Can "lived religion" explain the process behind fertility behaviour of Hindus and Muslims in a comparative perspective?

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Introduction

The demographic theories have almost invariably emphasized the *structural* or *macro* level factors (De Bruijn, 1999; Smith, 1989) in explaining fertility outcomes. The empirical testing of these theories linking religion with fertility (Goldscheider and Uhlenberg 1969; Iyer, 2002; Morgan et al, 2002: Bhat 2004; Dharmalingam and Morgan 2004; Chattopadhyay et al 2004; McQuillan, 2004; Sahu et al, 2006) are manifested through statistical correlation. However the question to the "why and how" of the said linkage remains unanswered or at best results in speculations in the absence of voices from people. In order to answer those questions there is a need to alter the focus from studying correlations to understanding the process in which the socially situated actor makes fertility decision in a given context. Because the emergent phenomenon such as fertility differentials at the macro level are the result of individual action and interaction (Coleman 1990; Smith 1989; Boudon 1987, Hindess 1987 as cited by De Bruijn, 1999). Of late, generalizations have been drawn about specific religious groups to be pro-natalist regardless of context¹. We want to differ from this view point as the fertility behaviour of any religious group in a pluralistic society needs to be studied taking the different players and context into account.

In this paper we use "lived religion" as a metaphor to elucidate the ways in which the members of a religion conduct religion in their day to day lives with implications for their fertility behaviour. In order to explore the process behind the linkage between religion and fertility we have to explore how religion is lived by people at the individual and collective level, to the extent that it influences their private decisions such as fertility.

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¹ The uproar about "Muslim fertility" as the one escalating is uncalled for as no single coherent "Muslim fertility" can be arrived cross-nationally (Jones, 2002; Johnson-Hanks, 2006)

There are differences between religious dictums on fertility related issues and the way in which it is applied by people in their lives based on their interpretations. The concept of "lived religion" tries to deconstruct these divergences and seeks to explore its implications on fertility behaviour. This multilevel understanding is backed by the interdependence between structure and agency (duality of structure) framework (Giddens, 1984). The rules and normative influences of the structure either enhance or constrain the capacity of the agent to act and interact. Though this theoretical formulations subsume the collective/group at the macro or as social system (Giddens 1984). We perceive it as having a crucial role to play in the fertility behaviour. The mechanisms through which the members of a certain religious community uphold religious symbols in order to maintain boundary from the other community has important implications for their fertility behaviour.

Objective

The objective of this paper is to explore the role of "lived religion" in explaining differences in fertility among Hindus and Muslims in a cross-country comparative scenario.

The specific research question is:-

1. How does lived religion influence Hindus and Muslims in their fertility behaviour in a comparative perspective?

Data and Method

Comparative analysis of selected religious communities in a given social context is highly recommended for investigating the role of an institution such as religion in explaining fertility differentials (Smith, 1989). Our research focuses on two religious communities, namely Hindus and Muslims in a cross country comparison of India and Bangladesh. The data is collected from rural Dharwad and urban Bangalore in Karnataka, India and rural Matlab and urban Dhaka in Bangladesh. This selection of site and location

is especially pertinent because Muslims have higher fertility compared to Hindus in India as well as Bangladesh. However the difference is wider in India compared to Bangladesh.

The data was collected through a mix of methods: both qualitative and quantitative. In the first phase, 112 in-depth interviews were conducted among Hindu and Muslim people (men, women, religious leaders) and key informant interviews with health personnel in India and Bangladesh. The data was collected on the perceptions of people on different aspects of their identity such as religion, gender and minority status and its ramification on fertility decisions. Based on the insights from the qualitative data the survey instrument was devised and executed in order to validate and quantify the different dimensions of religious identity such as religiosity. The survey sample consists of 800 currently married women in the 18 to 44 age group.

The research question will be answered based on in-depth interviews by using the qualitative analytical tool of grounded theory.

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