Do Religious Minorities perform alike in their Fertility Behaviour?
A Cross Country Comparison of India and Bangladesh

The major theoretical underpinning which investigates the relationship between minority status and fertility is summarized by Poston et al, 2006 in the form of four hypotheses. Firstly, the social characteristics hypothesis opines that the fertility differentials between majority and minority groups are largely due to differentials in life chances such as education, occupation and income. The closer the socio-economic status of the minority is to that of the majority, the fertility behaviour also converges (Goldscheider and Uhlenberg 1969; Bean and Swicegood 1985). Secondly, the sub-cultural attributes hypothesis espouses that the higher fertility among minority is due to cultural norms and values and according to Poston *et.al* (2006) also to population policy implications. Thirdly, the minority status hypothesis argues that on one hand the socio-economic disadvantageous position of the minorities accentuates higher fertility and on the other hand may act as a deterrent to high fertility when the minority group aspires for greater social mobility (Chamie, 1981). Finally, the economic factor theory views the difference in fertility among majority and minority groups to be due to the difference in household decision making pertaining to the allocation of resources such as time and energy in the pursuit of household commodity of which children is one among many (Bean and Tienda, 1987 as cited by Poston et al 2006). The link between minority status and fertility has been tested by researchers on different countries and basis of minority status such as race, ethnicity, color, religion and caste to name a few (Goldscheider and Uhlenberg 1969; Kennedy 1973; Ritchey 1975; Johnson 1979; Bean and Swicegood 1985; Halli 1987; Poston et al 1997, 1998).

It is observed that the religious composition of a country has a significant role to play in explaining fertility differentials among the majority/minority religious groups. In this context, when Islam happens to be the majority (numerically preponderant) religion of a country, fertility behaviour of Muslims in some countries have exhibited a distinctive fertility pattern. For example Asian countries such as Iran, Indonesia, Bangladesh and Turkey where fertility is at or approaching replacement level, as compared to countries where Islam is the minority religion like India and Thailand where Muslim fertility is relatively higher than for the majority groups (Morgan, 2002). Given the background, the paper espouses religion as the basis of minority status at a cross-country comparison, between India and Bangladesh. There is a reversal of religious composition in both countries where Muslims are minorities in India and in a majority in Bangladesh and the Hindus are majority in India and in a minority in Bangladesh. This gives a potent scope for testing the fertility and minority status linkage in its varied dimensions. This paper seeks to explore the extent to which parallels can be drawn in the fertility behaviour of religious minorities namely Muslims in India and Hindus in Bangladesh.

The specific research questions are as follows:-
1. What are the differences in levels of fertility, desire for additional child, contraception, and method preference, among Muslims in India and Hindus in Bangladesh?
2. To test the viability of three hypotheses which seek to explain the fertility differentials of religious minorities:-

a. Socio economic characteristics
b. Minority status hypothesis
c. Sub-cultural attribute hypothesis
3. To identify the parallels and divergences in each of the explanations across countries.

Data

The data was collected as part of the larger project titled "Identity and Reproductive Health of Religious Minorities in India and Bangladesh". The present data was collected from rural Dharwad and urban Bangalore, in the state of Karnataka, India and rural Matlab and urban Dhaka, Bangladesh during the years 2006 to 2007. In the first phase, ethnographic data (120 in-depth interviews) was collected from women, men and religious leaders of both religious groups. The ethnographic insights have helped us design the survey, which is contextually grounded. The sample size of the survey is 800, collected from currently married women in the age group of 18 to 44 years from Muslim and Hindu community in India and Bangladesh. The sample was drawn systematically from the respective baseline data from the four locations.

Methodology

For answering the first and bit (a) and (b) of the second question, bivariate and multivariate analysis of survey data is performed on the micro-level data. The differentials in fertility, desire for additional child, contraception and method preference are explored through bivariate analysis. For testing the characteristic and minority status hypothesis several models will be fitted with fertility and its proximate determinant indicators as dependent variables. The dependent variable for the analysis will be children ever born, completed family size, desire for an additional child, current use of contraception and method of contraception used. The explanatory variables will be wealth index, education, minority status, religion, rural-urban residence, exposure to mass media etc. In an earlier stage of analysis, data of the NFHS II (1998-99) and BDHS (1999-2000) were analyzed. The answers to bit (c) of the second and third question will be drawn from detailed in-depth interviews, field notes and observations from the field conducted among Hindu and Muslims men, women and religious leaders, from both countries. Qualitative data will be analyzed through grounded theory (Glazer and Strauss 1967), using the analytical software Atlas-Ti.

Preliminary results

Fertility of study population in India

The preliminary results from the survey data seems to echo similar results on fertility as other data sources such as sample registration system (1984), National Family Health Survey I (1992-93) and II (1998-99), where Muslims have higher fertility compared to Hindus. The results also indicate lower contraceptive use among Muslims compared to Hindus. Even with comparable levels of fertility among the religious groups there is greater desire for having an additional child among Muslim women.

Table 1: Distribution of children ever born and contraceptive use and desire for an additional child by religious affiliation, Karnataka,India

	Hindu	Muslim
Children Ever Born		
3 + children	27.1%	35.8%
Contraceptive use		
Ever use	65.4%	61.2%
Desire for additional child $		
Parity 1	35	52
Parity 2	17	24

$ Due to small sample size the distribution is absolute count and not percentage
Source: Micro data collected from 400 currently married women (18-44), 2007

Preliminary results from ethnographic data and observation in India and Bangladesh

Sub cultural attribute

Gender norms

There is a strong connection between agency exercised by women and fertility behaviour. In this context the religious minorities of the two countries have very distinct common features such as both the societies being patriarchal in nature. However gender norms of religious minorities exhibit differences. The Muslim women in India are restricted in their mobility due to the prevalence of *purdah* (Burkha) in the community whereas among Hindu women in Bangladesh there is absence of such restriction. This has differential implication in their ability to go out of the house, to e.g. educational institutions, occupational centres, shopping and visiting relatives. On the reproductive health front this has manifestation in accessibility to health facility and information regarding fertility control in particular and health in general. Insights from health personnel in India show relatively lower health facility accessibility for Muslim women and in Bangladesh a relatively higher health care accessibility as a result of restriction. This kind of normative set up has differential implication on the fertility of the two religious minorities across boundaries.

Religious revivalism and its impact on woman

In recent time there have been religious revivalism within Islam as well as Hinduism which encourage the followers to take a conservative outlook towards life. Many a times this kind of outlook is directed towards family as a unit of contestation, and the role of woman in it. Examples of such movement are present among Muslims in the form of Tablighi Jamm'at in India as well as Bangladesh and Vishwa Hindu Parishad and RSS among Hindus in India. For illustration, the Tablighi Jamm'at does not allow women to play a role in the public sphere. The movement professes viewing of television is *saitan* (devil) as women get exposed to the western culture. This restricts information to woman, as television is a source of information on reproductive health such as family size, contraception, maternal health etc. Similarly the Hindu conservative group known as

Vishwa Hindu Parishad , Bajrang Dal , Shiv Sena and alike have spearheaded movement for up keeping the moral conduct of woman by opposing the use of western clothes by women, discouraging romantic relationship among students and opposing the celebration of valentine's day which according to them is encroachment of western culture on Hindu woman. These groups envision the place of woman inside the domestic terrain.

Population policy

The population policy of each country is required to take into account the religious sensibilities of its citizens but often the interest of the minorities is discounted. An example of the same can be found in the Indian government's commitment to reduce fertility by adopting a target-oriented approach where sterilization is the promoted method of contraception. This approach does not incorporate the religious sentiments of Muslims who are barred from accepting sterilization as a method to limit size by their religion. This contributes to the relatively larger family size among Muslims in India.
However in Bangladesh, considering that it is an Islamic republic, the population policy has made available several temporary methods of contraception in addition to pills and IUD's such as injectible and norplant extended the contraceptive choice.

Parallel across borders

Discrimination

Another facet of this discourse is reflected in the popular perception of the feeling of being left out by the 'system' among the religious minorities in India as well as Bangladesh. The respondents have reported cases of discrimination in educational institutions and employment due to their religious identity. Views were expressed showing displeasure as they feel: even after attaining education they are denied jobs so they feel discouraged to pursue education or apply for jobs in the public domain. Thus we can not study the minority's position in education and occupation in exclusion of the larger socio-political situation.

Settlement Pattern

A distinct feature of Muslim settlement in urban Bangalore, India and Hindu settlement in rural Matlab as well as urban Dhaka, Bangladesh is they mostly stay in ghettoes. This indicates the strong social networking among the minorities through kinship and/or caste ties but it also indicates seclusion from the mainstream population. There might be religious reason for it, like respondents have expressed the view that the religious practices of Muslims like giving the *azan* (announcement of prayer time four times a day) might disturb the other religious groups so living in cluster avoids inconvenience out of the situation. But another feature which can not be ignored is the sense of security which the minorities might feel as a result of physical proximity to each other. This feature might be further strengthened due to communal conflicts and riots which have occurred in India as well as Bangladesh in late nineties and often the persecution of Muslims by Hindu fundamentalists in India is retaliated by atrocities against Hindus by Muslim fundamentalists in Bangladesh. However this kind of settlement pattern is not beneficial for the process of acculturation and assimilation which is necessary prerequisite for convergence of majority/minority fertility pattern (Bean and Tienda 1987).