6.48*
18 - 22	74.09**	0.05*
23 +	41.47**	0.93*

** Highly significant at .001 level

* Not significant at .05 level

TABLE 4. TOTAL MARITAL FERTILITY RATE OF DIFFERENT RELIGIOUS GROUPS BY PLACE OF RESIDENCE, EDUCATION AND AGE AT MARRIAGE, INDIA, 1971

Characteristics	Religions					
	Hindu	Islamic	Christian	Sikh	Buddhist	Jain
Place of Residence						
Rural	5.34	5.91	6.11	5.49	6.23	5.30
Urban	4.56	5.45	5.60	5.09	5.90	4.50
Female Education						
Illiterate	5.21	5.74	5.82	5.54	6.10	5.47
Literate but less Matriculate	5.00	5.77	6.22	4.83	6.16	4.53
Matriculate & above	4.02	5.64	4.90	3.76	−*	5.31
Female Age at Marriage						
Less than 13 years	5.35	5.93	5.14	5.38	6.49	4.46
13 − 17	5.43	6.02	5.90	5.34	6.31	5.16
18 − 22	5.90	5.44	5.57	5.35	5.89	4.46
23 +	3.93	4.50	4.91	3.90	6.36	3.85

* No.of cases are too small for computing TMFR

Source : Computed from census of India, 1971. Fertility Tables, Paper 2 of 1977, R.G.Office, New Delhi, pp.4-5 and 16-31.

ferential seems to have been slightly reduced after controlling for the effect of the above-mentioned variables.

There is, thus, evidence that religious differences in marital fertility indeed remained unaffected by all those factors that were presumed to influence it. In any case, the influence, if any, of these factors was small and will require in-depth investigation to be confirmed.

Use of Contraception

If religious differentials in marital fertility were, in part, due to deliberate control of fertility through contraceptive use, the data on knowledge and use of contraception by religion should relfect such a pattern. Information on contraceptive use was not collected in the 1971 census. The relevant data for India as a whole are available from Sample Registration Scheme (SRS) and Ministry of Health and Family Welfare Reports and are summarized in Table 5. However, some caution is necessary in interpreting the results, as the data on this explanatory variable are not from the same respondents. Religious data on the spread of knowledge of family planning methods reveal that there was no significant difference between Hindus and Muslims: approximately 59 to 61 per cent had knowledge of family planning methods. In contrast, most of the Sikhs (98 per cent) interviewed, had knowledge of family planning methods, followed by Christians (74 per cent) and other religions (64 per cent). With regards to practicing family planning, it is observed from SRS data that among Hindu couples who were interviewed, 18 per cent reported to be practicing contraception, while only 10 per cent of Muslim couples did so (see Table 5). In fact, the rate of family planning practice is the smallest among Muslims. Among Sikhs, practice of family planning was found to be high (23 per cent) compared to Hindus, Christians and Muslims. The highest rate of practice was found to be among other religions, including Buddhists, Jains and Parsees (25 per cent). The practice rates of Buddhists and Jains are, however, not available separately. The lesser acceptance of family planning by Muslims and Christians is also indicated by the data on family welfare statistics published by the Indian Ministry of Health and Family Welfare. Comparison of the religious composition of the adoptors with that of the general population (Table 5) shows that Hindus had more than a proportionate share in the adoption of vasectomy, tubal ligation and intrauterine device (IUD). This was also true of the Sikhs and other

TABLE 5. EXTENT OF KNOWLEDGE AND PRACTICE OF FAMILY PLANNING BY RELIGION

Religion	Sample Registration System* 1971-72			Family Welfare Planning Statistics** 1971-72	
	Total No. of couples interviewed	Knowledge of F.P. Methods (in percentage)	Practising F.P.Methods (in percentage)	Percentage of Population by Religion,1971	Percentage of Acceptors of Sterilisations and IUCD
Hindu	34,197	60.90	18.06	82.7	88.0
Islamic	5,948	58.67	9.88	11.2	6.0
Christian	1,012	73.60	17.50	2.6	0.8
Sikh	1,349	97.63	23.31	1.9	2.6
Others	556	63.50	25.11	1.6	2.6

* Source : Office of the Registrar General.1973. SURVEY ON THE EXTENT OF KNOWLEDGE AND PRACTICE OF FAMILY PLANNING METHODS IN A SUB-SAMPLE OF SRS UNITS; SRS Analytical Series No.6,Vital Statistics Division, New Delhi, p.5.

** Source : Govt. of India.1974. FAMILY WELFARE PLANNING IN INDIA : YEAR BOOK, Ministry of Health and Family Planning, Department of Family Planning, New Delhi, p.81.

religious groups. It is difficult to ascertain whether this difference in the use of family planning was due to religious or socioeconomic factors. However, it is observed from the SRS data that a relatively small proportion of Muslims adopted family planning methods irrespective of their socioeconomic status, as compared to Hindus (India, 1973). Nevertheless, the relative unpopularity of family planning among the Muslims and, to some extent, among the Christians conforms with their high fertility.

Influence of Religion

Each religion has its own religious beliefs, norms and values related to fertility and they differ from one religion to the other. Fertility differentials by religion seem to be in conformity with the basic religious beliefs and principles. The lowest marital fertility among Jains compared to that of other religious groups — especially in the 28-47 year age group — is the reflection of their strong belief in *Sanyam* (abstinence) and severe penance in later years of married life. Further, the prenatalist social forces that exist generally in other religions are almost absent in Jainism. Similarly, a reason for the highest marital fertility among Buddhists may be the desire of the Buddhist couple to have a son, who can bring highest prestige to the family by becoming a potential member of the Buddhist monkhood (Ling, 1969). Besides, Buddhist converts especially during the neo-Buddhist movement, were predominantly from the lower caste population. Caste and class being associated with fertility, such a conversion of the lower caste population is yet another factor which explains the high fertility of this religious community over the others.

Religion and natality have perhaps a higher correlation among the Muslim and Christian populations. Fertilty was found to be high among them, compared to other religions with the exception of Buddhists. And it is perhaps these religious communities — Muslims and Christians (Roman Catholics) — that have a strong pro-fertility value and favour a high natality.

A principal pro-natalist factor in Islam stems from a strong belief that everything is done by Allah. It is Allah who creates sexuality and determines procreation or barrenness. Moreover, in traditional Muslim belief, a permanent state of celibacy is unthinkable for men and women. The place of women in traditional Muslim society was very low. They

had to observe seclusion in *purdah* (Kirk, 1967). One of the important barriers to the acceptance of family planning among Muslims is their belief that Islam is against contraception. However, Muslim opinion has been divided over the morality of regulating fertility (Khan, 1979). All these contribute to high fertility among Muslims.

The marital fertility rate among Christians was, in fact, found to be little higher than that among Muslims and much higher than that of Jains, Hindus and Sikhs, in spite of the relatively high literacy and higher age at marriage of the Christians. Under these circumstances, when the gap between the knowledge and practice of contraception is reasonably high, the influence of religion is obvious. Unfortunately, the relevant data are not available to examine the fertility differences that exist between Catholics and Protestants. However, Roman Catholic teachings have strong pro-fertility elements, and their numerical strength is almost equal to — if not higher than — that of the Protestants in India. On the other hand, though Protestant teachings favour the limiting of fertility and offer the most adequate doctrine of responsible parenthood in today's world, Indian Christians are dispensing with many of the birth-limiting customs of the Hindus without yet adopting the Western pattern of birth control (Davis, 1951:188). Moreover, like Buddhists, the Christian converts are also mainly from the lower strata of the society. Thus, there is reason to believe that their marital fertility may exceed that of all other groups except Buddhists.

The fertility of Hindus and Sikhs fell into middle range, as they do not have any adequate doctrine prescribed for or against planned parenthood. An adoption of family planning by both these religious groups might have helped them to check their fertility.

Overview of 1981 Census Fertility Data

The 1981 census fertility data, which have been made available recently, reveal almost similar fertility differentials by religion as that of the 1971 census data. Though the extent of fertility differentials by religion seem to have reduced slightly during 1971-1981, such differences were noted to be highly significant. Muslims continued to exhibit high fertility (TMFR = 4.9) followed by Buddhists (4.5) and other religions (4.2); while Jains exhibited lowest fertility (3.7) during 1981 (India, 1983). However, paucity of requisite fertility data of 1981 census does not permit us to examine the same detailed categories, as has been done with the help of 1971 census fertility data.

Conclusions

In conclusion, it must be said that the role of religion in influencing marital fertility cannot be ruled out. The present data do suggest religious differences in marital fertility in India. Buddhists were found to have the highest fertility, followed by Christians, Muslims, Hindus and Sikhs, while Jains exhibited the lowest fertility. The fertility differential was noted to be significant; influence of age structure on the relationship between fertility and religion was not significant. The differentials persisted even after controlling for the effect of several major indices of social and economic development, such as urbanization, woman's education and female age at marriage, all of which were presumed to influence fertility. The influence of these factors on such differentials, if any, was not large. Thus, the underlying factors were rather indirect and institutional in nature. The socioeconomic and demographic factors considered as controls in our study, obviously do not exhaust the range of such factors. Hence, it is not possible to attribute this differential in marital fertility to religion alone, unless other variables which are likely to influence fertility are simultaneously controlled through MCA or other multivariate analysis. Nevertheless, a partial explanation for the observed differential in marital fertility appears to be the unequal acceptance of family planning methods by different religious groups.

Considering the importance and sensitivity of the subject, these findings will need in-depth investigation to be confirmed. In fact, to establish a correlation between religious affiliation and differences in fertility, more sophisticated instruments and analysis are required to distinguish the influence of religious teachings and beliefs from that of other closely associated non-religious factors. In traditional societies, ethnic mores, folkways and norms intertwine with religious beliefs, all of which need to be distinguished. However, in the meantime, efforts should be made to promote family planning programmes among all segments of the population. There is enough flexibility, especially among the Hindus, Buddhists, Sikhs and Jains, for modern reformers to put forward the case for scientific methods of family planning. The misconception in the minds of those people who reject family planning on religious grounds should be removed and the correct knowledge should be imparted through their own community and religious leaders. In fact, like Protestant churches, the other religious institutions should provide the framework for responsible parenthood. Another important task is to ensure that education of the females and their uplift receive increasing attention in development

programmes because religious differences with regard to fertility are narrowing, as concern for a smaller and better educated family continues to spread.

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