

A COMPARATIVE STUDY OF THE ATTITUDES
TOWARD BIRTH CONTROL
OF THE HINDUS, MUSLIMS, CATHOLICS, AND PROTESTANTS
OF THANJAVUR DISTRICT,
STATE OF TAMIL NADU, INDIA
by

Reverend Michael Arokiasamy

A Thesis Submitted to the Faculty of the
Graduate School, Marquette University, in
Partial Fulfillment of the
Requirements for the Degree
of Master of Arts

Milwaukee, Wisconsin
May, 1986

I owe a debt of gratitude to members of my Thesis Committee: to Dr. David O. Moberg, Ph.D., the Thesis Director, for his guidance and helpfulness in assisting me in all phases of this research and making it a success; to Dr. David R. Buckholdt, Ph.D., chairman of the Department of Sociology, Anthropology and Social Work, whose insight and criticism helped me very much to improve the quality of this study, and to Dr. Donald L. Metz, Ph.D., Associate Professor of Sociology, for general help by way of constant encouragement and critical review.

To all my fellow priests and friends, whose "Gemeinschaft" will be hard to forget, my sincere thanks for their continuous support, help and cooperation.

Then last, but not the least, to each of the respondents and interviewers, my grateful thanks; but for their help and cooperation, this research would have remained a utopian dream.

TABLE OF CONTENTS

	<u>Page</u>
I. Introduction: The Existence of Poverty in India	1
1. Poverty in India	8
2. Glossary of Terms	13
3. Purpose and Contents	15
II. Factors Related to Poverty in India	17
1. Over-population	18
2. The Caste System	21
3. The Status of Women	22
4. Illiteracy	22
5. Natural Calamities or Disasters	23
6. Politics	24
7. Conclusion	24
III. Religious Views on Birth Control	28
1. Hindu Viewpoints on Birth Control	30
2. Muslim Viewpoints on Birth Control	33
3. Catholic Viewpoints on Birth Control	34
4. Attitudes Toward Abortion	36
5. Conclusion	38
IV. Methodology	40
1. Selection of the Thanjavur District	40
2. The Thanjavur District	41
3. The Interview Schedule	43
4. Data Collection	44
5. The Interview Process	45
6. The Sample of Respondents	47
7. Data Analysis and Interpretation	50
V. Religion and Birth Control	51
1. Attitudes Toward Family Planning by Religion	53
2. Summary	58
VI. Religiosity and Birth Control	58
1. Definition of Religiosity	59
2. Religiosity Scale	59
3. The Religiosity Characteristics of the Sample	61
4. Conclusion	63
VII. Socioeconomic Status and Birth Control	72
1. SES and Religion	74
2. Measurement of Socioeconomic Status	76
3. Socioeconomic Status and Birth Control	78
4. Conclusion	81
VIII. Summary and Conclusion	83
1. Religion and Birth Control	83
2. Religiosity and Birth Control	85

Page

3. Socioeconomic Status and Birth Control	86
4. Limitations of This Research	87
5. Conclusion	88
Appendix: The Questionnaire	90
Bibliography	97

LIST OF TABLES

<u>Table</u>		<u>Page</u>
1	International Comparisons of Growth Rate of Gross National Product (GNP) Per Capita Among Selected Nations.	10
2	Population Below the Poverty Line in the States of India.	11
3	Percentage Distribution of the Population by Religion in India and the Thanjavur District of Tamil Nadu.	42
4	How the Respondents Were Approached	47
5	Religious Preference of the Sample by Sex, in Numbers.	49
6	Attitudes Toward Family Planning by Religion, in Percentage.	54
7	Attitudes Toward Birth Control by Religion, in Percentage.	54
8	Reasons for Believing Birth Control Methods Are Good, in Percentages.	55
9	Reasons for Believing that Birth Control are Bad, in Percentages.	56
10	Attitudes Toward Abortion by Religion, in Percentages.	57
11	Summary of Differences in Attitudes Toward Family Planning, Birth Control, and Abortion by Religion, in Percentages.	57
12	Self-evaluated Importance of Religion, in Percentage	63
13	Frequency of Visits to Temple, Mosque, or Church by Religion, in Percentage.	64
14	Attitudes Toward Abortion by Religion, in Percentage.	65
15	Religiosity Indicators by Religion, In Percentage.	66
16	Religiosity Scores of the Sample by Religion, in Percentage.	67

<u>Table</u>	<u>Page</u>
17 Religiosity and Favorable Attitude Toward Birth Control, in Percentage.	67
18 Religiosity and Attitudes Toward Birth Control and Abortion Among Hindus, in Percentage.	68
19 Religiosity and Attitudes Toward Birth Control and Abortion Among Muslims, in Percentage.	69
20 Religiosity and Attitudes Toward Birth Control and Abortion Among Catholics, in Percentage.	69
21 Religiosity and Attitudes Toward Birth Control and Abortion Among Protestants, in Percentage.	70
22 Educational Level by Religion, in Percentage.	74
23 Monthly Income by Religion, by Percentage.	74
24 Type of Housing by Religion, in Percentage.	75
25 Socioeconomic Status Scores of the Sample by Religion, in percentage.	78
26 Socioeconomic Status and Birth Control Attitudes Among Hindus, in Percentage.	79
27 Socioeconomic Status and Birth Control Attitudes Among Muslims, in Percentage.	79
28 Socioeconomic Status and Birth Control Attitudes Among Catholics, in Percentage.	80
29 Socioeconomic Status and Birth Control Attitudes Among Protestants, in Percentage.	81

CHAPTER 1

INTRODUCTION: THE EXISTENCE OF POVERTY IN INDIA

Poverty is a major socioeconomic problem of the under-developed countries which has attracted the attention of sociologists, economists and other social scientists, particularly in recent decades. Poverty indicates a condition in which a person fails to maintain a living standard adequate for his or her physical and mental efficiency. It is one of the acute social problems facing India and other developing countries.

In recent years there has been a spate of literature on poverty in India and other developing countries, adding a greater precision to an assessment of the long-familiar realities and shedding fresh light on the picture. In a limited sense it has given us an insight into inhumane conditions in which the vast majority of the people live in today's under-developed world.

The definition of poverty differs from society to society and for a given society from one period of time to another because the term centers on the living standard and "needs" of the individuals in the context of a society during a specific period of time. That the term poverty is a relative concept was recognized as early as by Adam Smith. According to him,

Man is rich or poor according to the degree in which he can afford to enjoy the necessities, the

convenience and the amusements of human life
(Vatsayan 1980: 294).

In India, where the standard of living is low, many persons who are supposed to have comparatively high living standards may be classified as poor in societies in the Western Hemisphere where the living standard is generally very high. From the point of view of time, the term is relative since what is regarded as poverty today would have been considered to be a state of modest comfort a century ago.

Poverty in India

The level as well as the extent of poverty in India can be best understood by analyzing the socio-cultural dimension of the Indian family which, to a great extent, is affected by the socioeconomic situation in the country.

Nearly 70 percentage of the families live below or just above the poverty line. They lack most of the necessities of life: Food, clothing, shelter, hygienic conditions and even the minimum education. This is mainly due to the underdeveloped state of the country's economy, the accumulation of power and wealth in the hands of a few and by the widespread adherence to casteism and communalism, especially in the rural areas. Craving for a better future, rural folks are drawn to the cities where they join the huge army of the unemployed. Many of them work as domestic servants from a very early age. Poverty, therefore, becomes the cause of multiple evils, such as illiteracy, exploitation of women and of child labor, unemployment, overcrowding in cities, inadequate housing facilities and immoderate consumption of adulterated liquor. On an average the more affluent families have fewer children than those who are living below the subsistence level. These conditions, which make a healthy family life impossible, prevail indefinitely because generally people resign themselves to their fate and accept the existence of poverty

as a part of God's plan. People are not aware of the fact that it is linked with the political-economic forces at work in country and, for that matter, with the international vested interests (Catholic Bishops Conference of India, 1979, No. 9, p.91 of National Consultation on Family organised by the CBCI Commission for Family and Laity, Madras, 28-30 July 1979).

Statistical data pertaining to India may be compared with those of other countries for the purpose of illustration (Table 1). Although the Gross National Product (GNP) as a key indicator suffers from many limitations, it can be used to get an idea of where India stands among nations. India is clearly among the lowest in per capita GNP and its growth rate has been slower than that of most other nations.

Figures are available about the percentage of population living below the poverty line (assuming an expenditure of Rs. 50 per month per family as the poverty line) during the 1960s in different states (Table 2).

The figures reveal that Orissa and Tamil Nadu are among the poorest states of India; about a third of the entire population lives below the poverty line. In Andhra, Kerala, Madhya Pradesh, Gujarat, Bihar and Maharashtra the percentage is either above or equal to the All India level. Punjab, Jammu and Kashmir and Assam appear to be comparatively better-off, with very small percentage of the population living below the poverty line.

India in spite of its plentiful resources, has long been a land of abject poverty and misery. Although the country has made remarkable progress in all fields through

Table 1. International Comparisons of Growth Rate of Gross National Product (GNP) Per Capita Among Selected Nations .

Countries	GNP at market prices (1976)		Growth rate of GNP per capita	
	Amount in millions of US \$	Per capita in US \$	1960-76	1970-76
1. United States	1,694,000	7,880	2.4	1.7
2. U.S.S.R	717,530	2,800	3.8	3.1
3. Japan	573,900	5,090	8.0	3.9
4. West Germany	461,810	7,510	3.3	2.0
5. France	355,960	6,730	4.3	3.3
6. China (People's Rep.)	307,010	370	5.2	4.3
7. United Kingdom	233,550	4,180	2.7	1.7
8. Poland	99,070	2,880	4.0	5.3
9. India	87,850	140	1.2	0.5
10. Sweden	74,220	9,030	3.0	2.1
11. Switzerland	58,130	9,160	2.3	0.5
12. Czechoslovakia	56,540	3,790	2.6	2.5
13. Yugoslavia	37,670	1,750	5.6	5.8
14. Philippines	17,990	420	2.4	3.9
15. Thailand	16,300	380	4.6	4.2

Table 2. Population Below the Poverty Line in the States of India.

State	Percentage
Orissa	35.4
Tamil Nadu	31.7
Andhra	23.2
Kerala	20.0
Madhya Pradesh	19.4
Gujarat	19.0
Bihar	19.0
Maharashtra	19.0
Uttar Pradesh	17.5
Rajasthan	16.0
Mysore(Karnataka)	14.9
West Bengal	14.5
Punjab	7.4
Jammu and Kashmir	6.6
Assam	3.4
All India	19.0

(Datt and Sundaram 1968:84)

the five-year plans, the specter of poverty continues to haunt large sections of Indian society.

The proportion of population below the poverty line in 1977-78 was projected at 48 per cent in rural areas and 41 per cent in urban areas. According to the National Sample Survey in 1977, 294 million Indians are below the poverty line on the basis of an income of Rs. 61 (approximately U.S. \$6) per head per month in the rural areas and Rs. 71 per head in the urban areas, using 1974-75 prices (Joshe 1978:21).

According to social analysts, 70 per cent of India's 690 million people are under-nourished, both qualitatively and quantitatively. Some 500,000 children succumb each year to disease brought on by malnutrition, and about 60 per cent of Indian children between ages three and five suffer some form of retarded growth. The Indian society, according to their view, is made up of groups that are hierarchically stratified like the layers of a cake. About 13 million rich are on the top, followed by about 80 million comfortably well-off, then by about 297 million struggling to remain above the poverty line, who are followed by about 300 million below the poverty line (Kurien and Josef, 1979:38).

Various causal factors are listed by sociologists and economists to explain the problem of the existence of poverty in India. Religious attitudes toward birth control are an important factor because they are a part and parcel

of the culture of the people. The implications of these attitudes toward birth control must be understood in the context of the economics, social structure and religious beliefs of the people.

Glossary of Terms

Before launching into discussion of this topic, it is necessary to define some of the terms relating to birth-control and family planning so that their meaning is clearly understood.

Family Planning is a vague term, so misunderstandings have arisen among medical professionals, administrators and clients regarding the type of activities that could be undertaken under this banner. The objectives of family planning include the reduction of maternal and child mortality and morbidity, prevention of abortions, and promotion of family health and welfare by various methods, including health education.

The different methods used for the limitation of conception are, as all know, controversial because they have a direct bearing on the individual moral beliefs, ethics, tastes, financial resources, etc. of the people involved. Family planning is assumed by its advocates to be the duty of each couple. No one, and most specifically the state, has the right to direct parents as to how many children a

family should or should not have. In India there is no law to compel family planning. Any specific couple has the right to use whichever method is acceptable and best for them or not to use them at all.

Natural family planning is defined as planning to achieve or avoid pregnancy by the timing of intercourse. It is based on the recognition of the fertile and infertile phases of the couple's cycle by physiological matters.

The use of natural family planning presupposes that the partners are free to decide when to attempt to procreate, in the light of the goals of their marriage. These goals are viewed in terms of their obligations to God, to each other, to their children, and to the society in which they live. Secondly, they are not only free to choose when to have intercourse, but also the way in which they wish to express their mutual love at a given time, either through genital union or through other forms of affection. (Bernare 1982: 8-10).

Birth Control: Generally birth control means artificial family planning as opposed to natural family planning. It includes all the methods of artificial family planning impeding the conception of new life, i.e., the union of sperm and ovum.

Birth control is not to be identified with abortion. Birth control attempts to prevent a new life from the beginning, whereas abortion kills the life of the human

person already conceived. For many people, the former is quite acceptable, while the latter is totally unacceptable.

Abortion is the termination of a fetus through human intervention.

Abortion is at once a moral, medical, legal, sociological, philosophical, demographic and psychological problem, not readily amendable to one-dimensional thinking (Callahan 1970:30).

Sterilization is in essence a permanent form of contraception. Whether this would be an acceptable method or not would again depend upon a person's moral convictions, social and economic situation, psychological stability, and many other personal reasons. Sterilization, through a permanent mutilation of a body faculty, is something immensely less damaging to the moral fiber of civilization than killing the human life already living within a mother's womb.

Purpose and Contents

This study seeks to determine the impact of religion and personal religiosity on attitudes toward birth control among a sample of adherents of the major religions (Hindus, Muslims and both Protestant and Catholic Christians) in a district of Tamil Nadu State, India.

The study is divided into eight chapters. This first chapter explains the problem of poverty in India. The second, which deals with the factors underlying poverty in

India, indicates that the causes and consequences of poverty are numerous and complex. Some of the causes presented in the second chapter are elaborated in the third, "Religious Views on Birth Control." The third chapter also reviews major literature on the subject of various religious viewpoints on birth control with reference to India. In the fourth chapter the research design and methodology are presented. The findings of data analysis are reported in three subsequent chapters dealing, respectively, with religion and birth control, religiosity and birth control while controlling the factor of religion, and socioeconomic status and birth control. A summary and conclusions are presented in the eighth chapter.

CHAPTER 2

FACTORS RELATED TO POVERTY IN INDIA

In Chapter 1 we have summarized the extent of poverty in India. Its causes are numerous and complex. Some are personal and idiosyncratic, while others are political, religious, geographical, economic and social. It is not our purpose in this study to make any attempt to analyze them all. A few important causes are dealt with in this chapter.

According to Henry George, the main cause of poverty is the personal ownership and monopoly of land in the hands of a few individuals. He writes,

In the great cities, where land is so valuable that it is measured by the foot, you will find the extremes of poverty and of luxury. And this disparity in condition between the two extremes of the social scale may always be measured by price of land (Stamp 1977: 205).

The Gillins listed three factors as primarily responsible for poverty: (1) incapacity of the individual, which may be due to injury, heredity or the environment, (2) unfavorable physical conditions, such as poor natural resources or poor exploitation of rich natural resources, bad climate and epidemics, and (3) maldistribution of wealth and income and the imperfect functioning of economic institutions. Of these three factors, the last two are principally responsible for poverty in India (Besant 1976:235).

According to Karl Marx, exploitation of the working class is the main cause of poverty. To him human society is always divided into two classes. In feudal society these were the lords and serfs. The feudal lords got their living from some form of tribute taken from their serfs, who actually produced things. In the capitalistic society there are the capitalists who own the means of production commodities; the labor of the workers results in surplus value which is appropriated by the capitalists. The condition of the capitalists becomes more and more prosperous, whereas the laborers gradually become poorer and poorer. Poverty of this type cannot be eliminated so long as the ownership of the means of production is in the hands of capitalists (Kapp 1963:98).

Over-population

One of the main causes of poverty in general is to be found in the size of a country's population and its natural endowment and environment. For instance, India is rich in natural resources and manpower, yet poverty prevails, largely due to rapid population growth outstripping the food supply. A peculiarity of India's demographic trend is that, whereas in Western countries the population decreased as a result of economic growth, in India population has to be brought down to ensure economic growth (Davis 1951 : Mitra 1978).

Over-population results in undernourishment and malnutrition. It has been observed by many experts that one of the chronic features of India is the utter lack of proper nourishment for the bulk of the population. It is estimated that 25 to 30 per cent of the people are undernourished. The incidence of malnutrition is even greater, according to Sukhatme (1965). Evidence indicates that it can be placed at least at 50 per cent for India as a whole. Further, the majority of the undernourished are also malnourished. It would thus appear that some 250 million of India's population is either undernourished or malnourished (Sukhatme, 1965:75).

Grinding poverty, miserably low standard of living, and inadequacy of food, particularly during the period 1951 to 1968, have been attributed to the rapid growth of population. Right through the twentieth century, population has been outstripping the food supply. By 1931, the population index had risen to 117, but the corresponding cultivated area index rose only up to 116. During the decade 1931-1941, population increased by 11.01 per cent, while the area under food grains increased by only 1.5 per cent. Between 1921 and 1951 population rose by 44 per cent and the area under cultivation hardly increased by 5 per cent. (Mamoria, 1961). One of the consequences of the pressure of population on land is the increase in the size of the landless labor class, which increased from 7.5 million in

1882 to 22 million in 1921 and 45 million in 1951. It was 47.3 million according to the 1971 Census.

In spite of all the achievements of the four five-year plans, poverty in rural as well as in urban areas is continuing to fester with a consequence that the economic condition of vast masses is pathetic.

Another feature of the growing population is that it reduces the capacity to save and invest. Capital formation is the most crucial aspect of economic development and growth. The per capita income is too low to leave any margin for saving and productive investment. This in the final analysis reduces the purchasing power of the people, so there is deficiency in effective demand, which in turn affects production. Thus, there is a vicious circle of poverty on the supply side as well as on the demand side. Although the national income increased by 42 per cent between 1951 and 1961, the per capita income rose only by 16 per cent, which is explained by the fact that the population increased by 21 per cent. Thus over-population and poverty are very closely related phenomena. As Bose (1959:235) wrote:

The present reproductive pattern in India is wasteful, uneconomic and highly inimical to the health and wealth of the nation. Further, the size, density, rate of growth, and age structure of the population are all unfavorable to economic progress.... Our land is limited; capital is scarce...vast natural and human resources in themselves cannot bring about economic progress; they can only sustain primitive economy. And that is what is happening in India.

The Caste System

The social structure even today is dominated by the caste system long after it was allegedly abolished by the Constitution of India in 1950. The caste system divides society into hierarchical groups based on heredity and local governance by rules of endogamy and other social restrictions. The rigid caste system in India, especially in the rural areas, is a significant obstacle to progress and development which contributes to the continued presence of poverty in the country as a whole.

The caste system has hampered the development of a broad social consciousness among the people and has prevented the flow of labor and capital between places and uses. Since equalitarianism and social mobility are accepted as the key values of modern Western Society, at least in theory, it has often been assumed that India can modernize only if the caste system is abolished. The rigidity of the caste system opposes social progress and hampers people's ideas and values (Kapp, 1963; Gisbert, 1978; Dietrich, 1977; Ghureye, 1961).

If we contrast the equalitarian climate of the West, centered, as it is, on the principle of the moral equality of all human beings regardless of status, with the principles of caste purity and pollution, it becomes clear why it has proved so difficult in India to mobilize human energies for the eradication of poverty and human sufferings (Kapp 1963:108).

The Status of Women

Indian women are expected to obey their husbands unconditionally and are not supposed to develop an independent personality. The old quotation from Manu still sounds very much up-to-date: "Her father protects her in her childhood, her husband protects her in her youth and her sons protect her in her old age -- woman is never fit for independence" (Laws of Manu). In India, on the whole, the literacy rate is generally low, and literacy among women is still lower. Illiteracy leads to poverty, since the capacity of an illiterate person to earn is very low. It is still uncustomary for the higher socioeconomic group of women to work outside the home. "Education was denied to the women fold" (Jain 1975:19). "Women were reduced to the position of idleness" (Sharief, 1975:48).

Illiteracy

India is classified in the "educationally least advanced group of countries" because less than half of her adult population is able to read and write, and less than half of the school age population is enrolled in school (Mascarenhas, 1974:332). Literacy is an important factor in economic development. The development of a modern economy requires a literate population, or at least a population of rapidly increasing literacy, which will enable it to have skilled manpower. All industrialized countries in the

world today have high literacy rates and hence a continuous supply of highly skilled manpower. Low income societies are often the societies associated with illiteracy.

Natural Calamities or Disasters

Unfavorable weather conditions contribute to the continued presence of poverty in India to a very great extent. For instance, agriculture in India mainly depends on the mercy of the weather. If it is favorable, agricultural production increases; if not, harvests are poor. Natural disasters, such as floods, earthquakes, fire and drought, are also responsible for making the people poor. They have periodically stricken millions of people in India and wiped out standing crops in millions of acres.

Unprecedented floods in December 1983 affected large areas in Thanjavur district. It entirely devastated some of the villages. Cattle as well as moveable property were washed away. Huts were completely destroyed and standing crops were submerged and perished. People had to be evacuated to safer places as thousands were rendered homeless.

According to government statistics reported in the Daily Indian Express, December 26, 1983, the losses and damages in Thanjavur District caused by the floods of December 1983 were as follows:

Total number of huts and houses	16,444
Persons rendered homeless	28,650
Schools and departmental buildings	227
Standing crops of paddy alone	2,000,000 acres
Standing crops of sugar cane and bananas	1,739 acres
Length of roads in 225 places damaged	1,500 kilometers
Number of bridges and culverts damaged	200
Number of cattles collapsed	10,000

Politics

The reality and depth of the problem of poverty in India can also be attributed to the fact that people who are rich have power over the politics of those who are poor. Even more important is the fact that the Indian social and economic system supports these divisions and constantly increases the power of those in the top brackets, so the rich get richer and more powerful, while the poor remain ever poorer and less able to control their own future (Samuelson, 1958; Sen, 1979; Gisbert, 1978).

Conclusion

Many factors can contribute to the problem of poverty. The causes may differ from country to country, so it will have to be viewed differently with respect to developed and developing countries.

As we have seen, poverty in India is a major socio-economic problem. Economic development has a direct bearing on it. In fact, the phenomenon is not only concerned with economic but with non-economic factors as well. In India over-population and economic development are closely linked with each other. Furthermore, factors like (a) social stratification (caste system), (b) the status of women, (c) illiteracy, and (d) recurring natural calamities are always considered to be interconnected with each other in influencing economic development.

The growth of population affects many factors which in turn lead to poverty. It is a hindrance on the path of capital formation, but without it there can be no economic development. Rapid growth of population results in a high rate of consumption of goods. Without an equally high rate of production of goods, a developing country like India cannot think of capital formation.

Increase in population results in food problems. Unless food production is accelerated adequately, these problems will remain unsolved and lead to food shortage. As a result, black marketing, shortages, corruption, strikes, lockouts, and labor problems assume a serious turn, and these will not help in economic development of a country.

Population explosion also results in unemployment and underemployment. In countries like India, where a vast majority resides in villages, the problem of unemployment is

acute since the agricultural sector could not absorb the excess work force and is also seasonal in nature. Hence the problem of unemployment also results in poverty.

Though India is a welfare state, it finds it very difficult to provide proper education to all its citizens because it has to cover a very large population. This results in a high rate of illiteracy, which in turn affects the quality of the labor force and hence economic development.

Population growth also adversely affects the annual growth rate of a country. The second five-year plan of India gives the picture that a large part of increase in output is absorbed by the growth in population. Similarly the authors of the fourth five-year plan also pointed out, "Population growth thus presents a very serious challenge" (Raj, 1978:172).

Population growth also adversely affects the cost of production in developing countries. Pertaining to the present situation, David M. Heer has said that "...it is obvious that any further population increase in the less developed nations will reduce their already minimal resource base" (Raj, 1978:172).

Overly rapid population growth in a poor country siphons away resources that are desperately required for reducing economic and social deprivation. At the national level, the governments are devoting a greater and greater

amount of investment simply to provide minimum services for an ever-increasing number of children. At the family level, the same needs press in on the parents of large families. For roughly their first fifteen years of life, children are consumers rather than producers. For both the government and the family, more children means more expenditures on food, shelter, clothing, health, education, and every essential social service (Refus, 1971).

Some may infer that population growth may add resources to the nation. But population growth is a stimulant to economic growth only up to a point; afterwards, as we are today witnessing in India and other developing countries, it constitutes a serious impediment. A large population provides abundant labor, as well as big market for consumption when a country is under-populated; but if the population growth continues in an over-populated country, it is a serious menace to economic development.

From the above factors, it can be inferred that population growth is a root cause for the problem of poverty in India. Over-population, directly or indirectly, affects the economic developments which in turn leads to poverty. Hence this study of birth control attitudes should throw light on population growth and the problem of poverty in the Thanjavur District of Tamil Nadu, India.

CHAPTER 3

RELIGIOUS VIEWS ON BIRTH CONTROL

Various factors underlying poverty in India are listed in the previous chapter. Among them, over-population appears to be the dominant one. The problem of an ever growing population is, directly or indirectly, interlinked with the social life of the people, which in turn is influenced by the religions and their practices in India.

The religions not only provide moral codes for the people but also are considered as a way of life. The teachings and philosophy of each religion play a vital role in the social life of an individual and the society. Various religious leaders have been guiding the people of India from time to time. Thus, the society is influenced by the religious teachings, the leaders' interpretations, etc. Population growth is also directly or indirectly affected by the various religions that exist in an area. As Dietrich (1977:xi) wrote:

There is no doubt that religion still has a tremendous hold on the Indian masses and that it is very difficult to perceive any clear-cut process of secularization in this secular State of India. Therefore, for good or bad, religion, especially Hinduism, plays a decisive role in the lives of the people and the question is whether it hampers or accelerates development. The widespread conviction is that religion, hampers development (while on the other hand, increasingly, claims are heard that 'true development' can only take place through religion). Even if this negative evaluation which is given by many were true, it becomes obvious

that there is no easy way of getting rid of religion. Religion conveys values and basic identifications which are dear to people giving them a basic sense of security and belonging which is not easily destroyed or substituted. The solutions of trying to ignore religion by taking a 'secular' stand or leaving it to private preferences, whether to adhere to certain beliefs and rituals or not, have not been proved very successful.

It is appropriate, therefore, to analyze various aspects of religious scriptures and other relevant materials giving particular attention to India, regarding different approaches of religions toward birth control. A sociological view on religion may be apt approach before we enter into the discussion on birth control and religious attitudes.

In sociology we are concerned with religion from the perspective of its role in society. Religion has a very powerful and strong hold over many societies. As several have expressed it: "Religion touches every aspect of human society" (Gisbert, 1978:243). "Religion promotes inner values of man which are of greatest concern to sociology" (Sharma 1978:340). Religion has both an integrating and a disintegrating function (Greeley, 1972:70).

India has many religions. Hindus form the majority, constituting 82.72 per cent of the total population. Muslims constitute 11.21 per cent, Christians 2.60 per cent, Sikhs 1.89 per cent, Buddhists 0.70 per cent, Jains 0.47 percent and others 0.40 per cent (Government of India, 1978; Census of India 1981).

In India, people as a rule take religion very seriously. One's way of life is very much governed by one's religion. This is true in spite of the fact that the people have been exposed to the influence of modernization and secularization in a religiously tolerant state in the pre-Independence as well as in the post-Independence period.

Hindu Viewpoints on Birth Control

The Hindu religion does recognize the need for planned parenthood. Vatsyayana in his Kamasutra (4th Century A.D.) and Manu in his Dharma Sastra (600 B.C.) laid down clearly when a husband should meet his wife physically.

There is a Vedic injunction demanding that a Hindu mother bear ten children and treat the husband as the eleventh child. The ten are the product of Dharma (duty), and any later children are the product of Karma (lust) (Laws of Manu, X:131).

In Hinduism, human semen has the sacred function of creating a healthy society through righteous children. It constitutes the "essence of man" (Brihadaranyalcar Upanishads VI-IV:17).

According to Manu, without a son to perform the death rites, a Brahman is not capable of attaining heaven. Moreover, "a man secures the higher worlds through the birth of a son; he obtains permanence in the world through a grandson,

through the sons of a grandson he wins the world of the son" (Laws of Manu IX:138). Hence the hymn in the Rigveda:

In sons, O India, make her rich,
 give her a life of happiness;
 Ten children grand and spare to her
 as an eleventh her dear spouse.
 (Rigveda 10:42-46)

Gandhi opposed the use of contraceptives, and so also did Acharya Vinobave who advocated self-control. Gandhi (1950:38) regarded sexual union without desire for children as immoral.

In Hinduism, the purpose of marriage is not companionship but procreation. Swami Nihilananda (1956:369) wrote:

Marriage is extolled because it is a discipline for self-control, enabling men to give up the animal life of promiscuity. Thus the purpose of marriage is not the satisfaction of lust, but of creating a healthy society through righteous children.

Marriage is regarded as universally necessary, and those who die unmarried are considered to have led an incomplete life (Srinivas, 1952). That orthodox Hinduism has been opposing all the methods of artificial birth control can be inferred from the fact that Mahatma Gandhi (1962), its leading exponent, was against all artificial contraception and was in favor of population control by means of abstinence.

There can be no two opinions about the necessity of birth control. But the only method handed down from ages past is self-control or bramcharya. It is an infallible sovereign remedy doing good to those who practise it. The union is meant not for

pleasure but for bringing forth progeny. Any union is criminal when the desire for progeny is absent.

It is this strong religious orthodox view against artificial contraception that led th Government of India to accept and recommend the rhythm method as a means of controlling the population.

Gandhi stresses self-control and self-restraint in all aspects of life. This is partly what his simple living and the discipline of his followers was all about. He also stresses sexual self-control and self-restraint within marriage:

I submit that marriage is a fence that protects religion. If the fence were to be destroyed, religion would go to pieces. The foundation of religion is restraint, and marriage is nothing but restraint. The man who knows no restraint has no hope of self-realization (Ghandhi, 1962:31).

Dr. Radhakrishnan counters the Gandhian doctrine of abstinence by calling it the ideal and then asserts that "the use of contraceptives cannot be altogether forbidden" (Radhakrishnan, 1966:189). He then goes on to say what could be the foundation for a relational understanding of coitus by saying, "It is not right to think that a man and a woman should not take physical delight in each other for its own sake" (p. 192), and "Men and women want each other as much as they want children" (p. 205). He also contradicts the argument that birth control is unnatural.

Muslim Viewpoints on Birth Control

Fertility among Muslims (the followers of Islam) is universally high compared to other religious groups, yet Muslim religious principles are not opposed to fertility regulating methods. Kirk (1967-72) points out that Muslim institutions, more than those of other world religions, seem to favor a generally high natality. Religion and high natality are more closely co-related for Muslims than for any other major religious groups. Even though the religious doctrine of the Muslims does not prohibit voluntary birth limitation, the institutional and social pressure to have a greater number of children, especially males, is very strong (Kirk, 1967:570).

Muslim doctrine holds that pleasures of the flesh, and specifically sexual intercourse, are a God-given virtue to be enjoyed and conjugal obligation to be fulfilled. The great medieval theologian Al-Ghazzali held that Mohammed was superior to Christ in that the latter never successfully integrated family life and sexual pleasure into Christian belief. While Mohammedanism imposed dietary restrictions and restraints relating to art and music, there is a striking absence of the value that is placed on sexual asceticism in Christianity, in Buddhism, and Hinduism. A celibate clergy or celibate religious orders are foreign to Islam. In traditional Muslim belief the permanent state of celibacy is abnormal for men and unthinkable for able-bodied women (Kirk, 1967:570).

Catholic Viewpoints on Birth Control

Christianity followed the Old Testament heritage of strong fertility: "Be fruitful and multiply" (Gen. 1.28).

Not until 1930 did the Lambeth Conference of the Anglican Church give qualified approval to artificial birth control practices. The other major Protestant denominations gradually dropped their opposition to the use of contraceptives over the period from 1925 to 1950. The Catholic Church, however, continued its pro-natalist position, which was best expressed by Pope Pius XII (1958:363-364):

Large families are always blessed by God and especially loved and prized by the church as its most precious treasures. For these families offer particularly clear testimony to three things that serve to assure the world of truth of the church's doctrine and the soundness of its practice, and that resound, through good example, to the great benefit of all other families and of civil society itself. Where you find families in great numbers, they point to you the physical and moral health of a Christian people; a living faith in God and trust in His providence; the fruitful and joyful holiness of Catholic marriage. ...Large families are the most splendid flower-beds of the Church.

In Humanae Vitae Pope Paul VI (1968) reaffirmed the Catholic doctrine on contraception. Although no mention is made of the primary and secondary ends of marriage, the traditional pro-fertility emphasis can be detected in some passages;

"...We must once again declare that the direct interruption of the generative process already begun, and above all, directly willed and procluded abortion, even if for therapeutic reasons, are to be absolutely excluded as illicit means of regulating birth.

"...The Church...teaches that each and every marriage act must remain open to the transmission of life.

The Indian Bishops gave an unqualified acceptance to the teachings contained in the above encyclical. Catholics in India were asked to obey the Pope, rather than to have a discussion on the subject.

Fonseca and Berna (1968) try to explain the more or less passive attitude of the Catholic Church in India toward an issue of such great importance to the country:

There is first of all the fact that the laity is, to a great extent, theologically illiterate.... The official Church, which is still under influence of a paternalistic tradition, is understandably anxious to discourage dissent... The Catholic Press, noting the "very good" response of the Indian Church has been unable to resist the temptation to institute a comparative evaluation of the western reaction to the encyclical... (p. 361).

In spite of this and other criticisms levelled against the Indian hierarchy (CBCI, 1969), the Catholic Bishops' Conference of India (1978) on the occasion of the 10th anniversary of *Humanae Vitae*, issued a Statement reaffirming their continued acceptance of the encyclical, urging the Catholics:

To stress all the positive teaching contained in the Encyclical concerning married life and its value; To resist, with all the means at their command, the spread of an anti-life mentality; To undertake massive efforts to counteract whatever serves to foster the acceptance of practices abhorrent to sound Christian morality.

Catholics believe that sharing with God in the procreation of children is the ultimate form of creativity, and hence they reverence the generative faculty. To wish to

call only pleasure from the act of genital union, without respect for the total person and the capacities of the partner, is to degrade the act by using the partner only for one's own purposes; a proper recognition of the joy of the union as the fruit of self-forgetting love enhances the dignity of the spouse (Egner 1966; Podimatam 1982).

Attitudes toward Abortion

Abortion is widely considered to be a social and ethical problem. The sociocultural aspects of this problem are quite varied and very intimately associated with the legal and religious factors.

Whereas birth control attempts to prevent the conception of a new life, abortion kills the life of the human person already conceived. It is interesting to note that the controversy over abortion has been going on since ancient time. Even today, in several countries in the First and Second world and those in the Third World that have "legalized" abortion, this controversy is most active. On this issue, Callahan (1970:88) says, "I am naive enough to suggest there are grounds for hope. The basis of this hope is three-fold. First, there are no important groups which would deny that life should be protected and enhanced; second, there are no groups which deny that human rights come into direct play in abortion decisions; third, there

are no groups which deny that people should be morally responsible for the choices they make on abortion."

John T. Noonan says (in Willke 1971:87) that abortion was known and commonly practiced in all the lands into which Christianity came. Judaism, having developed a high respect for the family, for women and for individual life, had condemned abortion but found certain exceptions to it. The Christian message brought a further dignity to the concept of the individual, animate immortal soul given by God to every human person and hopefully returning to Him for eternity. This was a powerful concept which, within centuries transformed the Roman Empire.

"The Gospel taught specifically that Jesus was conceived in Mary's womb by the Holy Spirit. What grew in her womb from conception was not a blob of protoplasm but the person of Godman Jesus." The Didache said, "You shall not slay the child by abortion." Clement of Alexandria condemned abortion, as did Atenatores: "Those who use abortifacients are homicides." Tertullian said, "The mould in the womb may not be destroyed" (Willke 1971:87-88).

St. Basil wrote, "The hair-splitting difference between formed and unformed makes no difference to us. Whoever deliberately commits abortion is subject to the penalty for homicide" (Willke 1971:88).

The views of a few great Lutheran theologians which Willke quoted are appropriate here. Karl Barth said "He who

destroys germinating life kills a man." Dietrich Bonhoeffer said, "To raise the question whether we are here concerned already with a human being or not is merely to confuse the issue. The simple fact is that God certainly intended to create a human being and that this nascent human being has been deliberately deprived of his life and that is nothing but murder." Professor Otto Piper of Princeton has stated, "We have no right to destroy new life." Professor Helmut Thielicke, Professor of Religion at the University of Hamburg, specifically states, "Once impregnation has taken place, it is no longer a question of whether the persons concerned have the responsibility for a possible parenthood. They have become parents" (Willke, 1971:920).

The Hindu Law, over the ages, recognized situations in which a woman could resort to abortions without any stigma attached to her. With its emphasis on the equality of the sexes, progressive thinking also demands that a woman should have full freedom to decide whether she wants to have a child or not.

Conclusion

The viewpoints of different religions differ from one another, but many people do wish to follow the teachings of their religion. Hinduism has been opposed to birth control. It indoctrinates its members with moral values which emphasize the virtue of reproduction. Although Islam has no

central religious authority, it has been a more effective barrier to diffusion of birth control than any other religion. Although most Protestants approve birth control, they are generally against abortion, and there is a noticeable change in their stand in recent times. Catholicism imposes restrictions on the practice of birth control. However, it advocates the practice of less effective methods of family planning, i.e., natural family planning.

Thus, the scheme of family planning, viz. birth control, is not adopted consistently by the followers of all religions. This results in over-population, which remains unchecked, allowing misery and poverty to go on preying on the poor folk of the country.

Since India is a big country, it is not easy to make a survey of the whole nation. This research therefore selected Thanjavur District for study. The methodology used is described in the next chapter.

CHAPTER 4

METHODOLOGY

Selection of the Thanjavur District

The Thanjavur District was selected for this study for many reasons. It is free from the influence of other states and is neither very big nor very small. Its features and its social structure are more or less the same as in the other districts of Tamil Nadu. It is a district in the strict sense of the term, as it is away from the industrial urban centers and it therefore relatively free from their direct influence. Many records of past information relating to this district are readily available.

The majority of the people are living below the poverty line and have been compelled to live the life of bonded laborers. In fact, bonded slavery is a universal phenomenon in all parts of the district, though in the guise of the Pannaiyal System. Although untouchability has been officially wiped out from the district, in practice it is found everywhere. Generally the untouchables (Harijans) are considered to be socially, economically, educationally and culturally backward in Indian Society. The Harijan laborers live in a separate colony situated at the outskirts of each village. Untouchability has also prevented the Harijan from getting the benefits of modern education.

The economy of Thanjavur District is predominantly agricultural, so the majority of the people are engaged in agricultural pursuits. Business is done only to the limit of fulfilling local requirements. Although paddy and other coarse grains are the chief products of this region, crops like sugar cane are generally preferred by the agriculturists.

The Catholic Diocese of Thanjavur established the Thanjavur Multipurpose Social Service Society. Various beneficiary oriented and community programs have been undertaken by this society to improve the lot of the economically deprived and socially underprivileged sections of the rural population. As the future plan of this researcher is to work as a Social Work Director in the diocese, this district was selected for research.

This study is based on a purposive convenience sample, mostly confined to the Thanjavur District where a large number of Hindus, Muslims, Catholics and Protestants of all social strata are easily identified.

The Thanjavur District

The Thanjavur District of Tamil Nadu in southern India is bounded by the Colweon River on the North, the Bay of Bengal on the East, the Palk Strait on the South and Thiruchirappalli District on the West. It extends over an area of 9.684 sq. km. of which the greater part consists

mainly of an undulating plain bisected by the valley of the river Cauvery.

Thanjavur District ranks second in the density of population among the districts of Tamil Nadu. The total population of 35.5 million in the District is distributed over 40 urban settlements and 1,723 rural settlements. The overall density in the district is 432 persons per square kilometer with an urban density of 2,792 per square kilometer and a rural density of 3.58 (District Statistical handbook for the year 1979-80, Thanjavur District, p. 122).

All major religions are represented in Thanjavur District. As Table 3 indicates, Hindus are the most numerous, followed by Muslims, Catholics and then

Table 3. Percentage Distribution of the Population by Religion in India and the Thanjavur District of Tamil Nadu.

Religion	India	Thanjavur District
Hindu	82.72	66.77
Muslim	11.21	16.00
Christian	2.60	9.26
Sikhs	1.89	0.98
Buddhists	0.70	2.78
Jains	0.47	3.02
Other Religions	0.40	1.13
Religion not Stated	0.01	----

Protestants. There are higher proportions of the latter two than in the nation as a whole.

In India, churches are packed on weekdays, as well as on Sundays, and Mosques overflow during each Friday's Namas. Even though there is no such thing as compulsory visits to the temple in Hinduism, many Hindu men and women go to the temple quite often. In spite of being exposed to the influences of modernization and secularization, people's lives in India are very much governed by religion. These facts hold equally well for Thanjavur District.

The Interview Schedule

The data for this study were gathered in the spring of 1982 in Thanjavur District. The questions were prepared on the basis of existing literature and in accordance with the research design of this scholar after reading necessary related literature on the topic of poverty in India. Details of the social, educational and religious backgrounds of respondents were obtained from the first part of the questionnaire, and relationships of religion to development were asked at the end.

Sample questions were reviewed by important people belonging to the four religious groups. Irrelevant questions were then deleted, and modifications were made. The instrument (see Appendix) was completed after pre-testing in the field. A part of the primary data was also

collected through unstructured interviews with key office bearers of various voluntary organizations which were held in the Thanjavur Multipurpose Social Service Society.

Data Collection

The data were collected on an interview schedule. I visited many villages to get first impressions of the situation, and I visited the administrative officers of the temples as well. These interviews were made easier by the fact that I was accompanied by an elderly Brahman who was a retired officer of the Hindu Religious and Charitable Endowments board. He had formerly supervised the temples in this area and knew all the landlords personally, so they were quite open in their comments.

In the eyes of the rest of the villagers, we were identified with the Harijans, since we bathed in the same temple tank and accepted food and water which they invited us to share. People did not seem to be bothered about the Christian background of the interviewers, but they were somewhat curious as to why we asked questions and wondered whether it would help them in any way. We made it clear that we were not related to the government nor to any aiding agency but we were interested in their struggle against exploitation and poverty, and we found it important to document it so that others could learn from it. This seemed to make sense to them. We had the cooperation in many vil-

lages of not only the local Harijan leaders, but also of the Panchayat presidents.

I interviewed three Hindu religious leaders at the temple, two Muslim religious leaders at their homes, and three Christian religious leaders (two Catholics and one Protestant) at their residences.

The data collected from this sample through personal interviews were supplemented wherever possible with secondary data gathered from the records of the Town Area Committee Census Reports, the district Gazetteer, and other relevant documents and published material about the district.

Mixing with the people, understanding them and their views on life, appreciating their comprehension of the processes of social and religious change which involve them, sitting with them in a most informal manner to understand them and their problems, all made it possible for us to get a comprehensive picture of the district, mostly as presented by the people themselves.

The Interview Process

Twenty-four investigators conducted the interviews, including three priests who were involved in this process. Three of them had a Master's degree in sociology, and three of them were undergraduate students in sociology. Five professional interviewers who are working at Thanjavur

Multipurpose Social Service Society helped me to collect data efficiently. The interviews were conducted in the Tamil language, the vernacular of Tamil Nadu. In this way, I had sufficient time and opportunity to gain systematic information on everyday life in the Thanjavur District. The District was divided into eighteen taluks (small geographical areas). Each taluk was given to one person who was asked to interview fifty people in that area. Two big towns, namely Thanjavur and Kumbakonam, were divided into four parts, namely East Thanjavur, West Thanjavur, East Kumbakonam and West Kumbakonam.

All the interviewers were called to Thanjavur for instruction about the purpose of the survey and explanation of the meaning of each question. They were briefed on how to establish rapport with the interviewees and instructed in interviewing techniques. They were asked to give reports every week with the purpose of ensuring a proper understanding of the items on the schedule.

The way in which different respondents were approached is indicated in Table 4. The quality of the interviews obtained from the professionals was the best, while those administered by the principal investigator left much to be desired. All the interviewers were proficient in the language of their interviewees. Most of the data were gathered through the help of six professional and semi-professional interviewers.

Most interviews were conducted in the interviewees' homes, but a few took place in their place of work. Educated and high-class people wanted more explanation than the illiterate and lower-class respondents.

The average time involved in completing one interview was twenty-two minutes. In many cases, it took more than

Table 4. How the Respondents Were Approached

Approached by	Number of interviewees	Number of respondents	Percentage
Professionals and semi-professionals	6	255	25.35
Faculty members of Thanjavur Multipur- pose Social Service Society	5	230	22.89
Friends	9	430	42.79
Priests	3	30	3
Principal investigators	1	60	5.97
Total	24	1005	100.00

one hour. Sometimes it took two hours for respondents of the lower strata.

The Sample of Respondents

Overall comparisons between the Hindus and Muslims were appropriate, but among the Christian denominations this is not possible. On some topics, for example birth control, putting all Christians together could be misleading because

artificial methods of family planning are strongly opposed by the Catholic Church while other Christian churches generally support them.

The religious preference of the present sample by sex is shown in Table 5. The goal of having large and approximately equal samples from the three religious groups was attained.

The original draft of the questionnaire had only three religious preferences, namely, Hindus, Muslims and Christians (Protestants and Catholics), but it was suggested during the pretesting stages that a fourth category -- that of non-believers -- should be added. Obviously, very few of them appeared in the final sample (0.4 per cent).

In all, 350 questionnaires were given by the interviewers to each of the three major religions, viz., Hindus, Muslims and Christians (175 of each for protestants and Catholics). Out of the total 1050, 1005 (95.7 percent) responded. Table 5 confirms that the number of Hindu women who answered is comparatively low. Most of them seem to be confined only to household affairs without entangling themselves in public matters, even though some are fairly well educated.

The number of Muslim women who answered is also low. Muslim women generally are not educated and are not allowed to move freely with men or to take part in public activities.

The number of Protestant women who answered is greater than men. They are generally as well educated as the men and therefore are interested in taking part very willingly in public activities.

Table 5. Religious Preference of the Sample by Sex, in Numbers.

Religion	Members		
	Total	Male	Female
Hindus	340	180	160
Muslims	328	198	130
Christians	333	60	173
Catholics	(171)	(84)	(87)
Protestants	(162)	(76)	(86)
Non-believers	4	2	2
Total	1005	540	465

With regard to Catholic women, it may be said that their nature and conditions are more or less the same as those of Protestant women.

Non-believers are those who don't believe in the existence of God. Only two each for men and women were interviewed.

Data Analysis and Interpretation.

The data are limited to a single district, so broad generalizations to other districts or other states in India may not be advisable.

The responses on the interview schedules were edited, coded, and entered into the Sigma 9 computer of Marquette University in Milwaukee, Wisconsin, USA, for the purpose of data analysis. A very small number of erroneous entries (invalid punches) were dropped from the final calculations because they could not be corrected without the expenditure of extraordinary time and effort. When variables were not answered, the missing data were dropped from the calculations. As a result, some of the percentage columns do not add to precisely 100 per cent. It was assumed that the missing answers and erroneous data are distributed similarly to those that are available.

Not all the data available from the questionnaires are used for the present study. Some may be helpful for future studies. Some questions which are not directly connected to the present topic were included, but they may be helpful in understanding the nature of my work in the future.

CHAPTER 5RELIGION AND BIRTH CONTROL

India is a population giant. With only 2.4 per cent of the world's land (area 3.3 million square kilometers), it supports about 15 percent of the world's population, making it the seventh largest and the second most populous country in the world.

Rapid population growth in a poor country siphons away resources that are desperately required for reducing economic and social deprivation. Authorities on the subject of population growth and economic development argue from different premises, but most of them reach the same conclusion, namely, that a reduction in the rate of population growth is likely to have favorable effects on economic development.

The immediate and grave consequence of India's population explosion is that the national efforts to raise the standard of living of the people through successive Five-Year Plans are being nullified by the enormous increase in population since 1951. In spite of the fact that food production in the country increased from 55 million tons in 1951-1952 to 100 million tons in 1970-1971, the price of food grains has been increasing steeply since 1966. The Fourth Five-Year Plan (1969-1974), reviewing the economic situation since 1960, concludes: "Per capita real income in

1965-1966 was about the same as it was in 1960-1961, the result of the meagre growth-rate of national income having been almost completely neutralized by the 2.5 per cent of growth of population (Government of India, 1969:5).

Poverty in general has a close relationship with population pressures. India is rich in natural resources and manpower, yet poverty prevails which is largely due to the rapid growth of population. According to Malthus, the growth of population is the main cause of poverty because population tends to increase in a geometric ratio, whereas the means of subsistence tends to rise only in an arithemetical ratio. Population doubles every 25 years, but the means of subsistence lag far behind (Kanble 1976:98).

At the national level, the Government of India is devoting greater and greater amounts of investment simply to limit the growth of population by advertising and popularizing birth control methods among the people. But on the other hand religion often opposes birth control and teaches the religious minded people not to practice it. Because of fear of God and hope for the next world, religious people do not have the courage to break religious traditons and customs.

Birth control has to be understood in the context of the religious, personal religiosity, and socioeconomic status of a given set of people. The present study focuses its attention on the adherents of the major religions in

India, Hindus, Muslims, Catholics and Protestants.

The relation between religion and birth control is discussed in this chapter. The relation between personal religiosity and socioeconomic status and birth control will be the object of discussion in the chapters that follow.

Attitudes Toward Family Planning by Religion

The following questions were asked in order to assess the respondents' attitudes toward both artificial and natural family planning methods:

1. Is family planning good or bad?
2. Is birth control good or bad?
3. If birth control is good, is it because it is reliable and successful, or necessary for those who live below the poverty line?
4. If birth control is bad, is it because it is
 - a. against nature
 - b. against religion
 - c. against the desire of elders
 - d. afraid of the consequences
5. Do you think that abortion is against your religion?
 - a. Yes
 - b. No
 - c. Don't know

Table 6. Attitudes Toward Family Planning by Religion, in Percentage.

Religion	Number of Respondents	Family planning is good(per cent)	Family planning is bad(per cent)
Hindus	340	94.2	5.8
Muslims	328	80.1	19.9
Protestants	162	91.2	8.8
Catholics	171	90.5	9.5

According to Table 6, the respondents from all four religious groups overwhelmingly show a positive attitude toward family planning: 94.2 per cent of the Hindus, 91.2 per cent of the Protestants and 90.5 per cent of the Catholics, and 80.1 per cent of the Muslims said that family planning is good. Muslims scored highest on the negative answer with 19.9 per cent saying that family planning is bad, followed by Catholics (9.5 per cent), Protestants (8.8 per cent) and Hindus (5.8 per cent).

Table 7. Attitudes Toward Birth Control by Religion, in percentage.

Religion	Total Number of Respondents	Birth control is good	Birth control is bad	Unanswered
Hindus	340	76.4	23.4	0.2
Muslims	328	43.0	56.9	0.1
Protestants	162	72.8	26.7	0.5
Catholics	171	38.8	61.0	0.2

Table 7 clearly shows that Hindus and Protestants support artificial family planning methods overwhelmingly more than the Muslims and Catholics, most of whom are strongly opposed to them. Catholics give the strongest opposition to artificial family planning methods.

Table 8. Reasons for Believing Birth Control Methods Are Good, in percentages.

Religion	Number of respondents who believe birth control is good	It is reliable and successful	It is necessary for those who live below the poverty line	No answer
Hindus	260	34.3	65.6	0.1
Muslims	141	28.6	68.4	3.2
Protestants	117	41.4	55.4	3.2
Catholics	66	32.1	47.6	20.3

Table 8 reveals that among the Hindus and Muslims who believe birth control is good, two-thirds favor birth control methods chiefly because they are necessary for those who live below the poverty line. Among the protestants 55.4 per cent feel that family planning is good because it is necessary for those who live below the poverty line and 41.4 per cent because it is reliable and successful. Only 47.6 per cent of the Catholics feel that birth control is good because it is necessary for those who live below the poverty line.

Table 9. Reasons for Believing that Birth Control is Bad, in Percentages.

Religion	Number of respondents who believe birth control is bad	Against nature	Against religion	Against desire of elders	Afraid of consequences	Do Not Know
Hindus	79	5.1	5.9	9.6	44.2	35.2
Muslims	187	17.6	57.9	9.5	9.7	5.3
Protestants	43	5.5	4.4	19.5	48.9	21.7
Catholics	104	16.4	65.6	13.1	4.9	----

Table 9 shows that of the Muslims and Catholics who believe that Birth Control is bad, more than half of the former (57.9 per cent) and of the latter (65.6 per cent) believe it is against their religion. Hindus (44.2 per cent) and Protestants (48.9 per cent) who believe that birth control methods are bad tend more to be afraid of the consequences. Catholics and Muslims are against Birth Control because it is against their religion. It may be pointed out that Islam has been a more effective barrier to the diffusion of Birth control methods than most other religions because it does not have a central religious authority.

Respondents' attitudes toward abortion by religion are presented in Table 10. On the topic of abortion, 79 percent of the Catholics, 72.3 per cent of the Muslims and 60 per cent of the Protestants responded that it is against their

Table 10. Attitudes Toward Abortion by Religion, in percentages.

Religion	Number of Respondents	Abortion is Against Religion (per cent)	Abortion is not against Religion (per cent)	Don't know (per cent)
Hindus	340	23.4	63.4	13.2
Muslims	328	72.3	21.3	6.4
Protestants	162	60.0	32.6	7.4
Catholics	171	79.0	13.4	7.6

religion. Of the Hindu respondents, only 23.4 per cent believe that abortion is against the tenets of their religion. It may be noted that the scriptures of all three religions expressly mention the sacredness of human life. Islam and Catholicism specifically and emphatically condemn induced abortion, while Protestants are divided over the

Table 11. Summary of Differences in Attitudes Toward Family Planning, Birth Control, and Abortion by Religion, in Percentages.

Religion	Family Planning is good (per cent)	Birth Control is good (per cent)	Abortion is against religion (per cent)
Hindus	94.2	76.4	23.4
Muslims	80.1	43.0	72.3
Protestants	91.2	72.8	60.0
Catholics	90.5	38.8	79.0

issue. This explains the stronger negative attitude of Catholics and Muslims towards abortion.

Summary

While a very high percentage of respondents of each of the four religious groups favor family planning, Hindus top the list with 94.2 per cent, followed by Protestants (91.2 per cent), Catholics (90.5 per cent) and Muslims (80.1 per cent). (See Table 11). About three-fourths of the Hindus (76.4 per cent) and Protestants (72.8 per cent) favor birth control whereas just over one-third (38.8 per cent) of the Catholics and about two-fifths of the Muslims (43 per cent) favor it. Over three-fourths of the Catholics (79 per cent) believe that abortion is against their religion, which contrasts sharply with one-fourth of the Hindus (23.4 per cent). A significant percentage of Muslims (82.3 per cent) and Protestants (60 per cent) also have negative attitudes towards abortion.

These findings confirm the hypothesis that birth control attitudes are related to the tenets of one's religious affiliation.

CHAPTER 6

RELIGIOSITY AND BIRTH CONTROL

The relationship between religious identity and birth control has been dealt with in Chapter 5. The relation between religiosity and birth control will be traced in the present chapter.

Religion involves more than the mere fulfillment of certain requirements of formal affiliation. People can fulfill the formal requirements of most religions without being very devout. Religion can also be a strong factor in the life of a person who does not fulfill the formal requirements of the religion.

Definition of Religiosity.

Religion involves more than the mere fulfillment of certain sacraments and requirements of formal affiliation. It includes a variety of religious practices that may be subsumed under the concept of "religiosity." Religiosity emphasizes the socio-psychological variables that reflect the total personal religious orientation and practices of the individual. These variables should reflect in greater depth the influence of a person's religion on daily behavior.

Though formal affiliation and religiosity may be closely correlated, the two are not synonymous. One can

fulfill the formal requirements of one's given religion for church without being very devout. Religiosity may be a strong factor in a person's life without his meeting all the formal requirements set by his religion -- in short, religiosity is nothing but some sets of beliefs, some reasonable and others not, along with such activities as worship, prayer, participation in special sacraments, fasting and the like. Sociologists consider the term religiosity as referring essentially to the ways people participate in religious behavior and institutions. Charles Glock and his collaborator Rodney Stark (1965) have undertaken extensive studies on various dimensions of religiosity.

Most researchers agree that religiosity is a multi-dimensional construct, but there is incomplete agreement as to the nature and number of important dimensions. Some operationalize religiosity by using only church attendance, while others generate nine or more dimensions to represent religiosity.

Glock's (1962:68-110) "5-D Religiosity" went beyond Lenski's four-dimensional model to a five-dimensional one. He felt that religious or irreligious orientations should be characterized and conceptualized by (1) the experiential (feelings, emotions); (2) the ritualistic (religious behavior like "attending church"); (3) the ideological (religious beliefs); (4) the intellectual (religious

knowledge) and (5) the consequential (efforts to apply the prior four dimensions in the secular world).

King and Hunt (1972) originally conceived of religiosity as a unidimensional phenomenon. Hence they used eleven possible dimensions with the idea that one would come out on top. They found indeed that the concept was multi-dimensional, involving religious belief, commitment and participation.

Glock's dimensions of Religiosity (Glock and Stark, 1965) have been used in the present study to build a Religiosity Scale for the purpose of measuring the religiosity of the respondents of all three religions in the sample, because, in Glock's own words:

Within one or another of these dimensions all of the many and diverse manifestations of religiosity prescribed by the different religions of the world can be ordered (Glock and Stark, 1965:20).

Religiosity Scale.

In order to assess the religiosity of the respondents of all three religions, a religiosity scale based on Glock's "5-D Religiosity" was built, with a potential range of scores from 3 to 11. The rationale behind choosing Glock's "5-D Religiosity" is that it "represents a tremendous advance upon earlier studies of religion" (Moberg, 1967:27). This is especially true if one recognizes the limitations of earlier studies in this area of religious research.

Instead of all five, only three of these dimensions have been used in this study, namely the ideological, ritualistic and intellectual. The experiential dimension has not been used because some of its aspects are not equally emphasized by all three religions under study (Glock and Stark, 1965:31-34). The consequential has been excluded because it could be debatable whether it belongs to the category of independent variables.

The scale scores were divided into three categories: High, Medium and Low. The lower one scores, the higher is one's religiosity. The actual scores ranged from 3 to 11. Scores from 3 to 5 constitute "high religiosity," 6 to 8 "Medium religiosity," and those from 9 to 10 "Low Religiosity." The cutting of the scores of the categories was decided on the basis of the grouping of respondents into the above three categories.

The scale and the scores assigned consisted of the following components, each with its questions from the survey instrument:

	<u>Item Scores</u>
(1) Ideological (What religious people believe)	
How important is religion to you?	
Very important	1
Important	2
Unimportant	3

(2) Ritualistic (Religions practices)

How often do you go to a temple
mosque or church?

Daily	1
Often in a week	2
Once in a week	2
Once in a month	3
Once in a year	4
Never	5

(3) Intellectual (Cognitive dimension)

Do you think abortion is against
your religion?

Yes	1
No	3
Don't know	2

The Religiosity Characteristics of the Sample

To know the importance attached to religion, the following was asked: "How important is religion to you?" (Table 12). A general comparison shows that religion is

Table 12. Self-evaluated Importance of Religion, in percentage

Religion	Number of Respondents	Very Important	Impor- tant	Unimpor- tant	Unans- wered
Hindus	340	44.1	48.0	7.9	-
Muslimg	328	53.2	44.0	2.8	-
Protestants	162	60.1	35.3	3.2	1.4
Catholics	171	60.0	36,2	3.8	-

considered the most important by Christians. More Protestants (60.1 per cent) and Catholics (60.0 per cent) than Muslims (53.2 per cent) and Hindus (44.1 per cent) rated it very important. Of the Hindu respondents 7.9 per

cent believe that religion is unimportant, over twice as many as any other religious denomination (Catholics 3.8 per cent, Protestants 3.2 per cent and Muslims 2.8 per cent).

Female respondents showed a greater inclination towards rating religion as very important than male respondents. The proportion of those for whom religion was important was greater for rich people than for poor people.

Details about attendance at the place of worship were sought in order to see whether or not a correlation existed between the importance attached to religion (which involves a subjective judgement) and the external, more objective criterion of attending a temple, mosque or church (Table 13).

Table 13. Frequency of Visits to Temple, Mosque or Church by Religion, in percentage.

Religion	Daily	Often in a Week	Once in a week	Once in a month	Once in a year	Never	No ans- wer
Hindus	8.1	9.6	26.1	36.2	14.0	6.0	0
Muslims	26.2	9.4	35.2	10.6	10.6	8.0	0
Protestants	6.0	9.3	62.1	5.8	2.6	2.1	12.1
Catholics	10.0	9.4	60.2	4.2	2.2	2.3	11.7

Of the four religious groups, a greater percentage of Hindus and Protestants do not attach much importance to daily visits to a place of worship. There is no such thing as compulsory attendance at the temple for worship purposes in

Hindus, which is also true to a great extent for Protestants. But among Muslims many go to the mosque, since they are asked to pray five times a day and offer Namaz once in a week on Fridays (Farah 1970:135). As Table 13 shows 26 per cent of the Muslims visit the Mosque daily and 70.8 per cent at least once a week. Among Christians, both Protestants and Catholics are encouraged to attend church at least once a week; 77.4 per cent of the Protestants and 79.6 per cent of Catholics attend church service at least once a week. In contrast, only 43.8 per cent of the Hindus visit the temple at least weekly.

Regarding abortion (Table 14), 79 per cent of Catholics, 72.3 per cent of Muslims and 60 per cent of the Protestants responded that abortion is against their religion. Of the Hindu respondents only 23.4 per cent believe that abortion is against their religion. Islam and Catholicism

Table 14. Attitudes Toward Abortion by Religion, in percentage.

Religion	Number of Respondents	Abortion is against their religion (per cent)	Abortion is not against their religion (per cent)	Don't know per cent
Hindus	328	23.4	63.4	13.2
Muslims	328	72.3	21.3	6.4
Protestants	162	60.0	32.6	7.4
Catholics	171	79.0	13.4	7.6

specifically and emphatically condemn induced abortion, while many Protestants are not vigorous over the issue. This explains the strongly negative attitudes of Catholics and Muslims toward abortion.

Three aspects of the religiosity of the sample are summarized in Table 15.

Muslims score highest in the ritualistic dimension of religiosity as indicated by their daily visits to the mosque (26.2 per cent). Catholics and Protestants rank first with

Table 15. Religiosity Indicators by Religion, in percentage.

Religion	No. of persons responded	Religion very important	Daily visits to the place of worship	Believe abortion is against their religion
Hindus	340	44.1	8.1	23.4
Muslims	328	53.2	26.2	72.3
Protestants	162	60.1	6.0	60.0
Catholics	171	60.0	10.0	79.0

regard to the ideological dimension, as indicated by the importance they attach to religion. On the issue of abortion, 79 percent of the Catholics believe that abortion is against their religion, closely followed by Muslims (72.3 per cent) and Protestants (60 per cent). According to Table 16, 58 per cent of the Muslims scored "high" on the religiosity scale. They are followed by Catholics (36 per cent), Protestants (35 per cent) and Hindus (only 21 per by

Table 16. Religiosity Scores of the Sample by Religion, in percentage.

Religion	High	Medium	Low
Hindus	21	30	49
Muslims	58	23	19
Protestants	35	48	17
Catholics	36	47	17

cent). The middle position is led by Protestants (48 per cent) and Catholics (47 per cent), followed by Hindus (30 per cent) and Muslims (23 per cent. "Low" in the category, are Hindus who rank at the top with 49 per cent, followed Muslims (19 per cent) and Christians (both Protestants and Catholics, 17 per cent).

Table 17. Religiosity and Favorable Attitude Toward Birth Control, in percentage

Religiosity	Hindus	Muslims	Catholics	Protestants
High	16.1	16.5	21.4	45.8
Medium	26.6	24.5	26.3	40.9
Low	57.3	59.0	52.3	13.3

The combined birth control columns of all religions show that of those who have "high" scores on the religiosity scale, 16.5 per cent of the Muslims, 16.1 per cent of the Hindus, 21.4 per cent of the Catholics and 45.8 per cent of the Protestants favor birth control. More than two-fifths of the Protestants and one-fourth of the others who have

Table 18. Religiosity and Attitudes Toward Birth Control and Abortion among Hindus, in percentage

Religiosity	Birth Control is good		Abortion is against religion	
	Number of respondents	Percentage	Number of respondents	Percentage
High	42	16.1	38	48.0
Medium	59	26.6	27	34.0
Low	<u>149</u>	<u>57.3</u>	<u>14</u>	<u>18.0</u>
Total	260	100.0	79	100.0

"medium" scores on religiosity are in favor of birth control, but over half of the latter three who scored "low" favor birth control. The relationship of birth control to religiosity is clearly evident from the data. Nearly half of the Hindu respondents (49 per cent) fall within the "low" category of religiosity (Table 16). Even among them, persons with low religiosity are more inclined to favor birth control than those of "medium" and "high" religiosity (Table 18). Of those Hindus who believe birth control is good, 57.3 per cent are low in religiosity. The relationship between religiosity and birth control among Muslims is cross-tabulated in Table 19. It shows that 16.5 per cent of the Muslims who believe birth control is good, have "high" scores on the religiosity scale; about one-fourth are in the "medium" category of religiosity, but over half of those who favor birth control scored low on religiosity. The relationship of birth control to

Table 19. Religiosity and Attitudes Toward Birth Control and Abortion among Muslims, in percentage.

Religiosity	Birth Control is good		Abortion is against religion	
	Number of respondents	Percentage	Number of respondents	Percentage
High	23	16.5	78	41.7
Medium	35	24.5	70	37.4
Low	<u>83</u>	<u>59.0</u>	<u>39</u>	<u>20.9</u>
Total	141	100.0	187	100.0

religiosity is clearly evident as these figures are in sharp contrast to those for religiosity among all Muslims (Table 16).

Table 20 shows that only 21.2 per cent of the Catholics who believe that birth control is good scored high on religiosity. Those who scored medium in religiosity were only slightly more numerous (25.8 per cent). More than half

Table 20. Religiosity and Attitudes Toward Birth Control and Abortion Among Catholics, in percentage.

Religiosity	Birth Control is good		Abortion is against religion	
	Number of respondents	Percentage	Number of respondents	Percentage
High	14	21.2	56	53.8
Medium	17	25.8	31	29.8
Low	<u>35</u>	<u>53.0</u>	<u>17</u>	<u>16.4</u>
Total	66	100.0	104	100.0

of those Catholics who favored birth control scored low on religiosity.

The relationship between religiosity and birth control among Protestants is cross-tabulated in Table 21. It shows that, unlike other religious groups, those who favor birth control are more likely to score high or medium than low on religiosity.

Table 21. Religiosity and Attitudes Toward Birth Control and Abortion Among Protestants, in percentage.

Religiosity	Birth Control is good		Abortion is against religion	
	Number of respondents	Percentage	Number of respondents	Percentage
High	53	45.3	15	34.8
Medium	48	41.0	13	30.4
Low	<u>16</u>	<u>13.7</u>	<u>15</u>	<u>34.8</u>
Total	117	100.0	43	100.0

Conclusion

The analysis of the data on religiosity and birth control in this chapter gives the picture of a common influence in relation to religiosity and birth control. Except in the case of Protestants, the three other religions, viz., Hindus, Muslims and Catholics, fall into one category. A majority of the Hindus, Muslims, and Catholics who believe that birth control is good are "low" in religiosity, and a majority of those who consider that

abortion is against their religion are "high in religiosity. But in the case of Protestants the majority who consider birth control as good are "high" or "medium" in religiosity. Protestants who looked at abortion as against their religion were generally "high" and "low" in religiosity.

CHAPTER 7SOCIOECONOMIC STATUS AND BIRTH CONTROL

In the two preceding chapters the relationships between religious identity and religiosity and attitudes toward birth control have been studied. This chapter deals with the impact of socioeconomic status (SES) on birth control.

Socioeconomic variables also may have a prominent place in the determination of birth control attitudes. Education, income and housing could be counted among the important variables to explain the variance in birth control.

Several experts have stressed that SES seems to occupy an outstanding position in the determinants and consequences of population trends. SES has been claimed to account for over half of the total variance in fertility between a large number of countries at various phases of demographic transition and four times more than all the other investigated variables taken together.

The importance of education is beyond doubt in any study relating to birth control. No study of either motivation or manifest differential fertility has failed to show that, when other things are equal, the more educated people have smaller families. The cost of their children's education may deter parents from having too many children.

Kingsley Davis (1951) finds that there is a curvilinear relationship between the number and timing of children in

various castes and the percentage of their women who are literate. The survey of Mysore reports the following difference in average completed family size among women whose first marriage was unbroken: six children for those having a middle school education, five children for those having a high school education, and two children for those having a college education.

In India the National Sample Survey has shown that the average number of children per married woman is 2.0 if the woman has passed the intermediate and university examinations; 4.6 if she is matriculate and 6.0 if she has no school education. The woman is the main education of her own pre-school child, and she shares to a considerable extent in the educational process of her children often even dominating it.

Countries which are educationally less advanced may be expected to have birth control rates ranging from moderate to high levels when compared to countries, which are relatively the most advanced (New Report, The New Leader, 1984).

The socio-economic status of the respondents will be gauged by studying (1) the education of the respondents (Table 22), (2) the income of the respondents (Table 23), and (3) the quality of the dwelling (Table 24).

SES and Religion

As per tabulations in Table 22, protestants top the list for higher education (i.e., University), whereas Muslims are at the bottom of the list. Twenty-two percent of the Protestants have had a university education, compared to

Table 22. Educational Level by Religion, in percentages

Religion	Never went to school	Primary school	Middle school	High School	Univer- sity	No re- sponse
Hindus	12.3	30.7	21.8	24.7	9.9	0.6
Muslims	20.0	34.8	17.9	15.2	10.2	1.9
Protestants	8.0	18.0	38.3	13.3	22.3	0.1
Catholics	10.1	18.9	35.4	11.4	18.7	5.5

only 9.9 per cent of Hindus, 10.2 per cent of the Muslims and 18.7 per cent of the Catholics. Of the Muslims, 20 per cent have had no schooling at all, and 34.8 per cent attended only primary school, while their Hindu, Protestant and Catholic counterparts rate 12.3, 8.0 and 10.1 per cent

Table 23. Monthly Income by Religion, by percentage.

Religion	Less than Rs.200	Rs.200-500	Rs.500-1000	Rs.1000-2000	Rs.2000 and above
Hindus	6.1	10.2	17.3	27.5	38.2
Muslims	8.2	12.1	16.9	35.1	27.2
Protestants	8.1	10.2	21.2	26.7	32.5
Catholics	12.3	15.4	27.9	19.0	25.2

respectively with no schooling; and 30.7, 18.0 and 18.9 per cent respectively with only a primary school education.

Sub-dividing the income categories into "Low" (less than Rs. 500), "Middle" (Between Rs. 500 and Rs. 2,000) and "High" for the upper middle and upper classes (Rs. 2,000 and above), a greater number of Catholics (28 per cent) than Muslims (20 per cent), Protestants (18 per cent) and Hindus (16 per cent) belong to the "Low" category (Table 23). The percentage of Muslims (52 per cent) who belong to the "Middle" categories is greater than that of Protestants (48 per cent), Catholics (47 per cent) and Hindus (45 per cent). A greater number of Hindus (38 per cent) than Protestants (32 per cent) Muslims (27 per cent) and Catholics (25 per cent) belong to the "High" category. We can conclude that Hindus have higher average incomes than the other religious groups.

Table 24. Type of Housing by Religion, in percentage.

Religion	No House	Thatched Hut	Tiled House	Terraced House
Hindus	9.2	27.3	28.8	34.2
Muslims	10.1	26.8	33.8	28.7
Protestants	14.0	36.3	28.0	21.3
Catholics	14.0	35.3	27.0	20.3

Thirty four percent of the Hindus live in a terraced house (which is the best type of housing), compared to 29

per cent for Muslims, 21 per cent for Protestants and 20 per cent for Catholics (Table 24). A greater number of Muslims (34 percent) live in a tiled house than Hindus (29 per cent), Protestants (28 per cent) and Catholics (27 per cent). Thirty-six per cent of the Protestants live in thatched huts, compared to Catholics (35 per cent), Hindus (27 per cent) and Muslims (27 per cent). A greater number of Catholics (16 per cent) and Protestants (14 per cent) have no house at all.

Measurement of Socioeconomic Status

As the purpose of this chapter is to measure the impact of SES on birth control in Thanjavur District, the variables related to SES have been identified and selected in order to assess and measure the level of SES.

Various variables are taken into account for the study of birth control. Warner (1960:40-42) proposed a socio-economic model which has been adapted for the present study with modifications to fit the situation in Thanjavur District. Education also has been added. The categories and assigned scores of the SES scale are as follows:

The education of the respondents has been weighted as follows:

Never went to school	5
Primary school	4
Middle school	3
High school	2
University	1

The monthly income of the respondents has been weighted and scored as per the following categories:

Less than Rs.200	5
Rs.200 but less than Rs. 500	4
Rs.500 but less than Rs.1,000	3
Rs.1,000 but less than Rs.2,000	2
Rs.2,000 and above	1

The type and quality of the housing has been weighted and scored as per the following categories:

No house	4
Thatched hut	3
Tiled house	2
Terraced house	1

The three scores are combined additively for the SES Scale and then grouped into three categories: High, Medium, and Low. The lower the score, the higher is one's SES. The actual scores ranged from 3 to 14. Scores from 3 to 5 are "High SES", 6 to 9 "Medium SES", and 10 to 14 "Low SES." The allotment of the scores to the three categories was decided on the basis of actual distributions.

Table 25. Socioeconomic Status Scores of the Sample by Religion, in percentage.

Religion	Number	Socioeconomic Status		
		High	Medium	Low
Hindus	340	15	49	36
Muslims	328	12	47	41
Protestants	162	12	59	29
Catholics	171	10	63	27

There is little difference in the proportions scoring high (15 percent of the Hindus, 12 per cent each of the Muslims and Protestants and 10 per cent of the Catholics). The proportions of Catholics (63 per cent) and Protestants (59 per cent) in the "Medium" category are very high. The percentage of Muslims who scored "Low": is 41 per cent, whereas that of the Hindus is 36, the Protestants 29, and the Catholics 27. Muslims have a lower SES than the other three religious groups.

Socioeconomic Status and Birth Control

The purpose of this section is to find out the impact of socioeconomic status of the sample on birth control. Tables 26 through 29 provide cross-tabulations of the findings.

Table 26 reveals the relationship between SES and birth control among Hindus. Of those who were favorable toward birth control, 28 per cent have "Low" SES, 29 per cent

Table 26. Socioeconomic Status and Birth Control Attitudes Among Hindus, in percentage.

SES Levels	Birth Control is good		Abortion is against religion	
	Number of respondents	Percentage	Number of respondents	Percentage
High	112	43.0	4	5.0
Medium	75	29.0	37	47.0
Low	<u>73</u>	<u>28.0</u>	<u>38</u>	<u>48.0</u>
Total	260	100.0	79	100.0

"Medium," and 43 per cent belong to the "High" level. Since only 15 per cent of all Hindus have "High" SES, this reveals a direct relationship between SES and a favorable attitude toward birth control. Of the Hindus who believe abortion is against their religion, only 5 per cent had "High" SES.

Table 27. Socioeconomic Status and Birth Control Attitudes Among Muslims, in percentage.

SES Levels	Birth Control is good		Abortion is against religion	
	Number of respondents	Percentage	Number of respondents	Percentage
High	78	55	46	25
Medium	34	24	73	39
Low	<u>29</u>	<u>21</u>	<u>68</u>	<u>36</u>
Total	141	100	187	100

The relationship between SES and birth control among Muslims of the sample has been cross-tabulated in Table 27.

There is a positive correlation between SES and attitude toward birth control. People who favor birth control are more likely to have high SES. Twelve per cent of the Muslims have "High" SES (Table 25), but they account for 25 per cent of those who believe abortion is contrary to their religion.

Table 28. Socioeconomic Status and Birth Control Attitudes among Catholics, in percentage.

SES levels	Birth Control is good		Abortion is against religion	
	Number of respondents	Percentage	Number of respondents	Percentage
High	35	53	18	17
Medium	17	26	42	41
Low	<u>14</u>	<u>21</u>	<u>44</u>	<u>42</u>
Total	66	100	100	100

Table 28 shows that there is also a positive correlation between SES and attitude toward birth control among Catholics. Over half (53 per cent) of those who favor birth control score "High" in SES. The 10 per cent of "High SES" Catholics also account for 17 per cent of those who believe that abortion is against their religion.

Table 29 shows that there is also a positive correlation between SES and birth control among the Protestants. The 12 per cent with "High" SES account for 49 per cent of those who favor birth control and 16 per cent of those who

believe that abortion is against their religion. The 29 per cent with "Low" SES make up 17 per cent of those favoring birth control and half (51 per cent) of those who believe that abortion is against their religion.

Table 29. Socioeconomic Status and Attitudes Toward Birth Control among Protestants, in percentage.

SES levels	Birth Control is good		Abortion is against religion	
	Number of respondents	Percentage	Number of respondents	Percentage
High	57	49	7	16
Medium	40	34	14	33
Low	<u>20</u>	<u>17</u>	<u>22</u>	<u>51</u>
Total				

Conclusion

The analysis of the findings indicate the existence of a positive relationship between attitudes toward birth control and SES, irrespective of their religion. The variables used to build the SES Scale were (1) the education of respondents, (2) their income, and (3) the type and quality of housing.

It was found that there was a consistent positive relationship between SES and attitudes toward birth control and an inverse relationship between SES and abortion in the

total sample and also within each of these four religious groups.

It is evident that Muslims (41 per cent "Low") have lower SES than Hindus (36 per cent "Low"), Hindus lower than Protestants (29 per cent "Low"), and Catholics (27 per cent "Low") lower than Protestants, the difference between the Catholics and Protestants being relatively small.

A common feature exists in all four religious faiths, viz., Hindus, Muslims, Protestants and Catholics. The majority who are high in SES believe that birth control is good, and the majority of those who are low in SES say that abortion is against their religion.

It is therefore, evident that there is a clear correlation between SES and birth control attitudes.

CHAPTER 8

SUMMARY AND CONCLUSIONS

Three objectives were kept in view in the present study: 1) To study the different views on birth control among a cross-section of the people of Thanjavur District by religion and other related variables, 2) To test the hypothesis that birth control and religiosity are positively correlated, and 3) To ascertain the impact of other socioeconomic variables, such as education, income and housing on birth control. The three main religions of India are involved in the present study; Hinduism, Islam and Christianity comprising of Catholicism and Protestantism.

Relevant data were collected in Thanjavur District from purposive convenience samples during the spring of 1982. The total sample consisted of 1005 respondents drawn from all three religions (four religious groups) of all socioeconomic strata.

Religion and Birth Control

The impact of religion on birth control was studied by using the analytical framework of the "intermediate variables model" evolved by Davis and Blake (1956). Variables studied within this model are (1) Conception Variables: attitudes toward family planning and toward birth control and (2) attitudes toward abortion.

It was found that the respondents of all three religions reflect the birth control norms of their religious groups. Although Islam has no central religious authority, it has been a more effective barrier to the diffusion of birth control than any other religion in India. These attitudes are a reflection of the strong pro-natalist religious tenets of Islam.

Although Hindu Scriptures emphasize that having numerous children is a blessing from God, the lack of a central authority to enforce those tenets leaves plenty of room for either the most liberal or the most orthodox interpretations. Hinduism indoctrinates its members with moral values which emphasize the virtue of reproduction. Hindus generally have a favorable attitude towards family planning, birth control and abortion.

Catholicism opposes the practice of birth control and legitimizes only the natural methods of family planning. Following the tenets of their religion, which fosters the doctrine of large families, a substantial number of respondents asserted that their religion exercised an influence with regard to the number of children. An overwhelming majority of Catholics take for granted that children are a gift of God. This is evident from their rather negative attitudes toward birth control and abortion. Although most Protestants approve of birth control, they are generally against abortion.

Religiosity and Birth Control

The second purpose of this study was to test the hypothesis that religiosity is positively correlated with attitudes toward birth control. In order to do that, a scale based on Glock's "5-D Religiosity" was built. It has been argued that Glock's scale would not be valid for non-Christian religions. This study has shown that this argument is untenable. Based on Glock's paradigm, a scale was constructed and the religiosity of the respondents of all four religious groups was measured without any major problem of construct validity.

It was found that 58 per cent of the Muslims scored in the "high" level of religiosity, compared to 36 per cent of the Catholics, 35 per cent of the Protestants and 21 per cent of the Hindus (Table 16).

Within all four religious groups, attitude to birth control was positively correlated with religiosity: the higher each category scored in religiosity, the greater the number of children it had. Generally, irrespective of religiosity, they do not favor abortion. Therefore, the hypothesis that there exists a positive correlation between religiosity and attitude towards birth control was confirmed.

Socioeconomic Status and Birth Control

The third objective of the present study was ascertain the impact of other socioeconomic variables, such as education, income and housing, on birth control attitudes. This is pertinent, as recent studies have emphasized the lessening of the close differences between SES and birth control. Based upon these variables, the model proposed by Warner (1960) to measure SES was adopted.

Cross tabulation of SES by religions revealed that there is little difference in the "High" SES level between Hindus, Muslims, Protestants and Catholics, but the difference between the "Medium" and "Low" levels is striking with 63 per cent of the Catholics at the "Medium" level as against 59 per cent of the Protestants, and 49 per cent of the Hindus, and 47 per cent of the Muslims. The Muslim percentage at the "Low" level is highest at 41 per cent compared to 36 per cent of Hindus, 20 per cent of Protestants, and 27 per cent of Catholics.

A positive relationship was found between SES and birth control within all four religious groups: the higher the SES, the more believing birth control is good. Those who ranked high in SES were more strongly in favor of birth control than those who scored medium. These findings reveal that SES plays an important role in India in attitudes toward birth control.

Limitations of This Research.

No study is perfect, more so when done in a complex field like religion and religiosity, where any serious research faces all the problems of an empirical study. A number of limitations already have been mentioned, but one particularly important limitation should be borne in mind in any use of the findings. As this study is based on purposive convenience sampling, the present findings must not be generalized to all Hindus, Muslims and Catholics and Protestants of Thanjavur District and much less of India. It is possible that some of the differences observed among the sub-groups reflect unique characteristics of the particular sample of people which was studied.

Many other variables, such as ethnicity, family structure, and rural-urban differentials, which are known to have an impact on birth control, were not mentioned in this study. This was only because its purpose was to study religion and the other related variables pursued in order to fill a long-felt lacuna in this area of study and research.

In a changed modern world, this would be the most sacred duty, nay, the "heretical imperative" of the progenitors. That this is going to be the future trend is clearly seen by the efforts made by the theologians, both within Islam and Catholicism, in re-interpreting the doctrine on contraception.

Khan (1967: 63-64) wrote:

If the Ulemas of today would study carefully the new economic and social factors and if they would respond properly to the new challenge, they would advise the Muslims to discard the old preference for many wives and children and to adopt family planning as a policy for the common welfare. The Ulemas of today would find no religious injunctions against this view. Control of birth, as Al-Ghazzali and Ibn Kaiyim point out, is not prohibited. On the contrary, it is permitted by tradition, and by the consensus of leading theologians. The real obstacle is the weight and inertia of custom, and the uninformed minds of the blindly conservative moulvis. Their training is almost entirely in medieval disciplines, and, as a class, they are blissfully unaware of the problems of political economy. But the welfare of the community demands fresh thinking, not inhibited by imaginary prejudices, and not divorced from contemporary knowledge.

Conclusion

A comparative study of the attitudes toward birth control of the Hindus, Muslims, Catholics and Protestants of Thanjavur District State of Tamil Nadu, India, has been conducted in the present survey from a purposive sample of 1005 respondents.

The objectives of this study are limited: (!) to study the different views on birth control among a cross-section of the people of Thanjavur, (2) to test the hypothesis that religiosity and attitudes toward birth control are positively correlated, and 93) to ascertain the impact of other socioeconomic variables, such as education, income and housing, on birth control attitudes.

The general utility of this research survey consists in bringing out the relative significance of the three main

variables (Religion, Religiosity and Socioeconomic Status) in determining the attitudes toward birth control of the four religious groups of people in Thanjavur District. It is observed that Socioeconomic Status (SES) plays a prominent role along with religion and religiosity in determining the attitudes toward birth control in all four religious groups studied.

APPENDIX: THE QUESTIONNAIRE

A Comparative Study of the Attitudes Toward Birth control of the Hindus, Muslims, Catholics and Protestants of Thanjavur District, State of Tamil Nadu, India.

1. Male _____ Female _____
2. Caste _____
3. Your religion:
 1. Hindu
 2. Islam
 3. Catholic
 4. Protestant
4. Age: 1 to 20 years
21 to 40 years
41 to 60 years
61 or older
5. Education:
 1. Never went to school
 2. Primary school
 3. Middle school
 4. High school
 5. University
6. Place of residence:
 1. Town
 2. Village
7. Do you live in:
 1. A thatched hut
 2. A tiled house
 3. A terraced house
 4. No house
8. What is the monthly income of your family?
 1. Less than Rs.200
 2. Rs.200 but less than Rs.500
 3. Rs.500 but less than Rs.1,000
 4. Rs.1,000 but less than Rs.2,000
 5. Rs.2,000 and above

9. Marital Status:
 1. Married
 2. Unmarried
 3. Religious
10. If married, are you
 1. Married (Monogamy)
 2. Married (Polygamy)
 3. Separated or Divorced
 4. Widow or widower
 5. Remarried
11. Present Employment Status:
 1. Employed
 2. Unemployed
 3. Retired
 4. Student
12. How important is religion to you?
 1. Very important
 2. Important
 3. Unimportant
13. Is there a relationship between religion and poverty?
 1. Yes _____
 2. No _____
14. Reasons for the spread of poverty today are
 1. Religious beliefs and practices
 2. Over-population
 3. Political set-up
 4. Illiteracy
 4. Natural calamities
 5. Specify any other
15. Does your religion help to eradicate poverty?
 1. Yes: Vigorously
 2. Yes: Mildly
 3. Yes: minimally
16. The main contribution of your religion toward the improvement of the society is by means of:
 1. Educational institutions
 2. Health centers
 3. Social service projects
 4. Public service

17. How much do you give in donation for religious and charitable purposes on the average per year?
1. Nil
 2. Rs.1 to Rs.10
 3. Rs.11 to Rs.100
 4. Rs.101 to Rs. 1,000
 5. Rs.1,000
18. The time you spend in a year for the sake of religion and for social welfare:
1. 1 hour to 24 hours
 2. 1 day to 1 week
 3. 1 week to 1 month
 4. 1 month to 3 months
 5. More than 3 months
19. How often do you go to Temple, Mosque or Church?
1. Daily
 2. Often in a week
 3. Once a week
 4. Once a month
 4. Once a year
 6. Never
20. The reasons for your going to the Temple, Mosque, or Church:
1. To praise the Lord
 2. To gain peace in times of trouble
 3. To ask for needs
 3. To share fellowship
21. Reasons for people not going to Temple, Mosque or Church at least once a week:
1. Not interested
 2. Lack of time
 3. Lack of proper garments
 4. Do not believe in God
22. What do you expect from the religion you follow?
1. Spiritual service
 2. Monetary help
 3. Love and consolation

23. Who benefits most from the money donated to the Temple, Mosque, or Church?
1. The rich
 2. The poor
 3. The religious leaders
 4. The religious insitutions
24. Which of the following promotes caste feeling and creates differences among the peoples in our society?
1. Religion
 2. Politics
 3. Religious leaders
 4. Tradition
25. The Caste System should:
1. Remain
 2. Be modified
 3. Be abolished
26. "Religion is the opium of the masses." What is your opinion about the above statement of Karl Marx?
1. True
 2. False
27. Family planning is:
1. Good
 2. Bad
28. Birth control is:
1. Good
 2. Bad
29. Birth control is good because:
1. It is reliable and successful
 2. It is necessary for those who live below the poverty line
30. Birth control is bad because:
1. It is against nature
 2. It is against my religion
 3. It is against the desire of elders
 4. Afraid of consequences

31. Do you think that abortion is against your religion?
1. Yes
 2. No
 3. Do not know
32. Under the present conditions, the government should enforce compulsory family planning:
1. Yes
 2. No
33. Religious leaders most like to serve:
1. In town
 2. In village
 3. In underdeveloped areas
 4. In institutions
34. What according to you are the most important ideas or motives of the religious leaders?
1. Spread religion
 2. Collect money for their comforts
 3. Serve others
 4. Fight for social justice
35. Who benefits most from your religious, educational institutions?
1. Rich
 2. Middle class
 3. Poor
 4. All
36. What are the goals of the institutions run by your religion?
1. Improve the conditions of the people
 2. Remove religious discrimination
 3. Provide benefits for all
37. The English medium schools run by the religious groups improve the condition of the people in society by improving knowledge. Those who can afford to go to schools are:
1. Rich
 2. Middle class
 3. Poor
 4. All

38. In the present condition of unemployment, which of the following areas do you think the religious leaders should concentrate on:
1. Educational institutions
 2. Industrial institutions
 3. Small scale industries
 4. Self-employment skills
39. Do the religious institutions and residences of religious leaders show that they are interested in the welfare of the poor?
1. Yes
 2. No
40. Hospitals that are run in the name of religion pay special attention to:
1. The rich
 2. The middle class
 3. The poor
 4. Those who pay money
 5. All people
41. The religions which teach that all are equal before God, differentiate between the rich and the poor in their religious functions.
1. Yes
 2. No
42. Are women equal to men according to your religious beliefs?
1. Yes
 2. No
43. If women get education the financial situation of the family will improve, but women are not encouraged to become educated because of:
1. The religious beliefs
 2. Men are against it
 3. Lack of finances
 4. Unwillingness to go against the tradition
44. The dowry system is:
1. Satisfactory
 2. Tolerable
 3. Intolerable

45. What is the role of religion in fighting against the evils of the dowry system?
1. Never makes any effort
 2. It is only in name
 3. Works enthusiastically
46. In the present social context, why do women become prostitutes?
1. Entertainment
 2. Sexual desire
 3. Livelihood
 4. Poverty
 5. Circumstances
48. Some people change their religion just to get rid of their poverty, so religion becomes a solution for the poverty:
- Is this statement true?
1. Yes
 2. No
49. Religion is against birth control and other related measures taken by the government to get rid of poverty:
1. Yes
 2. No
50. How useful is your religion in your everyday life?
1. Very useful
 2. To hide faults
 3. A chance for improvement
 4. An obstruction to improvement?

BIBLIOGRAPHY

- Ali, Ameer, 1974. The Spirit of Islam, London:Chatto Windus Ltd.
- Babih, Krawada, 1977. Essays: India and Islam. New Delhi: Jayeed Press.
- Balasubramanian, V., 1974. "Role of Religion in Family Planning Acceptance," The Journal of the Christian Medical Association XLIX. New Delhi
- Bernard, Catherine, 1982. A Method of Planning the Indian Family. Trichy: G. Joseph and Co.,
- Besant, Annie, 1976. The Religious Problems in India, New Delhi: Globe Offeset Printers.
- Bose, Ashish, 1950. The Population Puzzle in India: Economic Development and Cultural Change, Vol. VII.
- Brihandaranyaka Upanishads, FI. IV. 17
- Callahan, D., 1970. Abortion Law, Choice and Morality, U.K.
- CBCI (Catholic Bishops Conference of India), 1969. "The Church in India", Seminar Report. Delhi: CBCI, pp. 394-95.
- Statement of the CBCI on the occasion of the Tenth Anniversary of 'Humanae Vitae'. 1979 (Jan 17), Mangalore.
- National Consultation of Family, Document No. 9, New Delhi: CBCI Commission for Family and Laity.
- Das Gupta, Ajit, 1962. "Fact Finding for Birth Control Action Programs," in Claude V. Kiser (Ed), Research in Family Planning, Princeton, Princeton University Press, pp. 435-441.
- Datt and Sundaram, 1969. Indian Economy. Madras: Atots Ghosh.
- Davis, Kingsley, 1951. The Population of India and Pakistan, Princeton: Princeton University Press.
- Davis, K., and Blake, J., 1956. Social Structure and Fertility: Analysis Frame Work, Economic Development and Cultural Change, 4:221-35,
- Davrrell, Jackson, 1979. The Paradox of Poverty, New Delhi: The Macillan Company of India Ltd.

- Dietrich, Gabriele., 1977. Religion and Peoples' Organization in East Thanjavur, Madras: The Christian Literature Society.
- District Statistical Hand Book for the Year, 1979-80, Madras: Government Publications, Government of Tamil Nadu. District Statistical Hand Book for the Year.
- District Statistical HandBook for the Year, 1979-80, Madras: Government Publications, Government of Tamil Nadu.
- Egner, G., 1966. Birth Regulation and Catholic Belief, London: Billing and Sons, Ltd.
- Emile Durkhim, 1963. The Elementary Forms of the Religious Life, New York, The Free Press.
- Farah, Caesar E., Islam: Beliefs and Observances, Woodbury, New York: Baron's Educational Series, Inc.
- Faulkner, Joseph E. and De Jong, Gordon R., 1966. "Religiosity in 5-D: An Emipirical Analysis," Social Forces, 45:246-254.
- Fonseca, A. J. and Berna, 1968, Challenge of Poverty in India, New Delhi: Vikas Publications.
- Gandhi, M. K., 1950. Hindu Dharma, Ahemadabad:Navajivan Publishing House.
- Gandhi, M. K., 1962. Birth Control, Anand T. Hingorani (Ed.), Bombay: Bharatiya Vidya Bhavan.
- Ghureye, G. S., 1961. Class, Caste and Occupation, Bombay: Popular Book Depot.
- Gisbert, Pascual, 1978. Fundamentals of Sociology, Bombay: Sangam Press Ltd.
- Glock, Charles Y., 1962. "On the Study of Religious Commitment," Religious Education 57, (July-August), Research Supplement, pp. 98-110.
- Glock, Charles Y. and Stark, Rodeny, 1967. Religion and Society in Tension, Chicago: Rand-McNally.
- Government of India, Census of India, 1931, (1932).
- Government of India, Fourth Five Year Plan Draft (1969).
- Government of India, Census of India, 1951 (1972).

- Government of India, Ministry of Information and Broadcasting: A reference Annual, 1974, (1974) New Delhi: Government of India Publication.
- Government of India, Ministry of Health and Family Welfare: Year Book 1976-1977. (1978) New Delhi: Department of Family Welfare.
- Government of India, Census of India, 1981 (1981).
- Greeley, Andrew, 1972. The Denominational Society: A Sociological Approach to Religion in America, Glenview, Illinois: Scott, Foresman and Company.
- Jain, S. P., 1975. The Social Structure of Hindu-Muslim Community, Delhi: National Publishing House.
- Joshe, Nandini, 1978. The Challenge of Poverty, New Delhi: Arnold Heinemann Publishers.
- Kanble, N. D., 1976. Poverty within Poverty, New Delhi: Sterling Publisher Pvt. Ltd.
- Kapp, K. W., 1963. Hindu Culture, Economic Development and Economic Planning, Delhi: Asia Publishing House.
- Khan, A. H. (Ed.), 1967. "Islam at a Glance", Indian Institute of Islamic Studies Madras: Vikas Publishing House Pvt., Ltd.
- King, Morton B. and Hunt, Richard A., 1972. "Measuring the Religious Variable Publication," Journal for the Scientific Study of Religion, 11:240-251.
- Kirk, Dudley, 1967. "Factors Affecting Moslem Natalivity", In: Olivia Schiffelin (Ed.), Moslem Attitudes Toward Family Planning, New York: The Population Council.
- Kurien, C. T. and James, Joseph, 1979. Economic Change in Tamil Nadu, Bangalore: Allied Publishers Pvt. Ltd.
- Laws of Manu IX, 138; X, 131.
- Levy, Renlaen, 1956. The Social Structure of Islam, Cambridge, England: Cambridge University Press.
- Mamoria, C. B., 1961. India's Population, New Delhi: Abhinam Publications.
- Mascarenhas, Marie Mignon, 1974. Population Education for the Quality of Life, Bangalore: Paulist Press.
- Millwood, David, 1975. The Poverty Makers, New York: Praeger Publishers.

- Mitra, Asok, 1978. India's Population: Aspects of Quality and Control, Vol. II, New Delhi: Abhinav Publications.
- Moberg, David O., 1967. "The Encounter of Scientific and Religious Values Pertinent to Man's Spiritual Nature", Sociological Analysis, 28:22-23.
- Nigorian, S. A., 1975. World Relations, Whitestalle: Great Britain; Whitestalle Litho Ltd.
- Pope Paul VI, 1968. "Encyclical Humanae Vitae."
- Pope Pius XII, 1958. "The Large Family," The Pope Speaks, Spring.
- Podimatam, Felix, 1982. Understanding the Encyclical on Birth Control, Bangalore: Asian Trading Corporation.
- Radhakrishnan, S., 1966. Religion and Society, London: George Allen and Unwin.
- Rag, Hans, 1978. Fundamentals of Demography, New Delhi: Surjeet Publications.
- Refus, E. Miles, (Ed.), 1971. "Man's Population Predicament," Population Bulletin, Vol. 27, No.2, Washington, D.C. Population Reference Bureau, April, 1971.
- Rig-Veda, 10:42-46.
- Samuelson, Paul, 1958. Economics, An Inytrductory Analysis, Fourth Edition, New York: McGraw-Hill Book Co.
- Sen, Sudhir, 1979. Turning the Tide: A Strategy to Conquer Hunger and Poverty, Madras: The Macmillan Company of India Ltd.
- Sharief, Jafar, 1975. Islam in India, London: Oxford University Press.
- Sharma, R. N., 1978. Principles of Sociology, Bombay: Media Promotors and Publishers Pvt. Ltd.
- Srinivas, M. N., 1952. Religion and Society Among the Coorgs of South India, London.
- Stamp, Elizabeth, 1977. Growing out of Poverty, New York: The Free Press.
- Sukhatme, P. V., 1965. Feeding India's Growing Millions New Delhi.

- Swami Nikhilananda (Ed.), 1956. The Upanishads, Vol. III, New York: Ramakrishna - Vivekananda Center.
- "The New Leader, A Christian News and Views Weekly," by The New Leader Society, Bangalore: Pauline Printing Press, 1984, September 15, p. 2.
- Vatsayan, 1980. Indian Society and Social Indications, Merrut: Keder Nath Ram Nath.
- Sannisquiel, Victor, O.C.D., 1972. Christian Sociology, Madras: The Salesian Institute of Graphic Arts.
- Visaria, Leela, 1974. "Religious Differentials in Fertility," In: Ashish Bose et al., Population in India's Development 1947-2000, Delhi: Vikas.
- Warner, W. Lloyd, 1960. Social Class in America: A Manual of Procedure for the Measurement of Social Status, New York: Harper and Row
- Weber, Max, 1958. The Religion of India, Glencoe, Illinois: Free Press.
- Williams, John, 1922. Islam, New York: George Braziller.
- Willke, J. C., 1971. Handbook on Abortion, Cincinnati, Ohio: Hiltz Publishing Company.
- Wilson, H. H., 1976. Religions of the Hindus, New Delhi: Asian Publication Services.
- Zafar, Immam, 1975. Muslims in India, New Delhi: Orient Longmann Ltd.