

**Muslim Demography:
Fertility and Family
Planning**

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Abstract

A demographic article makes us aware about the position of Muslims in today's world. This paper will examine the number of Muslims throughout the world. It will examine higher Muslim fertility and its causes according to different thinkers. It will examine Family planning and whether Family planning is observed or not among Muslims. It will also examine attitudes of different schools of Islamic jurisprudence, village level religious leaders and ordinary Muslims towards contraception and abortion. Some studies regarding family planning are also discussed in this article. Fertility rates, are declining sharply in a number of major Muslim majority countries, will also be highlighted. In discussion section, it will be discussed whether Muslim fertility is really higher than non-Muslims or not.

Keywords

Demography, Muslims, fertility, family planning, contraception, abortion

Introduction

As of 2010, there were an estimated 1.6 billion Muslims around the world, making Islam the world's second-largest religious tradition after Christianity. And although many people, especially in the United States, may associate Islam with countries in the Middle East or North Africa, nearly two-thirds (62 percent) of Muslims live in the Asia-Pacific region, according to the Pew Research Center analysis. In fact, more Muslims live in India and Pakistan (344 million combined) than in the entire Middle East-North Africa region (317 million).

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However, the Middle East-North Africa region has the highest concentration of Muslims of any region of the world: 93 percent of its approximately 341 million inhabitants are Muslim, compared with 30 percent in sub-Saharan Africa and 24 percent in the Asia-Pacific region.

Muslims make up a majority of the population in 49 countries around the world. The country with the largest number (about 209 million) is Indonesia, where 87.2 percent of the population identifies as Muslim. India has the world's second-largest Muslim population in raw numbers (roughly 176 million), though Muslims make up just 14.4 percent of India's total population. The number of Muslims is expected to swell to about 1.8 billion by 2025 (AbbasiSharazi and Jones 2005)

The six largest Muslim majority countries (in order, Indonesia, Pakistan, Bangladesh, Iran, Turkey and Egypt) contain about two-thirds of the world's Muslim population.

Fertility

Plentiful thinkers believe that Muslims have higher fertility. There is a belief that fertility rates for Muslims are typically high, and always higher than those of non-Muslims in the same country or region. In the past, observations were made that Muslim populations tended to have higher fertility, that there was no evidence of decline, and that in a given country, Muslims tended to have higher fertility than adherents of other religions [Dudley Kirk 1966].

If we talk about India, in India Muslims are said to have higher fertility rates than others. Dharmalingam and S. Philip Morgan, who used the data from the 1992-1993 National Family Health Survey of India (NFHS-I) found that Muslims are much more likely than Hindus to intend to have additional children. Indian Muslims are twice as likely as Hindus to desire an additional child. Here, I will quote different thinkers or authors who have given different reasons for higher Muslim fertility.

Muslim Pronatalism: - Caldwell (1986) proposed a global effect of Islam, rooted in patriarchy. To the extent that Islam is more strongly patriarchal than are other religions, demographic behaviour could be influenced. Kirk (1966) also believes that Muslims tended to have higher fertility than adherents of other religions. Weeks (1988) noted that Islamic societies have a 'nearly universal level of high fertility'. It is argued that Muslim fertility is somehow immutably high.

Lower Muslim Women's Autonomy/Power: - Because of patriarchal systems, there is a demand for children. Where women's opportunities outside the home are severely constrained, Women's survival strategies focus inward on family and children. Bearing children, especially sons, solidifies a women's position in her husband's or in-law's house.

“Respect, protection and claim on family resources” can depend on high fertility [Mason and Taj1987].

Minority Status: - Courbage (1992) suggested that in Eastern Europe (especially Albania), Muslim minority status may have encouraged higher fertility as a way of protecting or asserting Muslim identity and of strengthening the Muslim community. Likewise, Muslims may be in India are motivated to have more children to strengthen their position and that higher fertility is a symbol of Muslim identity. Dharmalingam and Morgan, “in our view, the minority-group thesis is the more likely explanation.”

Different levels of economic development or different socio-economic levels: - Jeffrey and Jeffrey (1997) suggested that differences in fertility rates between Hindus and Muslims in India are generally the result of underlying differences in “region, residence, class and schooling”. This finding is based on their comparative study of a Hindu (Jat) community and a Muslim (Sheikh) community in Uttar Pradesh. Jeffrey and Jeffrey argued that the higher fertility of the Sheikhs can be understood much more in terms of their marginalized position in the local political economy, rather than as a response to any essential feature of Islam.

Sterilization: - Jeffrey and Jeffrey reported that “Sheikhs believed they were targeted because of their religion, and they also said that Islam was the reason why they could not be sterilized as the government wants”. So, Muslims have problem with method (sterilization) not with control of fertility itself. If the government chooses sterilization as national method, then it will let Muslims have higher fertility.

Chaudhry (1982) has shown that the lower socioeconomic status of the Muslim women in India is the major contributory factor to their higher fertility, not their religious affiliation.

Village-level religious leaders: -Gavin W. Jones believes that most village Muslim leaders do not support family planning programs. In Indonesia, at the beginning of the family planning programme in the late 1960's, most village Muslim leaders/ Kiai were hostile. Same happened in Pakistan.

Family Planning: Contraception and Abortion

Although there is no direct reference in favour of or against family planning and contraception in the Qur'an, jurists have deduced support for it from a verse in the Quran, Allah desires for you ease, He desires not hardship for you (Surah 2: 185). In the absence of any text of prohibition in the Quran, contraception could therefore be supported in cases where excessive fertility leads to proven health risks to mother or children, economic hardship or the inability of parents to raise their children

according to religious traditions [Omran 1992]. Nevertheless, it is considered makruh.

Azl/method of withdrawal/coitus interruptus was practiced as a contraceptive measure at the time the Quran was revealed and because the Prophet offered no prohibition (tacit approval), the majority of Islamic theologians/ jurists belonging to the four Sunni and three Shi'ite schools of jurisprudence agree that the practice of azl or other non-permanent methods of birth control are permitted with the consent of the wife.

Sterilization: Although Islamic jurists have issued direct injunctions (Fatwas) against sterilization, opposition to sterilization is not unanimous. Vasectomy (male sterilization), tubectomy (female sterilization) are generally considered contrary to Islamic teachings (except in cases where there are health risks to mother).

Muslims' Attitude towards Family Planning or Contraception: More and more Muslim-majority countries have adopted official policies to promote family planning. Ross and Mauldin (1966) rank Indonesia and Tunisia behind China, as the countries with the highest overall scores in family planning programme efforts. Indonesia and Iran have total fertility rate 2.3 (UN 2003) and both countries provide direct support in providing access to contraceptive methods. Moreover, Iranian family planning programme promotes both male and female sterilization. Only two- Saudi Arabia and United Arab Emirates- were identified as providing weak or no support to family planning programme efforts.

Abortion: With regard to abortion, the doctrine of ensoulment begins from the Qur'anic verse stating that the foetus passes through five stages: Seed, clot, lump, and then bones are formed and covered with flesh, at which point God brings forth another creation (Surah 23). There are several hadith on this, not all consistent. One talks of the seed being in the mother's womb for 40 days, then for another 40 days being in the form of a clot of blood, then for another 40 days in the form of a lump of flesh. Then an angel is sent to the foetus who blows spirit (life) into it.

Therefore, three tiers feature in the theological consideration of abortion: before 40 days, before 120 days and after 120 days. There are interesting differences between different Sunni schools of jurisprudence: Hanafi opinion generally permits abortion if it is performed within 120 days of conception; Maliki teaching does not allow abortion at all, even if within 40 days of conception; the Hanbali school allows it before 40 days; and Shafii opinion is divided: some prohibit it; others allow it till 80 days and still others allow it before 120 days.

The first international conference on family planning, held in Rabat, Morocco in December 1971, attended by leading jurists in Islamic law from 23 Islamic countries, confirmed that abortion was forbidden after

the first four (4) months except to save the mother's life. Nevertheless, abortion is considered as makruh, and only to be performed for compelling reasons.

Muslims' Attitude towards Abortion: Abortion is widely practised among Muslim populations even where it is either forbidden or only allowed under very restrictive conditions. In Indonesia, there are estimated to be almost 2 million abortions annually or 43 per 100 live births [Utomo et al 2001]. In Pakistan, about 20 percent of pregnancies are resolved as induced abortions; at least 890,000 induced abortions annually (Sathar, Singh and Fikree 2005). A study in a squatter area of Karachi showed one abortion for every live birth.

Some studies regarding family planning

The study by M.E. Khan is based on the 'Kanpur city'. The important finding of this study is that Muslims believe that Islam is against contraception, even those who use it also think same.

A Dharmalingam and S.PhilipMorgan - among those who do not want more children, Muslims are twice as likely as Hindus not to use contraceptives which imply a substantial risk of an unwanted birth.

The study by M. Naseem Iqbal Farooqui emphasizes interpersonal communication between husband and wife as far as family planning is concerned. The study of Iqbal Farooqui brings to light the fact that the husband's favourable attitude towards family planning as well as exposure to family planning messages in the media along with women's level of education are the prime determinants of generating interpersonal communication between husband and wife towards the adoption of contraceptive methods. Iqbal Farooqui quotes Rukanuddin's study (1988)- 63.8 percent of currently married female contraceptive acceptors attributed husband-wife communication as the specific source for motivation to adopt family planning. It is also shown in study that younger, urbanite, and educated women were more likely than others to discuss family planning issues with their husbands.

Morgan (2002) - In the status of women and fertility study for India, the respondents were asked why they did not use contraceptives. Muslims were generally more likely than Hindus to say "against religion", but it was not a routinely given response. (See also M.E. Khan)

Fertility trends in Muslim countries

In the early 1960's, most Muslim-majority countries had very high fertility, a TFR of 6 to 7.5 per woman, but by the late 1990s this had fallen to below four in more than half of these countries. The decline has been particularly marked between the early 1980s and late 1990s. In 1980-85,

the TFR in 27 of the countries was 6 or more, but by 1995-2000 this high level was recorded in only 12 of the countries. Conversely, in 1980-85, the TFR was below 4 in only four of the countries, but by 1995-2000 the number of countries had increased to 23.

Singapore Malays were the first Muslim population to reach below replacement fertility in 1976 [Saw 1989]. Nowadays, there are many cases of below replacement fertility among Muslim populations: for example, East Java, Jakarta, Tehran, since the early 1990's and indeed now the majority of provinces in Iran [Abbasi-Shavazi and McDonald 2006]. Until recently, there was no clear evidence of an Arab population reaching below replacement fertility, but Beirut, the capital city of Lebanon [Kulczycki and Saxena 1999], and now Tunisia and perhaps urban areas of Algeria and Morocco have reached this status [see Eltigani 2005].

In the 1970s, fertility was still high in all these countries, though it was starting to fall in Indonesia and to a lesser extent in Bangladesh. By 1985, only Iran and Pakistan still had exceptionally high fertility, though TFR was still above five in Egypt and Bangladesh. By the late 1990s, though, dramatic declines had occurred in Iran and Bangladesh, and even in Pakistan fertility was coming down. These trends, covering the majority of the world's Muslims, should serve to discredit once and for all the notion of immutably high Islamic fertility. For a comprehensive discussion, the reader is referred to the article of Gavin W. Jones [A Demographic Perspective on the Muslim World, 2006, pp 256-261].

Discussion

Is really 'Muslim fertility' higher than non-Muslims especially Hindus?

Dharmalingam and Morgan believe Muslims are more likely than Hindus to intend to have another child. But Bose (1989), in a review of 13 major studies on differential fertility by religion in India, had concluded that, "we do not know whether or not Muslim fertility is higher than Hindu fertility."

At the popular level, it is difficult for people to take cognisance of the fact that fertility in Indonesia with majority Muslim population is lower (total fertility rate 2.6) than India with majority Hindu population (total fertility rate 3.2)- UN 2002.

The two rounds of NFHS surveys show that on the average Muslim women reproduce one child more than Hindu women. Further, it is very important to note that between the two surveys NFHS-1 and NFHS-2, the fertility decline among Muslims (18 percent) was faster than among the Hindus (16 percent).

Is really 'Muslim pronatalism' reason/ cause for higher fertility among Muslims?

Concerns have been raised that a higher fertility among Muslims is essentially rooted in Islam and that Muslim men can have four wives. It has been clarified that Islam is not against family planning and that polygyny is not necessarily related to high fertility. On the contrary, it is found that women in polygynous marriages have lower fertility [Bongaarts, Frank and Lesthaeghe 1984].

While Islam does encourage all Muslims to marry, and while many local Imams are vehemently opposed to contraception, the consensus among Islamic scholars and schools of jurisprudence is that Islam does not forbid the use of contraception and indeed supports it in some circumstances. [Karim, 2005]

Islam itself is no barrier to low levels of fertility, though Islamic teachings have certainly been used in different contexts to support pronatalist policies and early marriage of women, and to oppose certain methods of birth control [Karim, 2005].

Moreover, if the Islam were reason for higher fertility among Muslims, then in Indonesia there should have been higher fertility because Indonesia is the largest Muslim majority country but it has only 2.6 TFR.

Is really 'lower Muslim women's autonomy/power' reason for higher fertility among Muslims?

It is believed that Muslim women have less autonomy and that this lower autonomy has pronatalist effects. Jeffrey and Jeffrey (1997) found no evidence that their Muslim-Hindu study populations differed with respect to women's power/autonomy. Morgan (2002) has also found no/little empirical support for it in recent studies.

The notion of 'Muslim fertility' has been discredited, notwithstanding, the continuing excess of fertility in Muslim-majority countries, as a group, compared with other countries. The key point is not the remaining excess, but the speed of the fertility declining in many Muslim-majority countries, and the below-replacement levels of fertility now reached in many Muslim populations, indicating that there is nothing in Islam per se to prevent that attainment of very low fertility levels.

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