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BELIEFS AND FERTILITY IN BANGLADESH

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The International Centre for Diarrhoeal Disease Research, Bangladesh (ICDDR,B) is an autonomous, international, philanthropic and non-profit centre for research, education and training as well as clinical service. The Centre is derived from the Cholera Research Laboratory (CRL). The activities of the institution are to undertake and promote study, research and dissemination of knowledge in diarrhoeal diseases and directly related subjects of nutrition and fertility with a view to develop improved methods of health care and for the prevention and control of diarrhoeal diseases and improvement of public health programmes with special relevance to developing countries. ICDDR,B issues annual report, working paper, scientific report, special publication, monograph, thesis and dissertation, and newsletter which demonstrate the type of research activity currently in progress at ICDDR,B.

FOREWORD

This work represents the first in-depth anthropological study of folk demography in rural Bangladesh society. The most striking feature of the book is its departure from the usual methodology of studying the subject and from the stereotyped style of data analysis. Those who study fertility in Bangladesh are so accustomed to seeing quantitative analysis derived from prestructured questionnaires, that this book may create some discomfort with its unfamiliar approach. However, the attractive presentation will overcome any alienating effect of the study methods.

Numerous social, cultural, religious and psychological factors influence human fertility through a complex chain of causation. These multiple and diverse factors that currently determine fertility are the result of time-tested evolutionary processes, passed down through the generations, that have been transformed into deep rooted beliefs in the society. There is a great need for programmes to consider and deal with these diverse factors. However, the lack of a precise understanding of the genesis of high fertility and of a quantification of the role played by the above factors is a major problem. In the absence of such knowledge fertility regulation programmes have taken the simple form of provision of contraceptive services. The conventional survey research approach fails to tap the depth of human beliefs, and thus cannot reveal the sensitive interrelationships between the belief system and fertility behaviour. An anthropological approach is helpful in examining these issues.

This study, by combining an anthropological approach with survey research, provides a rich data base with complementary information from the two source s and can thus more clearly illustrate fertility processes. The presentation of data exploits this richness using a unique approach of including both narrative quotations from the in-depth life-history interviews and quantitative evidence, in order to document the inter-relationship between the indigenous system of belief and fertility behaviour. Thus the authors have been able to effectively place contraceptive practices and fertility behaviour in the context of what the people believe and do in their everyday life.

By unveiling the inter-relationships between individual beliefs, cultural norms and fertility behaviour within the institutions and customs that sustain them, this book provides useful information with significant value for policy formulation in Bangladesh and other developing countries. I hope this book will be carefully read and considered and its lessons used in future research design and policy and programme application. I thank and congratulate the authors for their splendid work.

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Dacca, Bangladesh, December 1981

CONTENTS

THE AUTHORS

Clarence Maloney (PhD, University of Pennsylvania) is Professor of Anthropology and when this project was initiated he was Visiting Professor at the Institute of Bangladesh Studies (Ford Foundation supported), Rajshahi University. Subsequently he worked as Consultant for USAID, Dacca, and in other rural development projects. He is author or editor of *Peoples of South Asia* (1974), *South Asia: Seven Community Profiles* (1974), *The Evil Eye* (1976), *People of the Maldive Islands* (1980), *The Village Pottery Industry in Bangladesh* (1980), and numerous articles on the anthropology of South Asia.

K. M. Ashraful Aziz (PhD, Rajshahi University) is an anthropologist who is Associate Scientist at the International Centre for Diarrhoeal Disease Research, Bangladesh. He supervised the demographic and epidemiological field research in Matlab Thānā for 10 years. He is author of *Kinship in Bangladesh* (1979), *Sex Socialization and Philosophies of Life in Relation to Fertility Behavior: An Anthropological Approach* (thesis, 1981), and numerous papers.

Profulla C. Sarker (MA in Social Work, M Phil in Anthropology, Rajshahi University) is Assistant Professor, Department of Social Work, Rajshahi University. He has conducted various research projects on anthropological and social work topics and has published several articles in international journals.

Clarence Maloney conceived the project, wrote the proposal for USAID funding and served as Project Director. He did all the quantitative analysis and the larger part of the writing. K.M.A. Aziz managed the life history and personal interview part of the project, and translated and made commentaries on those materials; he also worked on manuscript preparation at all stages and checked all diacritical marks. Profulla C. Sarker supervised the field work of 15 investigators, and also analyzed the data derived from interviews with the village professionals. All three co-authors trained the investigators and worked together for nearly three years to produce the final product.

ACKNOWLEDGEMENTS

Mrs. Naseem Hussain (M Phil, IBS, Rajshahi University) is co-author of the final chapter. She contributed from her intimate knowledge of the village political structure and its relationship with government development projects.

Mrs. Jharna Nath (M A, Assistant Professor of Sociology, Rajshahi University) started working with this project, testing the method and training the investigators. Subsequently she left the country.

The 15 research investigators who worked in the study communities faithfully for several months are to be credited with a difficult and sensitive job well done. Their names and communities of research are given in Table I.

Mr. Muhammad Abu Muslim and Mrs. F. N. Siddique conducted the most intensive of the personal interviews, and also worked at processing the personal interview data.

Appreciation is extended to Dr. S.A. Qadir, and Dr. S.A. Akanda, former and present Directors of the Institute of Bangladesh Studies, Rajshahi University. Appreciation is also extended to the staff of IBS, who assisted in providing institutional support.

The International Centre for Diarrhoeal Disease Research, Bangladesh has accumulated a data bank of information derived from vital events registration in Matlab Thānā, Comilla District. The second author of this volume was formerly Supervisor of those operations. Throughout this volume reference is made to the various reports and publications of ICDDR,B based on this data bank. Appreciation is also expressed to ICDDR,B for duplication services for the cyclostyled draft.

USAID, Dacca, provided the funding for this project, through contract with IBS, Rajshahi University. Appreciation is due for the patience of USAID in awaiting completion of the project, which extended one and half years beyond the original planned completion date. All the major participants in the project worked on it in addition their normal responsibilities, and there were many unavoidable delays.

The Bureau of Statistics, Government of Bangladesh, provided the computer service, and issued some 200 tables, most of them multi-section, from our quantitative data. The Institute of Statistical Research and Training, Dacca University, did the keypunching.

Our unspoken appreciation also goes to the 2825 and the 1671 individuals who gave their time to provide us with the quantitative data. We would also

like to thank the 152 village professionals whom we interviewed, and especially the 38 individuals with whom we conducted multi-session life-history or intensive interview sessions. We have imposed on them, and only trust that the results will be of sufficient value to Bangladesh as a whole to make this imposition worthwhile.

Mr. M.S. Islam Khan, Mr. M. Nurul Huda and Mr. Hasan Sharcef Ahmed of ICDDR,B have helped the first and second authors in going through the proofs of the book, which all of us know, is the most laborious and time consuming work. They have also helped us in preparing the index of this book. Our thanks are due to all of them.

PREFACE

This study has been undertaken on the premise that there might be fundamental relationships between the whole bundle of beliefs people hold, and contraception and fertility behavior in Bangladesh. The hope is that from it a more realistic perspective, and perhaps some specific ideas might come forth useful for planning and implementing policy dealing with population growth.

By belief system we mean "world view" the perspective on the universe the individual holds, how he perceives that the powers and forces of the universe impinge on him, and his reaction to them. World view also includes all the beliefs in supernatural powers, the ideas some call superstitions, proto-science narrative myth, most philosophy, high religion, and much of the traditional view of how the human body works. In Bangladesh most norms of social and individual behavior are also seen as aspects of religion.

We are not as much interested in "religious affiliation" as in "religiosity." By "religious affiliation" we mean the tag, such as Muslim or Hindu, that identifies one formal set of doctrine from another; we do not find this as significant as "religiosity," which cuts across classifications of religious affiliation and arises from the deep roots of Bengali culture and environment. Religiosity implies the intensity of genuine and heartfelt commitment to and practice of one's beliefs arising from traditional world view. Religiosity is adaptive to the ecology and economic base, and to the individual's role in the cultural system, but it varies considerably among individuals.

Religiosity is to be distinguished from piety, which often takes the form of display of a particular orthodox belief system for social purposes. Another term is "superstition," but we do not use that in this book because it implies a belief that the speaker of the term no longer believes in. Then there are the textually-based forms of high religion, and from our perspective these are important as models for emulation. They also have a universalizing or a validating role on one's own set of beliefs. Both Islam and Hinduism play this role in Bangladesh. We have proceeded on the assumption that all these aspects of beliefs might be fundamentally related to fertility.

In anthropology the tendency is to view a cultural system as whole. It appears to us that Bengalis comprise a cultural group whose bounds are mostly determined by language. Within it there are several sub-systems whose identities are idealized with tags sometimes called "religions" but which have a surprisingly large common underlying set of assumptions about how the world, society, the human body, and fertility work, and how man can adjust to and manipulate these. This is village religion.

There has been practically no serious work on village religion in Bangladesh. A recent book by John Thorp (1979) on the Muslim world view and society in a village in Pābnā District is a lucid and sympathetic description. There is a dissertation by Jean Ellickson (1972) on the religion of a village in Comilla District. But Bangladesh lacks the wealth of books on this subject available for the rest of South Asia (i.e., Dubois 1906; Whitehead 1916; Crooke 1926; Obeyesekere 1958; Ansari 1960; Eglar 1960; Ghurye 1962; Harper 1964; Fürer-Haimendorf 1967; Carstairs 1967; Breck 1972; Maloney 1974 and 1976) and other parts of of the world (Westermark 1926; Geertz 1960 and 1976; Spiro 1967; Turner 1969). It will be important for Bangladeshis to illuminate further the actual principles, symbols, and perceptions of village religion, and analyze its implications for the future.

As regards population studies in Bangladesh, most have been demographic in approach, meaning they have the sociological perspective of seeking to abstract population data from its cultural context and quantify it. This is a customary and necessary exercise for making national plans and economic projections, but the present study seeks to complement it by putting contraception and fertility squarely in the context of what people say and do in daily life. It is much easier to deal with straight quantifiable demographic data than with a mass of opinions, viewpoints, motivations, and behaviors such as we find generated by three millennia of peasant adaptation to this rice-growing plain of Bengal.

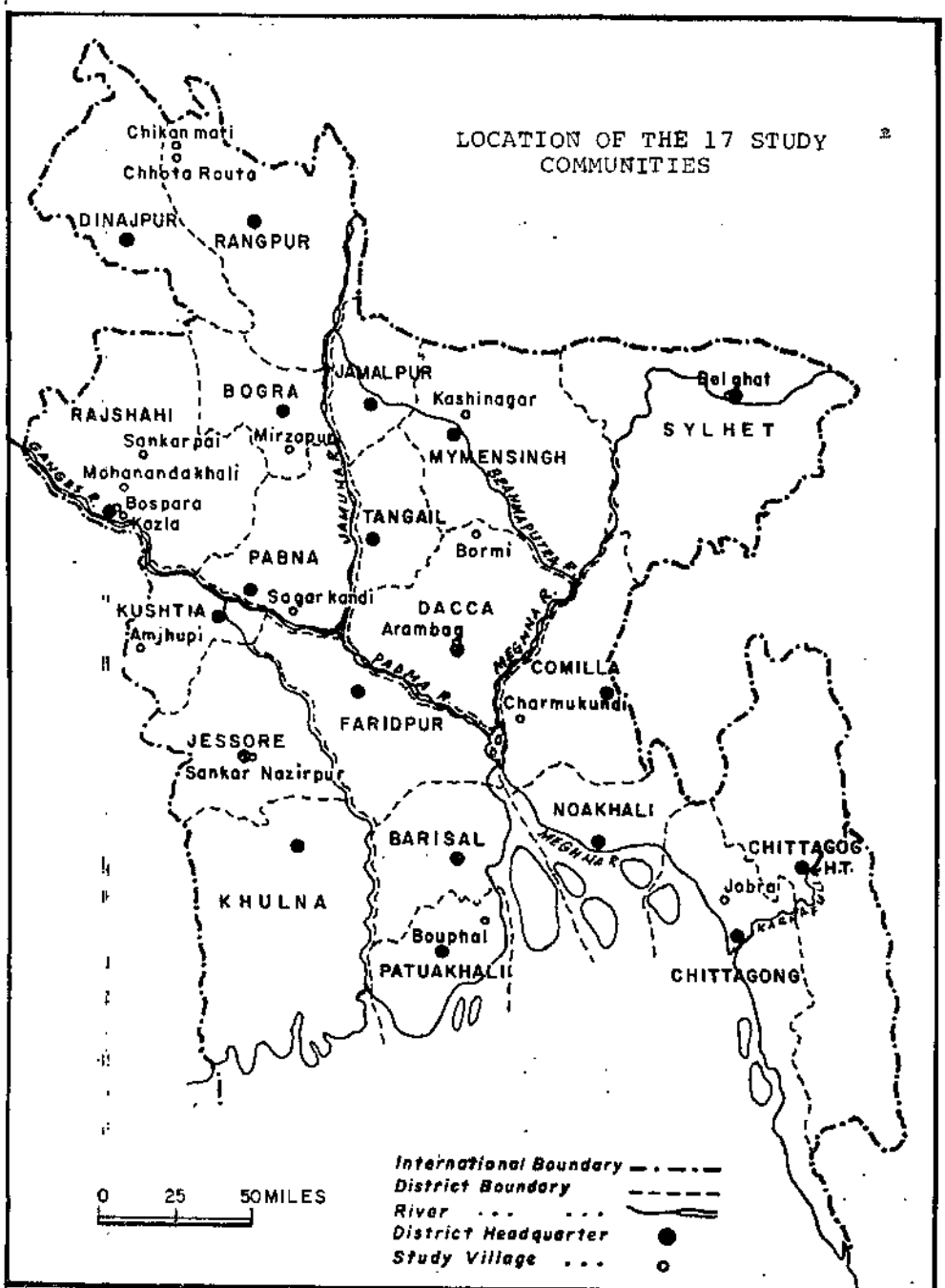
Format of the book

The book is woven with a texture of three sets of data:

(1) Quotations derived from in-depth or life-history interviews. We have this kind of information from 38 people (identified in Table 79). Some of the interviews lasted many hours in multiple sessions, during which time we elicited the individuals' life histories, beliefs, attitudes, and past and present behavior related to sexuality and fertility, and ideas on a large number of related points. We refer to these people as "interviewees" in contrast with "respondents" from whom we took quantifiable data.

(2) Interviews with village professionals or local specialists or leaders. We interviewed 152 persons such as *mullās*, midwives, healers, teachers, and family planning workers.

(3) Quantitative data. We took these data from 17 geographic multiethnic communities with the help of 15 field investigators who stayed in them five months each and came to know the people. These study communities are scattered over Bangladesh (see map; also Table 1). We completed question schedules with a sample of 2825 individuals representing as many families, on socio-economic matters and fertility. From within these families we then took a sample of 1671


LOCATION OF THE 17 STUDY COMMUNITIES
Chikan mati
Chhota Routa
DINAJPUR
RANGPUR
JAMALPUR
Kashinagar
Bel ghat
BOGRA
RAJSHAHI
Sankar pai
Mirzapur
MYMENSINGH
SYLHET
Mohanandakhali
Bospara
Kazla
TANGAIL
Bormi
PABNA
Sagar kandi
KUSHTIA
Amjhupi
DACCA
Arambag
COMILLA
Charmukundi
FARIDPUR
JESSORE
Sankar Nazirpur
NOAKHALI
BARISAL
CHITTAGONG H.T.
Jobra
KHULNA
Bouphal
PATUAKHALI
CHITTAGONG
0 25 50 MILES
International Boundary
District Boundary
River
District Headquarter
Study Village

individuals with whom we completed question schedules concerning religiosity and fertility behavior.

The format of this book is therefore unusual. Each chapter or section for the most part begins with a series of quotations followed by *code numbers* which identify interviewees shown in Table 79 at the end of the book. Each quotation is a direct translation of what one respondent said and a paraphrase of what other respondents said whose code numbers are given in parenthesis afterwards. None of the satatements is fanciful. The sex of each person quoted can be immediately seen by the M or F. The quotations contain many mutual contradictions, errors of fact, and divergent opinions, but we have given them as they were said.

The data from the interviews with 152 village professionals are partly tabulated, and these appear as Tables 70-78 at the end. Some of these respondents are also quoted, either individually or collectively and noted as "village professionals."

Because we wanted first to hear what people say and feel without the limitations of the questionnaire method, we give prime place to the quotations. We see the quantitative data as either supporting, or not supporting, or modifying the preponderance of ideas expressed in the quotations. Nevertheless we also gained new insights from cross-tabulation and analysis of the quantitative data and from the correlation matrices.

Thus, the format is one of quotations alternating with analysis and discussion of quantitative data, and some cross-cultural perspective. This makes for uneven reading, but allows for use of each kind of data as appropriate.

Research Procedure

The question schedules were drawn up in three parts: on socio-economic background, religiosity, and fertility behavior. We attempted to devise a method to measure religiosity by a number of different factors (16 of them appear in the correlation matrix in Table 5). The question schedules were all in Bengali. They were first administered as a trial by the three original supervisors, in three of our 17 communities.

We then selected 12 (later 15) male and female investigators and trained them in Rajshahi for nine days, and allowed them to select appropriate heterogeneous communities where they could live for some months and get the required data. They each selected a compact block of about 150 households, and after getting to know the people administered the first question schedule, on background data, to one person from each household, usually the household head. This provided our primary sample of 2825. Later they administered the second and third question schedules to males and females within those households whom

they thought would be willing to answer the questions, and from this we got our secondary sample of 1671 respondents on the core topics.

We believe our investigators were able to gather relatively accurate information because they lived in the communities for five months and knew the respondents. Therefore our data differ somewhat from data gathered by one-shot questionnaires administered by strangers. We encouraged the investigators to select research communities where they felt comfortable or were slightly known, but not where their close relatives were living.

The investigators found, as we had predicted, that it was not as difficult to get information on these personal and sensitive subjects as some had originally thought. Villagers were far more frank than some of our middle-class investigators expected. We were confident from the beginning that this would be so, based on the experience of the first author in this sort of work in India. At a meeting of the investigators held part way through the work, they said it was easier to get the job done than they had expected.

The investigators were all visited repeatedly by the third author, who checked their performance and the accuracy of their work. Three of them had to be replaced, but the rest did an outstanding job. The investigators also interviewed village professionals. At the conclusion of their work we asked them to write their opinions on the subject at hand, since they had become experts on it, and some of these opinions appear in Chapter XII and elsewhere.

A select group of four investigators was then trained to conduct what should have been the life history interviews. But because the technique of eliciting one person's history and ideas by multi-session interviewing was new in Bangladesh the desired intensity of interviews was not obtained. A year later two more investigators were trained, and did succeed in conducting a number of intensive multi-session interviews with a few indiividuals, written in the first person, and this was supplemented with a list of 104 topics to be covered with each interviewee. These provided the more detailed of the quotations appearing in this book. The method of conducting intensive interviews to elicit world view has already been successfully tried in India (Steed in Marriott 1955; Ross 1961; Carstairs 1967; Poffenberger 1975, 1976).

The method of handling this mass of information by quoting one opinion and paraphrasing others similar to it, and identifying all those interviewees so quoted or paraphrased after each paragraph, was worked out by the second author. The method is also used by him in his further book-length work on philosophies of life and sex education in Bangladesh (Aziz 1981).

There were long delays in getting the data coded, keypunched, and programmed for computer processing. Meanwhile, the third author collapsed the interviews with village professionals into a number of tables. Ultimately the main data came out in about 200 multi-section tables, which the first author then

hand-collapsed into the 68 tables on these data which appear at the end of this book, and correlations and two correlation matrices were worked out.

We have tried to include data for practical use, especially on contraceptive method preferences tabulated according to various beliefs and religious view points (Chapter X.3 and XII.1), and on abortion methods (Chapter XI.3). In the final chapter we provide a summary, and proffer our suggestions on what all this means in terms of family planning and population control in Bangladesh.

We can state with confidence that every idea quoted is original, and we have tried to ensure that every point of analysis is supported by the evidence. There might be differences in interpretation of the relative significance of some of the data, or in the way these ideas should be dealt with in a theoretical framework. Doubtless many readers will have their own viewpoints on the original data, but we have given what we believe to be true without adding excessive theoretical baggage.

While we have aimed to make the work practical, we were not sure from the beginning what would come of it as it was a new sort of venture. We have provided a concluding chapter with some ideas which we feel point in a correct direction. We did not feel we could move on to develop detailed action proposals; that is the job of the policy makers. But if our work can be used in formulation of improved policies and programs we will feel that our work has been justified.

Confusion of Bengali and Other Languages

We have usually used Bengali terms in preference to Sanskrit, Hindi, and Arabic terms. There are various problems in choices of terms, and some readers may be bothered by our choices. For instance, we use Bengali *ghi* instead of Sanskrit and Hindi *ghṛ*; likewise *śakti* instead of *śaktī*, *munśi*, instead of *munṣī*, *bangśa* instead of *vaṁśa*, and so on, as these appear in the Bengali quotations.

The Tables

The tables at the end of the book are arranged thus:

Tables 1-2	The 17 research communities
Tables 3-5	Correlations and correlation matrices
Tables 6-70	Tables and cross-tabulations of the main and secondary samples of 2825 and 1671
Tables 70-78	Tables constructed from interviews with 152 village professionals or specialists
Table 79	Table identifying interviewees quoted

We suggest that the text be read with frequent reference to the tables.

Abbreviations

BARD	Bangladesh Academy for Rural Development
BFS	*Bangladesh Fertility Survey*
BRAC	Bangladesh Rural Advancement Committee
CHCP	Christian Health Care Project
CRL	Cholera Research Laboratory (now ICDDR,B)
HEED	Health, Education, and Economic Development
ICDDR,B	International Centre for Diarrhoeal Disease Research, Bangladesh (formerly CRL)
IVS	International Voluntary Service
UNFPA	United Nations Fund for Population Activities

Diacritical Marks

All Bengali terms are given with standard Indic diacritical marks, such as are generally used in South Asian transliterations. We believe it is essential to use this system of marks, as otherwise it is impossible to pronounce words right, given the limitations of the Roman alphabet to reproduce the phonemes of Bengali or related languages. The following table shows the system used in this book, which is one we have worked out by slight adaptation to Bengali of the standard Indic system.

Bengali-English Transliteration

Vowels :

অ a,o	ই i	উ u	ঋ ṛ	ঐ ai,oi
আ â	ঈ î	ঊ ū	এ e	ঔ au,ou
			ও ō	

Consonants :

ক k	চ c	ট ṭ	ত t	প p
খ kh	ছ ch	ঠ ṭh	থ th	ফ ph,f
গ g	জ j, z	ড ḍ, ড় ṛ	দ d	ব b,v
ঘ gh	ঝ jh	ঢ ḍh, ঢ় ṛh	ধ dh	ভ bh
ঙ ṅg	ঞ ñ	ণ ṇ	ন n	ম m
য় y, য j	শ ś	হ h	ৎ t	ঁ ~
র r	ষ ṣ	ঃ ḥ	ং ng	় y
ল l	স s	ক্ষ kṣ		

This is the standard Indic system, with slight modifications to suit Bengali. Vowels have their original Latin phonetic values; *c.* sounds like unaspirated *ch*; *t*, *th*, *d*, and *dh* are always dental, but *ṭ*, *ṭh*, *ḍ*, and *ḍh* are always retroflex.

CHAPTER I

WORLD VIEW, RELIGION, AND FERTILITY

1. Evolution of the Bengali World View

Background

We begin with an assumption that there might be a provable complex of relationships between the system of beliefs, or world view, held by the ordinary Bangladeshi, and fertility behavior and contraception. "World view," as defined in the beginning of the Preface above, implies all the beliefs and ideas by which a person, or a culture, perceives, orders, and reacts to the powers of the universe and natural phenomena, including the human body. The term means essentially the same as "religion" in the anthropological sense.

In Bengal the common word for religion is *dharma.* Its original Sanskrit meaning is all that is properly ordered or right, but in Bengali now it has the sense of a formal religious system such as one of the world's recognized great religions. Another word, used by Muslims, is *din,* which also means formal or high religion, and Islam in particular. But *dharma* and *din* in the sense of formal religious systems comprise only a part of what we mean by "world view" or "religion," for we include all those beliefs and ideas which some "educated" people call "superstitions."

Part of the belief system comprises ideas about the human body and reproduction, for in traditional thought this was not separable from religion. The village world view gives vast importance to "health" and its causes, as the quotations in this book will show. In addition, both Islam and Hinduism as formal systems make moral issues of most behavior affecting the body and reproductive processes.

Another part of the belief system comprises ideas about how society ought to be and how individuals ought to function within it. This is particularly striking in Islam, for the Shari'at is a comprehensive model of social and political organization and clearly defines details of individual behavior, all interpreted by several schools of Islamic law. For many people, this is the part of Islam looming

largest in life. In Hinduism, too, there is a melange of laws and customary laws codified in the *Dharmaśāstra,* a compilation so vast only a few (Kane 1930-62) can handle it.

One commonly hears opinions on what "Islam says." Our interest, however, is not so much what the religious leaders or the pious say "we believe" but what appears in common people's actions and affects fertility. There are many doctrines in many religions which are not actively believed by many adherants, are never mentioned in casual daily conversation, and do not affect daily behavior. Examples are the Hindu "belief" in rebirth, the Buddhist "belief" that prayer has no effect, or the Christian "belief" in hell. We are prepared to hear what the religious authorities and texts say (Chapter XII), but for our purposes the more real Islam and Hinduism are found in daily life. The great mass of perceptions, ideas, beliefs, and behavioral expectations in a traditional culture such as that of Bengal are of protohistoric and most ancient origin, and are only framed and validated by the superimposed edifices of the great religions. For this reason throughout this book we give people's actual quotations on every subject discussed.

But we also recognize that an individual may express ideas motivated not only by piety, but simply by having heard such ideas as handed down from generation to generation. There are many ideas in this book which interviewees could not have individually tested, such as the days and times prohibited for coitus, or the behaviors of a woman which will shorten the life expectancy of her husband. We cannot accept these at face value as representative of behavior if they are not sincerely practiced. Such ideas are often perpetuated as symbols of some more fundamental value held in the society.

So we have tried to quote enough opinions on each topic to show the accepted norms and the range of variation. In addition, we have tried to measure religiosity by about 20 variables, most of which appear in Tables 6 through 27. The significant ones among these appear in the correlation matrix (Table 5) which is a master table relating them to contraception and actual fertility, to the extent that we could ascertain it.

All these data are subject to distortion because of pious claims. Piety, in the sense of socially motivated behavior or assertions about beliefs, is more common among men than women, and more common among the rural middle class than any other group. So we cannot be at all sure that the actual incidence of prayers, use of amulets, use of contraception, and the like, is shown in these tables. But the *relationships* among them appear in rather consistent patterns, and that is enough to arrive at conclusions on the subject.

Village Religion as a Functional System

The present superstructure of beliefs and religious ideologies is built on a

foundation of hundreds of thousands of years of hunting and gathering economy, followed by simple cultivation, and from about 3000 years ago in Bengal, by rice-growing peasant culture. Bengali peasants live in an exceedingly *well-adapted* and *successful* culture in terms of environment and resources. This way of life can support perhaps 1500 people per square mile, living off the land, and this can persist virtually indefinitely without destroying the resource base. Such a claim can hardly be made for any other way of life. In this sense, not only is Bengali culture exceedingly successful, but its supporting religious and belief systems must be too.

Village religion deals with fertility of land, animals, and people. It deals with birth, growth, and death, with causes and effects, with health and illness, with wealth and poverty, with past and future, with heavenly and earthly powers, and with the senses and psychological drives of man. Villagers are quite rational and sensible in terms of their *life experience*. Their beliefs and actions fall into patterns which tend to be verified by life experience. Bengali villagers are justified in holding the beliefs verified by their experience because of the success with which their cultural system has fully adapted to and proliferated over these plains.

But whereas for many centuries life expectancy remained in the low or mid 20s, today it is over 54 (Samad *et al.* 1979:16). The earlier mechanisms by which births and deaths were balanced are not acceptable today, for we can better control disease, local famine, and violence. The structure of beliefs will have to be accommodated to this new condition, and it will be in time, but meanwhile the older beliefs are promoting a level of fertility that is incompatible with the resources. Since population has been identified by the Government as the number one problem of Bangladesh it is desirable to develop policies to somehow weaken those beliefs which hinder, and promote those beliefs which assist, better demographic adaptation. But this should be done by threatening as little as possible the vast existing structure of beliefs.

Superimposition of the Great Religions

The first cultivators to occupy this land came from Southeast Asia and introduced rice, the banana, taro, turmeric, and other crops, along with the buffalo, to Bengal and thence to India. They came between 5000 and 2000 B.C., and their languages were of the Muṇḍā type, similar to Muṇḍārī and Sāntālī, most of which are now isolated in the hills of east-central India. This aspect of Bengali origins is not well recognized (Maloney 1977). We believe that many of the Bengali beliefs described in this book derive from this cultural stratum and are therefore linked with Southeast Asian beliefs and practices. Cultural features pertaining to pregnancy and childbirth are among the most conservative in all cultures.

A number of such beliefs and practices found in Thailand and other parts of Southeast Asia (Hart *et al.* 1965) are similar to those of Bangladesh. Especially striking is the practice in both areas of a mother lying near a fire for some days after giving birth. Other similarities are: a pregnant woman should not fish or cut fish, birth should be in a separate hut or tent, the placenta has special symbolic importance about life, the afterbirth should be buried a little way outside the house, the mother's milk of the first couple of days is believed to be unclean and dangerous for the baby, special uses of turmeric, practice of a mother drinking hot water and avoiding "dry" foods after birth, ritual use of rice balls, shaving off the hair of a newborn baby, tying protective threads and amulets on the baby, piercing its ears, and need of the mother to "dry out" well before having another baby. These practices may stem from the early horticultural phase of Bangladesh history, before the development of full peasant culture.

Between 1000 and 700 B.C. true peasant culture began to diffuse into Bengal from the Gangā plains, and it featured the plow, iron, and the whole bundle of North Indian village cultural attributes, and it brought with it Indo-Āryan speech which became superimposed in Bengal. All this was greatly modified by the underlying Muṇḍā type culture in Bengal and eastern India. By the 4th century this Hindu peasant culture had reached the eastern edge of Bangladesh, and has continued to this day to absorb tribal minorities, usually as castes.

Most of the beliefs and practices mentioned in this book are thus rooted in prehistoric and protohistoric cultures. These include ideas about food, human physiology, reproduction and fertility, and natural phenomena. Some aspects of Hinduism originated in the Indus Civilization (in Pakistan and western India, 2300-1700 B.C.) and diffused with the formal Indian religions to Bengal. These include worship rituals (*pūjā*), concepts of purity and pollution, ablutions, use of amulets, and Hindu fertility symbols. Astrological ideas came from Babylonia. These all merged and resulted in what came to be Hinduism; religious and social law became codified as the *Dharmaśāstra* and acquired moral values. The ideas of human physiology and reproduction merged into the Āyurvedic medical system, with its Sanskrit medical texts and rich array of treatments; several dozen Āyurveda medical schools in India today turn out doctors trained in that school of medicine.

Next came Buddhism, which flourished in Bengal strongest in the 8th through 12th centuries. The Muṇḍā cultural substratum in Bengal and Bihār had an emphasis on cults of the dead and worship of groves. This stimulated the rise of Buddhism, which originally was centered around the *stūpa*, a mound containing relics of the dead. The genius of Buddhism lies more with the cultural inclinations of Bengal and Bihār, whereas Brāhmaṇical Hinduism derived its priesthood and ritualism from the Indus Civilization far to the west. But in Bengal Buddhism developed into a special form known as Vajrayāna or Tantric

Buddhism which emphasized fertility rituals. Later Buddhism became encrusted with a philosophy and a religious hierarchy. Hinduism was again supported by the Sena dynasty, which ruled Bengal in the 12th and 13th centuries. Thus, Brāhmaṇical Hinduism, Vajrayāna Buddhism, Māhāyāna Buddhism from North India, and Theravāda Buddhism from Burma, all mingled in Bangladesh under the aegis of various kingdoms, while the peasant reverence for bamboo groves and ghosts of the dead continued at the village level.

Islam began to impinge on Bengal as early as the 8th through 10th centuries (Rashid 1977:168; Rahim 1963:42) brought by Arab merchants who came to Chittagong, and in the next five centuries the Indian Ocean became a highway network facilitating Arab and Muslim trade and diffusion of that form of civilization. From the 11th century the Delhi Sultanate and later the Mughals also caused diffusion of Islam into Bengal. This provided a new framework for the social order, the Sharī'at which for Muslims in theory displaced the *Dharmaśāstra.* But seen from an overall perspective, most Bengalis' views of the human body, sexuality, childbirth, human and land fertility, kinship, and fate, overlap all these religions and are essentially Bengali beliefs.

Bangladesh is not unique in this respect. It has been shown that in Jāvā, for instance, the history of religion has three layers (Geertz 1960). At the bottom is the indigenous religion of the Malay-speaking people; intermediate is the medieval layer of Hindu-Buddhist influence; capping this is the layer of Islam. The situation among Philippine peasants is similar except that the top layer is Catholic rather than Islamic.

In South Asia there are often three contemporary levels of religious tradition: those of the locality, the linguistic region, and the "religion" as a whole. The last of these is usually in a liturgical language: Sanskrit for the pan-Hindu epics such as the *Mahābhārata,* Arabic for the Muslim accounts, and Pāli for the Buddhist ones. These local and broader levels are distinguished as the "little traditions" and the "great traditions" (Srinivas 1952, 1962; Singer 1966; Maloney 1974:114-201). This applies to behavior too; the local and regional heroes and gods of Hinduism are more earthy and fearsome, whereas the heroes of the "great tradition" pan-Hindu epics tend to be models of idealized behavior. The local Muslim heroes may be Sūfīs idealizing emotional expression or asceticism such as is contrary to the tone of the orthodox texts (Rahim 1963:73).

Thus, in South Asia there is an ingrained tension between actual local beliefs and behavior, and the idealized ones of the "great tradition." In studies such as this one it is highly important to understand the difference between the actual practices and the ideal ones. Religious leaders generally speak in terms of the ideal, and questionnaire research surveys also tend to elicit the ideal. Actual beliefs and behavior may be perceived only by extended observation or in-depth life history type interviews, such as we have conducted for this research.

Most Bangladesh Muslims belong to the Hānafī school, one of the four main Sunnī *majhābs*, or codes of theology, law, and behavior. There is abundant textual support especially in the Hānafī tradition for all types of contraception, and even for induced abortion (Chapter XII). But this is not known or accepted by many villagers, for it does not fit into their traditional world-view system. In this research we wish to find out which beliefs are functional within the system, and why, and which kinds of people's world view is open to modern knowledge about population, fertility, and contraception.

Village Religion and Solutions to Personal Problems

The two main functions of village religion are to solve people's personal problems, and to provide a systematic view of life, origins, and the universe. The "great tradition" of organized Islam provides a theological and a philosophical perspective, a full code for socio-political organization and individual behavior, access to the world of Islamic civilization, and formerly also access to Islamic trade and wealth. Islam also provides a framework to legitimize local beliefs and rituals.

But it is the "little tradition" with its legends, sacred places, saints, and healers, which is invoked at time of personal life crisis. A Muslim may go to a herbalist healer (*kabirāj*), or a 'magic healer' (*ōjhā*) or a 'mystical mendicant'(*fakīr*). He may perform a ritual at the tomo (*dargā, māzār*) of a 'saintly teacher' (*pīr*). When people tell stories of the local *pirs* and *fakirs*, they show how local people, living in their communities, have been able to bend the powers of the universe to meet individual human need. Tombs of the saints are so common that one can go on foot, perform the ritual, and return the same day. People make offerings in cash or kind with the objective of 'fulfilment of a desire' (*maksūd hāsil*). But the mosque (*masjid*) has a different function, a universalizing one, and it represents the values of the whole Muslim world.

Other Muslim functionaries are the *imām* or *mullā* having some training in religious scripture who takes care of the mosque and leads the periodic prayers. The *maulavī* or *maulānā* is one who has studied 10 years or more in a special type of school (*mādrāsā*) emphasizing courses on Islamics. These functionaries represent the universalizing tendency and are presumed to be authorities on all questions of social and personal behavior. They are accorded authority by the people to interpret the Shari'at, including teachings on sex and reproductive behavior. They may also be called to present opinions concerning how local leaders or councils of elders should deal with persons whose personal or sexual behavior is considered improper (Chapter XIII.2).

In Hinduism , Brāhmaṇs perform rituals, but are not appealed to for solutions to personal problems. A teacher (*guru*) can expound religion, but does not claim supernatural power. For solutions to personal problems, people turn

to the herbalist or healer (*kabirāj*), the mystic or ascetic saint (*fakir, sādhu*), or the magic healer (*ājhā*), or make a vow and perform *pūjā* at a local temple. Muslims and Hindus obtain amulets (*tābiz*) for healing and other problems, which are believed to cure sexual or fertility problems, cause children of a particular sex to be conceived, or solve any other specific problem (Chapter III. 1).

Medical Systems

One of our interviewees:

> Allah has created 3000 diseases for human beings. Out of these 3000 diseases, 1000 can be cured by 'allopathic treatment' (*ḍāktārī cikitsāy*), 1000 by *kabirāji* treatment, and the remaining 1000 can be cured by use of verses from the Holy Qur'ān or an amulet (*tābiz*) or with 'consecrated water' (*pāni paṛā*). (M:14)

There are five competing systems of medicine in Bangladesh, but in some sense they all merge at the village level. Among the most common complaints are sex-related ones such as barrenness, impotency, vaginal discharge, or seminal discharge.

1). The *kabirāj* is the most popular type of healer; he is both a herbalist who knows indigenous medicines and some store drugs, and he is incantor who can utter *mantras*, write amulets, and may be even make predictions. If he is a Muslim he is likely to make Arabic-looking marks on the amulet, and if a Hindu he is likely to employ Hindu sounds and symbols. Most of the *kabirāj* practitioners use herbal treatments which are in fact Āyurveda.

2). Āyurveda is the traditional Indian medical system, usually practiced by Hindus. It is a highly developed system with texts in Sanskrit and all Indian languages, and there are some practitioners in Bangladeesh.

3). Iunānī is the traditional system associated with Muslims and Arabic texts. It derives largely from ancient Greek medicine. One who practices it is a *hākim*.

4). Homeopathy is the most popular system in towns and is prevalent everywhere. It originated in Germany in the 18th century but has taken firm root here. Its philosophical basis is that medications should work with the body to control disease, and not induce reactions, but contrary to this some homeopaths now give antibiotic injections, and most of them prescribe other modern drugs.

5). Allopathy refers to modern western-type medicine, and its practitioners are referred to as *ḍāktār*.

In addition to these, there are *ājhās* who purport to cure by reciting *mantras* and sprinkling holy water and bringing down the power of the deity, and there are the vows and other rituals by which both Muslims and Hindus try to bend the powers of the universe to meet their needs.

It is popularly assumed that there are different levels of causation; a disease

may be caused by an agent, such as germs, but the reason for the disease may be something else, such as a moral fault or bad fate. This can also be thought of as proximate and ultimate causation. In this sense, seeking assistance simultaneously through medical, herbal, ritual, and moral means is not irrational.

Rural people usually approach traditional medical practitioners first, and only if the disease becomes chronic may they think of approaching modern type doctors. This is both because of cost and proximity. Mahmuda Islam (1981) in her recent study of "folk" medicine showed that in two sample villages about 80% of patients first approached the traditional healers.

2. God's Creation and its Productivity

Throughout this book we will generally begin a topic by quoting or paraphrasing interviewees with whom we had in-depth or life history interviews. The codes after each paragraph refer to the table of interviewees (Table 79). The following are representative quotations:

> Allah has created 'this earth' (*ei duniyā*) as a garden (*bāgicā*), and wishes to fill up His garden with humans whom He views as the best of all flowers. He has created humans as the 'best of all His creations' (*āśrāful makhlukāt*). Those who procreate children will be considered by Allah as worthy contributors to His cherished garden, and will receive rich rewards in the after-life. (common saying)
>
> Allah has created 18,000 creatures (*āṭhāra hāzār makhlukāt*) to fill up this earth (*duniyā*). Humans are the 'best of all creations' (*āśrāful makhlukāt*). (M:12)
>
> The mother's breast is an example of how Allah makes pre-allocation of food for a mouth before sending it to this earth. Allah created the *gandam* tree with fruit prior to the creation of Ādam. This provides evidence of how Allah creates food for a life prior to its creation. (M:12,13, 14,21)
>
> Allah has made pre-allocation of everyone's food. Allah has pre-allocated food even for an insect living under a stone. But pre-allocation of food will not be available to anyone 'without effort' (*binā ceṣṭāy*). (F: 7,8,11)
>
> Pregnancy which results in stillbirth occurs at the wishes of Allah. This happens because Allah made no allocation of food for it. (F:7,8,16)

A Hindu View

Hinduism at its various levels is remarkably full of rich and vibrant symbolism. Peasant societies everywhere have many symbols of fertility, in which farmland, animals, and man, as well as water and rain, are linked in an overall

perception of fertility, and Hindu tradition especially abounds in this.

Bengali Hindus have a myth explaining the origin of rice. Nārāyaṇ and Lakṣmī his consort, while traveling overhead one time, heard the lamentations of a poor cowherd boy, who asked for their help. Lakṣmī asked Nārāyaṇ to give help, but he replied that it was she who had power to do so. Thus fortified with her consort's permission, Lakṣmī came down to earth and handed some paddy seeds to the boy and advised:

> Take these, and poverty and sorrow will remain away from you. When the rains set in, go and sow these seeds in your fields. The plants will grow up and bear numerous fruits. When they take on the color of gold like that of my body, and a sweet-smelling odor as of my person comes out of them, you reap the fruits and bring them home.
>
> When the seeds sprouted and the grain ripened, behold, it was lit with the color of gold like Lakṣmī herself, and had a heavenly fragrance as of the person of the goddess who was manifest in it (Basu 1962:21).

This piece of myth associates fertility with the female; it was she who had the power, but the consent of her male associate was required for that power to be released. In Hindu thought generally, the basic generative force of the universe is *śakti*, which is also personified in the goddess Śakti. The symbolism is that generative force is female, but must be released by the male.

This role dichotomy is behind much of the mythology of eastern India and Bangladesh, where Hindu goddesses are worshiped more than gods. Goddesses have control over birth (Ṣaṣṭhī) and over death (Kālī), as well as over such vital powers as water (Gangā), smallpox and body heat (Śītlā), and snakes (Manasā). This view of the complementary roles of males and females symbolizes to some extent actual male-female behavior among Hindus. The Muslim ideal is quite different; creative powers are vested in Allah, while the human male-female partners are viewed as only the medium (*uchilā*).

A Muslim View

Thorp (1978:5-7) summarizes the view of creation and productivity held by peasants in a village in Pābnā District. All creativity comes from Allah, who created the earth and all living things in it, and taught Ādam the names of everything, and ordered that he cultivate the earth for him and be its master (*mālik*). Ādam and Hāoyā (Eve) ate a forbidden fruit and were put out of heaven and sent to cultivate the earth. Ādam's first son, Hābil, was very industrious about his cultivation and succeeded in it admirably, and the Muslims have descended from him. Ādam's second son, Kābil, was not a good cultivator and was lazy, and murdered his brother. But Ādam and Hāoyā had many sons and daughters, and from them all the 'different peoples' (*jāti*) of the world have descended.

The essence of life is the soul (*ruh*) and in some sense it is a phenomenon

men share with all other creatures. Muslims prefer to use the term *ruh* derived from Arabic; other Bengali terms are *ātmā* meaning soul or life essence, *prāṇ* meaning breath, and *jiban* meaning life, and these words are derived from Sanskrit. Muslims recognize that a living person has *ruh;* for example, when a miserly person does not eat the food he needs his friends tell him, "For the sake of saving money don't let your soul (*ruh*) suffer." At death the soul separates from the body. Allah alone is believed to have complete control over the four major aspects of each person's life: life expectancy (*hāyāt*), death (*maut*), sustenance (*rezek*), and wealth (*daulat*). Allah decides such details at the day of each persons's birth, and to whom each person is going to be born as a son or daughter (Thorp 1978:11,22). In the 'day of judgment' (*keyāmater din*) each individual will be rewarded with heaven or punished with hell.

Thorp's analysis (1978:8) is that for the villagers among whom he lived, Allah alone is creator and everything else is creature; Allah creates and commands; His creatures exist and obey, and this distinction is of fundamental importance. Allah's light (*nūr*) had a special role in creation, and the first creature created from it was Muhammad, for he was created entirely from Allah's own light. "Finally Muhammad (Sm) is a unique creature because Allah continued his creation by using his own light as it had become transformed in Muhammad (Sm), making him not only a creature but also an integral part of the creative process."

Fertility of the Land

Quotations:

> During the time of Hazrat Ādam the land was more fertile. With the passing of time its productivity is declining, and the return is not the same as in former days. Humans can sow seed in the land, but the quality of production is under the control of Allah. Humans will invent techniques and innovations to get more production. Though the number of humans increases, the available land will be able to provide sustenance to them. (M:11,12,13,14,20)
>
> It is a religious responsibility to care for the land and get higher production. Land will continue to have increasing production capacity, and this can be aided by applying fertilizers. Through achieving higher productivity from land one can attain prosperity in life. God is the provider of sustenance, but it will do no good if one depends only on God; everyone has to make personal effort to arrange for one's own food. One cannot sit idle and utter the saying 'he who gives a mouth will provide food' (*mukh diyechen jini āhār diben tini*). (F:7,8,11)
>
> A child brings with it its mother's milk in the breast. The food which is required besides the mother's milk is to be earned. (M:21)

Land is believed to be a gift from God. Allah has endowed certain parts

of this earth with productive capacity while He has kept certain other parts barren. This capacity of rendering land fertile and barren is proof of the miraculous (*kudrati*) power (*kṣamatā*) of Allah.

It is believed that in spite of all human efforts, the yield may be very low because of natural calamities (*prākritik dürjög*), controlled by Allah. But at the wishes of Allah a desert can be turned into a green land. By using His miraculous (*kudrati*) power (*kṣamatā*) Allah can do and undo anything, such as turn a mountain into a river or a river into a mountain. Allah can reward human effort with big success if he is pleased with the people. He can give catastrophies (*gazab*) if he is displeased.

But Allah has endowed humans with energy so that they are able to extract their due share from the land through labor besides putting in good labor one seeks the favor of God for a good harvest, because the cultivator believes that despite his labor, without God's favor one cannot get a good yield. This belief has strong support from life experience, because after even a lot of hard work the crops may fail from flood, drought, or other natural events. When such things happen, Muslims arrange special prayers seeking the mercy of Allah, and Hindus 'sing songs of praise' (*kirtan gäy*) to Hari-Kṛṣṇa.

Strength and Procreative Strength from the Land

Bengali peasants believe (Thorp 1978:6,9) that the earth is uniquely powerful, strong, and productive, because it produces food. Ādam and Hāoyā were cast out of heaven after they ate the forbidden fruit because they began to urinate and defecate and were smelling up heaven. But earth is the agent that purifies these products. When someone dies and his soul returns to Allah, the body is buried in earth so that the decay may be concealed. The strength (*śakti*) of the surrounding earth quickly reduces the cadaver back to its fundamental state, which is ordinary productive earth.

There is also a general belief that one who owns land and subsists from it benefits from its special *śakti*. Only one who owns land is a *mālik* in the full sense that Ādam was, and he and those who are provided with food through his cultivation (the household members) share directly in the earth's strength (Thorp 1978:23,28): indeed, it is sometimes said that only those who eat the food from the land of a village can learn the particular dialect of Bengali spoken there.

It is known that certain fields produce certain kinds of crops well, because they have certain kinds of *śakti*, and certain foods also have special kinds of *śakti*, or vitamins, and these affect health in various ways. For this reason the word 'vitamin' is known all over Bangladesh. One's reproductive power is believed to be much affected by the kinds of foods he eats (Chapter VII.1).

There is a deeply inherent analogy between land and the human female, and seed and the human male. A wife is commonly referred to as the field

(*khetra*) in which a husband sows his 'seed' (*bij*). As the earth yields its moisture its *śakti* become part of the crops grown in it; so the wife provides the fetus with juice or 'female semen' (*ras*) to provide strength and power to the child, and after birth the mother continues this by giving it her milk (*dudh*). During early infancy the wife has complete mastery over the child, but as soon as it begins to eat rice the father becomes dominant (Thorp 1978:32).

The basic Hindu world view appears in these ideas, in which the earth is analogous to the female generative force, the goddess Śakti, but the agency of a male, the cultivator, is required to release it. Cultivation is man's work, and women may never touch a plow. The plow (*lāṅggal*) is clearly perceived as analogous to the male organ (*liṅgga*) as it pierces mother earth; the terms are also synonymous. Women may only weed or harvest, and some Muslims believe they should not enter a field at all lest they pollute it. Overlying these ancient ideas is the Muslim view that the cultivator derives proprietory rights over land through Ādam as ordered by Allah.

The analogy of intercourse with plowing is an ancient theme in Indian tradition and literature. It is also found in the Qur'ān:

> "Your women are lands (*harth*) for you; so plough them as you wish." (Qur'ān II : 223)

Thus, both Hindu and Muslim peasants in Bangladesh have a view of the world in which fertility of land and of man are idealized, and the two are divinely ordered and inseparable.

3. Moral Duties

Quotations:

> Raising children is equivalent to the worship of God. They will raise up praises to Him. If parents fail to take proper care in raising their children they will be answerable to Allah. (M:12,13,14,16)
>
> Infants who die early cannot be of any service to their parents. But in the 'day of judgment' (*hāsarer din*) they will be of great service to their parents because they will plead to Allah to grant heaven (*beheśt*) to their parents. When parents die the children consider it a moral duty to arrange their burial. (F:7,8)
>
> If one does not conduct one's life according to the wishes of Allah then he 'will have to suffer punishment' (*śāsti bhōg karte habe*) from Allah. To do religious duties one must control passions (*ripu*); people fast on special days to restrain their passions. Those who are engaged in religious performances put less importance on the fulfilment of sexual desire, and such people will have lower fertility. It will be a sin (*pāp*) equivalent to 'illicit intercourse' (*zenā*) if one has even imaginary coitus. (M:12,14,17)

Those who are impious and waste their semen before marriage will have shortage of semen during their conjugal life. Their capacity for coitus will be less, and they will beget a smaller number of children. (M: 5,9,12,13,14,15)

Allah has created humans to be His servant (*gōlām*) and to follow His orders (*hukum*). This world (*duniyā*) is a workshop (*karmaśālā*) for the afterworld (*ākherāt*). Allah has placed two angels (*fereśtā*) on the shoulders of every human to keep an account of the 'good and evil deeds' (*bhālo ō manda kāj*). Every act 'will be weighed' (*ōjan karā habe*) in the day of judgment. 'Nothing will remain unexposed' (*kona kichui gopan thākbe nā*). The five sense organs of the body will serve as witnesses (*sākṣī*) for all the 'evil deeds' (*bad kāj samūha*) done in this world. Individual 'accounts of deeds' (*āmalnāmā*) will be weighed in the day of judgment and on the 'quantity of vice and virtue' (*pāp pūṇeyr parimāṇ*) punishment and reward will be given. (M:11,12,13,14)

I believe in the 'day of judgment' (*hāsarer din*). (M:11,21,22; F:7,8,16)

Parents with more children will have higher honor in the day of judgment. (M:5,12,13,14,21,22)

I don't think anybody hopes for sons in order to praise Allah more. One is proud of sons that have ability, and power and income will increase. Who cares about the last day? (M:14)

Religion emphasizes proper rearing of children. It is believed that every newborn baby is a gift from Allah and must be received cordially by the parents. For hesitating in this, or for not caring for their offspring, it is believed parents will answer to God in the after-life.

Some people believe that those with more children will be more honored in the after-life. Others believe that parents of many children will be honored as more voices are raised in praise to Allah. Yet others believe that their infants who die will plead for their entry into heaven, because the infants died without sin. These beliefs may not directly affect fertility, but they are religious rationalizations of the pro-fertility tendency of Bengali peasants.

Stated Beliefs about the After-life

Belief in the day of judgment is an important item in Islamic theology, which teaches that 'the day of judgment is nearing' (*keyāmater din nikaṭe āsche*), so efforts should be made by the pious to avoid punishable deeds. The pious believe that every active Muslim will answer to this belief.

It is accepted that Allah has given every human conscience (*bibek*) and passion (*ripu*). He who is controlled by conscience will be rewarded and he who yields to passions will receive punishment in the afterworld (*ākherāt*). Allah

has given humans conscience and passions simultaneously to conduct a test (*partkṣā*) on them. Conscience acts 'in favor of Allah' (*Āllār pakṣe*) and passions act 'in favor of Satan' (*śaytāner pakṣe*). Religious activities function as a shield against the activities of Satan who controls the passions. Allah has created man with a short span of life, and he has not created him to pass his time 'only for eating and making merriment' (*śudhu khāite ō rang tāmāsā karte*). A good Muslim is expected to follow the instructions of Allah and his Prophet besides performing 'worldly responsibilities' (*duniyādāri*) so that he may obtain a place in heaven in the after-life, which is infinite (*ananta*).

Some people believe that the world is in a state of decline leading to the day of judgment (*keyāmat*). Nobody knows when that day will come, but two indications that it is approaching are sometimes referred to: 1) In the early days of the creation of humantity the height of man was 40 yards, but with the passage of time this has come down and at present is only 1 3/4 yards. This shrinkage of humans will continue until people require a stick to pluck chilies from the present-sized chili plant, and by then the day of judgment may occur at any time. (This belief perhaps originated with the idea in the Jain religion that man would shrink to a third of his present size; the cosmology of Sanskrit texts also teaches that we are now in the Kali Yuga, the last age and a degenerate one. These beliefs have been absorbed in village Islam.) 2) At the beginning of this creation the land was extremely fertile so that a farmer could sow seeds and gather the harvest right away. Since those days the fertility of the land has been coming down, and a time will come when it is quite exhausted. At such time the day of judgment will occur.

It is said that all activities of vice and virtue done in this world will be weighed by using a scale (*pāllā*). When the side weighing virtue goes down the individual will be admitted to heaven; otherwise he will be placed in hell (*dōjakh*).

Some Hindus aver that after this life there is rebirth (*pūnarjanma*), as a human of particular calibre, or as an animal, based on the deeds (*karma*) of the present life.

But as in all religions, theological "beliefs" about the after-life are actively believed by only some, and inactively assented to by many, and actually denied by some. In the case of Islam, the theological core is so precisely defined and allegience to it so much expected that it is a rare person who openly states disbelief. In the case of Hinduism, there is no particular doctrine acknowledged as Hindu except some reverence for the Sanskrit texts and the role of Brāhmaṇical priests. Many Hindus in India, and in some areas the majority, openly deny any belief in rebirth (Maloney 1975). People of various castes or holding different political or regional identities may respond on these points in accord with social expectations. On the whole, Bangladeshis are not highly rigid about the doctrines or ideologies of any system, for in Bengali society these tend to get aligned according to personalities and factions.

It seems, then, that these doctrines of the day of judgment and reward and punishment do not really affect behavior for most people, but are essentially symbols and religious rationalizations of the peasant ethos of such features as high fertility and controlled sexual behavior.

4. Human Groups and Their Perpetuation

Quotations:

It is the instruction of the Prophet that a Muslim should marry in a lineage (*bangśa*) which has many members. This will help in procreating many children by the newly married couple. Allah becomes pleased if humans continue to procreate. (M: 6,7,12,13,22)

It is a moral responsibility for every Muslim to ensure continuity of one's lineage (*bangśa*) and increase its numbers. Hindus and Muslims belong to two different religions, but the followers of both these religions are humans (*mānuṣ*); they have similar sexual feelings. Allah allots their food before the creation of a human life. (M: 2,3,8,10,11,19)

The 'religious leaders' (*mullā-munst*) say that if a Muslim begets more children it will increase the number of the Prophet's followers. The Prophet will feel happy when he sees a large number of his followers in the day of judgment. Allah has endowed humans with semen only to make use of it 'in the permitted way' (*hālāl pathe*). Procreation of offspring is a 'moral responsibility' (*naitik dāyitta*). (M: 4,5,12,13,17)

Who on earth wants his 'human group' (*jāti*) to cease? Nobody wants that. To protect the *jāti* is everyone's duty. Everybody wants to enlarge his family through heredity. Everybody desires sons with the hope that power and income will increase. Many people are expecting that the more they have children the more Allah's instructions will be followed. Everybody wants his lineage enlarged. (M: 14)

If a man does not waste his semen he will have greater strength in his body and he will have more coitus with his wife. As a result he will have many children, and he will enrich his worldly affairs. (M:5,9,12,13,-14,15).

Social Groups in Bengal

In one of the pioneer books on culture and fertility, Lorimer (1954) stressed the limitations of studying fertility in non-industrialized societies apart from the social context. He stressed that corporate kin groups generate strong motives for high fertility.

In Bangladesh the kin group is not a corporate body to any great extent,

but still it generates strong motives for high fertility. The individual household (*ghar*), which is usually a cooking unit, is often set with a few other households of kin around a courtyard; the whole homestead (*bāṛī*) and the kin who live in it are the main source of a person's identity through life, and most Bangladeshis can say where their *bāṛī* is. In discussing this society, it is better to not use the English word 'family' unless it is intended that the meaning by vague; the units really are household and homestead. The geographical identity is usually the hamlet (*pāṛā*). The lineage segment (*bangśa*, Skt. *vaṁśa*) is acquired through one's father, and is usually only 3 or 4 generations deep. The functional kin group (*guṣṭhī*) includes in-marrying women, and it may have some corporate functions.

The sentiment expressed in these quotations, that people want a large lineage for power and income, is a common one. A man who has power locally almost always builds it up with the support of his *guṣṭhī* or *bangśa*, Kinship in Bangladesh is a diffuse system, and a highly descriptive one (Aziz 1979). Of itself, it does not necessarily demand high fertility, but the alignment of kin in groups for purposes of power and influence is endemic, and does promote high fertility.

Hindus all belong to one or another caste (*jāti*); caste in English is defined as the endogamous group, meaning that marriages occur within it, and some castes have an occupational identity. When Hindus competed for ownership of lands and villages caste numerical strength was important, but it is less so today. Muslims by ideology have no caste, as the Qur'ān says "All believers are brothers." However, Muslims are traditionally ranked as high born (*āśrāf*) and low born (*ātrāf*), and there was also a lower class (*ārzāl*) who did cleaning and menial work. Those who claimed a lineage link to the Prophet or his tribe ranked highest, and next were those claiming descent from the Caliphs. In India and Bangladesh most of the high-ranking Muslims claimed descent as Mughal, Pāṭhān, Śekh, or Saiyad, and the lower-ranking Muslims were assumed to have been converts from Hinduism. There was also a tendency to caste formation among Muslims in South Asia; Karim (1976:119) quotes a source early in this century enumerating 35 Muslim castes in Bengal clearly distinguishable by prohibitions against intermarriage, interdining, and by occupation. There are still some identifiable Muslim castes, such as weavers (*Jōlā*). However, most Muslims now are identified by their lineage or family title (*padabī*) which sometimes changes with family fortune, and is not corporate. The social categories which Muslims say they would like to see increased, therefore, are only the *bangśa* or *guṣṭhī*, and the brotherhood of Islam.

Perceptions of Social Groups

When we talk about caste, we translate it with the term *jāti*, common to Bengali and all Indian languages. But when we ask a Bengali what his *jāti* is

he may say "Musalmān" or "Hindu." "Caste," defined in English as the hereditary and endogamous group, is a much more precisely defined term and meets the needs of social scientists, but *jāti* has the fluid definition that fits South Asian society better. Each language imposes perceptual categories through its vocabulary.

Ronald Inden (1976:13-14) has sorted out the Bengali view of human beings and living things according to what words can modify the word *jāti*. It can be modified by three generic categories: 1) 'womb generated' (*jarāyuja*) in contrast with 'egg-generated' (*aṇḍaja*); 2) 'human' (*manuṣya*) in contrast with 'domestic mammal' (*paśu*) or plants; and 3) 'male' (*puruṣa*) in contrast with 'female' (*strī*). Therefore one can, and does, hear of human *jāti*, male *jāti*, and female *jāti*.

Humans are divided into *jāti* by three other criteria: worship, region, and caste. The worship *jātis*, as Inden calls them, include the *Āryas* of Sanskrit texts who worshipped the Vedic and high Hindu gods, in contrast with the *anārya* who did not, the 'barbarian' (*mleccha*), and 'thief' (*dasyu*). Now Musalmān, Christian, or those of any other category we call a 'religion' or 'sect' may be called a *jāti*. Also, the various countries within Bengal such as Varendra, Vaṅgga, Rāṛha, Uttara, and Dakṣiṇa, as well as Gauṛa (Bānglā, or Bengal) could be used to modify the word *jāti*, and today the word can apply to nationalities.

The most common use of the word *jāti* is to mean caste, in the sense of a hereditary and endogamous group, which may also have an occupational attribute. The occupational designations get lost; Kāyastha is writer, Ghoṣ is milkman, and Brāhmaṇ is priest, but few of them follow those occupations. Each of these is a caste-cluster, rather than a caste; for example, Rāṛhī Brāhmaṇ is the endogamous unit, the caste, within the caste-cluster of Brāhmaṇs. Similarly, Rudra Pāl is the caste of potters among the several castes or caste-clusters having the title Pāl. Some Bengalis use the English word 'caste' to mean the *varṇa* system, a 4-fold class system mentioned in Hindu texts: Brāhmaṇ, Kṣatriya, Vaiśya, and Śūdra. The lawgiver Manu also referred to nine mixed castes; according to this theory, these became 36 castes, which mixed and multiplied to the thousands of castes (Sur 1973:17). But in fact this is mostly a fictitious system, at least as regards Bengal, and it was largely a Hindu scholars' device to order and rank the castes; it was a class system imposed on the actual caste system, which has always been the endogamous groupings.

Within the caste, for some Hindus, are *gōtras*, which are strictly exogamous (out-marrying) and mythologically based. They have no corporate functions, but are important in arranging marriages. Also within the caste is the lineage (*bangśa*) which was sometimes recorded for many generations, but among Bengali peasants is rather shallow. Another category is the *kul*, a subdivision of a *jāti*, or an extensive family, not necessarily a residential unit. Another term, *kuṭumba*, refers to the extensive family, especially those who marry into it. These last two terms are used by Hindus more than Muslims.

All these human groups are defined (Inden 1976:18-24) by two things: 'bodily substance' (*dhātu*) and 'code for conduct' (*dharma*). The word *dharma* in modern Bengali means 'religion' but its earlier meaning included law, duty, right conduct, or morality; it is more than a religious element; it is also secular, natural and material. Each *jāti* has its own *dharma*, which includes particular attributes (*guṇ*), powers (*śakti*), and potential actions (*kartabya-karma*). That is why different *jātis* (castes, religions, nationalities) have their own sets of worship forms, food laws, behavioral norms, and the like; that for Muslims is contained mostly in the Sharī'at.

Transmission of Genetic Qualities

The shared 'bodily substance' (*dhātu*) of a human group refers to the genetic links, for it is presumed that the various social groupings are essentially hereditary, though Muslims and Christians have introduced an ideology of conversion. In the Hindu view, the human body has two parts: a 'subtle body' (*sūkṣmaśartra*) consisting of the mind and the five senses and a 'gross body' (*sthūla-śartra*) consisting of 7 'sustaining substances' (*dhātu*): digested food, blood, flesh, fat, bone, marrow, and reproductive substance. The blood (*rakta*) gives rise to the reproductive substances, woman's uterine blood, and semen (*śukra*).

In common Bengali thought, 'male semen' (*bīrjya*) and 'female semen' (*ras*) must combine to cause a conception, and the conditions of this affect the quality of the conception, an ancient idea universal in South Asia. Nowadays through education some people know about the ovum. The word *ras* literally means 'juice' and another term for it, *ler*, is an impolite word. Genetic material, is commonly assumed to be transmitted through both the *bīrjya* and *ras*, which supports the underlying tendency in Bengal and Southeast Asia to construct kinship links through both parents. But superimposed on this was the Vedic idea that genetic material and lineage is transmitted only by the male through his semen, *śukra*, or sperm, an idea which fits the patrilineal tradition of not only Vedic people but Arabs and others of the traditional Near East. In this view, semen symbolizes and is believed to contain all the essence of the man and his human group.

These beliefs form the background against which conservative use of semen, and regulation of all sexual activity, is regarded as so important in the society of Bangladesh (Chapter VII.3).

5. Muslim-Hindu Fertility Differences

Quotations:

It seems that Muslims will have more children than Hindus because

their sexual ability is more than that of Hindus. Hindus are a bit weak. They have less intercourse. Muslims always have strong food; beef is very strong. Hindus mostly have vegetables, and they feel less strength, so they have less children. (M:14)

Muslim couples beget more children than Hindus because their frequency of coitus is more. Muslims do not seriously observe the forbidden times of coitus. Hindus do not eat beef and other 'hot foods' (*garam khādya*) so they have less sexual excitement and fewer children. (M:13,21)

The number of offspring is predetermined by God. It is not related with one's religion (*dharma*) or his religious performance. Islamic schools (*maktab* and *mādrāsā*) do not offer any lessons on the number of children one should have. (F:7,8,10)

Whether one is a Muslim or a Hindu, every individual is a human (*mānuṣ*). There is no difference in the number of children according to religious grouping. The number of children is likely to be dependent on the sex power of the individual. There also may be a difference according to whether the couple is pious (*dhārmik*) or impious (*adhārmik*). The pious are likely to have a smaller number as they have less sex urge and less coitus. Frequency of coitus is greater among the impious, so they will have more children. (M:9,15)

Some persons, especially Muslims, believe that fertility differs according to religious affiliation, but others do not. In fact, as shown below, Muslims do have more children, but the reasons are complex and not just because of religious affiliation.

It is thought that Muslims adhere less to prohibitions of coitus on certain days. Hindus in theory abstain on many special days (*din*), hours (*samay*) and moments (*kṣan*) of the year (Chapter X.2).

It is also thought that the pious will have fewer children, for they spend a lot of their time in prayers and religious activities and pay little attention to sexual needs. This belief is inconsistent with another belief, that the pious by conserving their semen and living properly are strong and therefore able to beget more children.

It is universally believed in Bangladesh that dietary habits affect one's fertility capacity (Chapter VII.1). There is a considerable element of ideology in food preferences; the foods Muslims prefer are protein (*āmiṣ*) foods such as beef, eggs, fish, and also oils. They attribute Hindus with preferring 'vegetables foods' (*nirāmiṣ*) which are said to bring down the sex urge. In fact, however, the great mass of Muslims get less of the *āmiṣ* foods then their ideology suggests, while not many Hindus are really vegetarians as Muslims suppose them to be. These beliefs about the relationship between foods and fertility are for the most part false beliefs.

Religious Affiliation and Fertility: Table 6

From ten of the tables in the back of this book we have extracted and presented below information on religious affiliation and fertility (religiosity and fertility is discussed in Chapter III.3). In our sample of 2825 individuals representing as many households, we had 72.6% Muslims, 25.3% Hindus, 1.2% Buddhists, and .9% others.

We have no good way to measure current fertility. But we find that in our total sample expected fertility differences show up in terms of the total number of children ever born (recorded as sons alive and dead, and daughters alive and dead). These averages may be checked out against the number of children ever born to those aged 45+, and the patterns usually hold up; the correlation between fertility of all respondents and fertility of those aged 45+ is .70 (Table 4).

We find that Muslims are measurably more fertile than Hindus. Muslims have had an average of 5.2 births, and Hindus only 4.8. The differences hold up in all four age cohorts and in both sexes.

Muslim women in their 20s and 30s are a little more fertile than Hindu women, but in addition they seem to bear more children later in their fertile years, so that among those who are aged 40+ and have practically completed fertility, Muslim women have borne 7.0 children, but Hindu women only 6.4. The cultural values of Muslims, supported by higher rates of divorce and remarriage, and more widow remarriage, are partly responsible. Hindu women not only re-marry less often, but have a greater reluctance to become pregnant after their first children are married as this is considered rather shameful.

Among men, the difference between Muslims and Hindus is even greater. Muslim men past age 45 have had an average of 7.6 births, but Hindu men of that age only 6.3. More older Muslim men take younger wives.

However, the reasons for these differences are not simply a matter of religious affiliation, nor even of the marriage patterns and cultural values mentioned here. A large part of the difference may be explained by socio-economic factors such as prevail throughout our sample and in Bangladesh as a whole. These will be discussed in subsequently (Chapter VI. 7).

People of "other religions" are considerably less fertile than are Muslims or Hindus, according to these data. Our sample number of them is very small, and perhaps their average age is younger. Nevertheless, the tendency shown here is correct, for the minority ethnic and religious groups (mostly tribals, Buddhists, and a few Christians) are less enmeshed in peasant life and its values which are the root cause of high fertility. Moreover, they generally have no ideology hindering adoption of family planning methods. Neither Buddhists nor protestant Christians have any pronatality doctrine, and Christians tend to be more educated and therefore more amenable to planning such aspects of their own lives. Tribals

in our sample are mostly poor, often landless laborers, and for that reason if for no other they would have lower fertility.

Religious Affiliation and Dependence on God for Number of Children: Table 7

In our sample of 1671 respondents with whom we discussed issues of religiosity and fertility behavior, we found a very high level of stated dependence on God for number of children. This will be analyzed below. But it may be noted that Muslims score higher than Hindus in this.

Sect and Fertility: Table 8

Fertility differences show up according to sect within the major religious groupings. As regards Muslims, Bangladesh is predominantly Sunnī, with only a few Shī'a who mostly live in towns and whose fertility seems to be lower than that of other Muslims. Nearly a quarter of our Muslim respondents did not give any response to our questions on sect, apparently because they did not know enough about sects to answer. We did not turn up any Sūfī adherants in our sample, for Sūfiism is regarded as aberrant Islam by many, and in Bangladesh a *sūfī* has come to have the meaning of a mystical saint.

What we wanted was information on affiliation to the four Sunnī *majhābs*, or systems, of Islamic law and behavioral codes. These are Hānāfī, the most common in Bangladesh, Sāfī (Ar. Shāfi'ī), found in South India and Indonesia, Hāmbali, and Mālikī. These movements developed historically as each claimed to be more orthodox than the others, and in parts of Bangladesh there is another one called Muhāmmadī which rejects all these four and claims to revert to Muhāmmad's teachings alone. We could not get information on attitudes about reproduction, nor on fertility differences among these *majhābs* because most people know too little about them or are ignorant of their existence. To outsiders, most differences among them seem trifling matters of ritual or legal points. However, they represent schools of Islamic law which have, over the centuries, made comments and pronouncements on the ethics and legality of contraception, as we note below (Chapter XII. 4).

Hindus, as we have noted, have lower fertility than Muslims. In Table 8 we have ranked Hindus according to fertility by chief deity worshiped. The ranking for those aged 45+ more or less holds up for the Hindu population as a whole.

We find that Hindus who have more than one patron or personal deity have the marginally highest fertility, and it is considerably higher than for the average of all Hindus. This supports the data given in subsequent chapters that *religiosity* is associated with higher than average fertility. But even these have fertility lower than that shown for Muslims in the same table.

Hindus who especially worship Lakṣmī have the next highest fertility. Lakṣmī is the goddess of wealth and is believed to have brought "golden" rice to Bengal; she is venerated by the largest number of Hindu Bengali peasants, whose high fertility results from their peasant status and outlook rather than from the specific fact that they worship Lakṣmī. Next are worshipers of Kṛṣṇa the appealing cowherd and heroic leader. Hindus having Durgā, Hari, Nārāyaṇ, Dayāmay and Kālī as special deities have somewhat lower fertility; they are likely to be in specialized occupations or to live in towns. All these deities except Dayāmay, and including those in the "others" category, are popular through the Hindu world. It is interesting to note that Hindus not giving a response to this question, and apparently lacking a special or patron deity, have the lowest fertility of all. This is probably because they are the poorest, probably Scheduled Caste Hindus, with the least developed corpus of mythical tradition. The rural poor are less fertile than the rural middle class.

Buddhists and Christians have the lowest fertility of all, though we have few of them in our sample. Sāntāls, who have their own religion, have fertility levels below those of Hindus, for they tend to be landless laborers in our research areas.

Religious Affiliation and Desire for More Children: Table 6

This table shows that, of respondents under age 35, 41% of Muslim and Hindu men want no more children, and 55% of Muslim and Hindu women want no more children, The only difference between Muslims and Hindus in this is that somewhat more Hindu men say they do want more children and somewhat more Muslim men say they don't know if they want more, which is contrary to the pro-fertility statements we have shown Muslims tend to make. However, many Muslims who actually want more may not directly say so but say they leave it up to God.

As for people of "other" religions, nearly half want no more children, in spite of their lower present fertility.

Religious Affiliation and Pardā: Table 24

We have tried to measure *pardā* (journalistically, purdah; lit. 'curtain,' meaning seclusion or restrictions on movements of women). This important subject is dealt with in Chapter IV. It is regarded as Islamic and spread among Bengali Muslims under the aegis of Islam as a symbol of piety and local status. However, there were some pardā-like restrictions on women even in pre-Muslim Hindu society, at least among the elite. On the other hand, centuries of Muslim-Hindu contact in Bengal, and especially in Bangladesh, have caused Hindu women to be less willing to go out or to work in fields

than is true of Hindu women in West Bengal. Hindu women in Bangladesh feel less comfortable in going out. Still, Muslim-Hindu difference are noticeable.

Table 24 shows the 7-point scale by which we measured observance of pardâ. Responses were based on what people said as well as on observations by our investigators extending over days or months. Men claim more pardâ than women do, a point we discuss later. We note here that Muslim men claim more pardâ than Hindu men, and Muslim women claim it more than Hindu women. Among the Muslim men about 52% claim pardâ 5 on our scale, but only about 37% of Hindu men claim that. The great majority of Hindu women claim pardâ 1 or 2 on our scale, meaning no pardâ. Adherants of Buddhism and "other" religions hardly claim it at all.

Religious Affiliation and Education: Table 46

Education is commonly regarded as having a major effect on fertility; here we will just look at Muslim-Hindu differences in education in our sample. Proportionately more Muslims of both sexes have secondary education, compared with Hindus. But among males, more Hindus have at least some elementary education, and more Muslims are illiterate. As for women, the table holds some surprise, in that Muslim women out-do Hindu women at every level of school. This relates to the socio-economic situation, as most Hindus in our sample are day laborers or artisans.

One might suppose that since Muslims have more education, they might also have lower fertility, but education is outweighed by other factors, such as that many Hindus are day laborers and tend to be poor, and also the marriage patterns and ideology of Muslims overtly favor higher fertility. Fertility tends to be less at the high and low ends of the socio-economic scale, but Muslims are concentrated in the middle. As for education, its effect on fertility comes mostly from higher levels of schooling, whereas the majority in our sample do not have schooling above primary level.

Religious Affiliation and Number of Bedrooms: Table 45

This is a measure of wealth. In our sample, 52% of Hindus, as compared with 44% of Muslims, have only one bedroom in their house. Hindus are poorer in our sample, and this is related to their relatively lower fertility.

Religious Affiliation and Frequency of Coitus: Table 52

We asked our respondents how many times in the preceding week they had coitus. We found that 64.4% of Muslims had, and 57.5% of Hindus had. This shows that Hindus abstain from coitus more than Muslims, and some of

the reasons are religious-related (Chapter X. 2). Among those who had coitus in the preceding week, Muslims claim a slightly greater frequency than do Hindus, both males and females, while people of "other" religions claim considerably less. The opinions expressed in quotations above, that Hindus have less coitus, is supported, though not necessarily for the reasons stated, and perhaps not enough to have actual effect on the Muslim-Hindu fertility differential.

Religious Affiliation and Contraceptive Methods: Table 58

This subject is discussed in Chapter XII. 1, but the following points taken from Table 58 may throw some light on Muslim-Hindu fertility differences.

Muslims have heard of all methods as much or more than the whole sample population. They have especially heard of withdrawal and injection more.

On the other hand, Muslims have "heard but never used" *all* methods more than the whole sample population. That Muslims know more about all these forms of contraception than Hindus, but use them less than Hindus, does appear to be a matter related to religious affiliation.

Muslims have dropped withdrawal a bit more, and indigenous methods a bit less than the whole sample population. They also tend to drop using the pill more.

As for methods in use now, Hindus tend to use douche and rhythm a little more, and Muslims are using withdrawal and indigenous methods a little more. Hindus are definitely going for tubectomy more, but otherwise there is not much Muslim-Hindu difference in use of modern methods.

Muslims more frequently fail to offer a response on this matter, and this generalization applies to *all* methods. This must also be a matter related to religious affiliation, as Muslim women feel less free to discuss this.

Religious Affiliation and Abortion: Table 66

This subject is discussed in Chapter XI. We may note here, however, that religious affiliation does not make much difference; 10.1% of Muslims and 9.0% of Hindus responded that they knew of an induced abortion in their family or neighborhood between the Liberation War and 1977.

Religious Affiliation and Advice on Population: Table 69

Proportionately twice as many Muslims as Hindus offer a negative response when asked to give their advice on the overall question of population control.

A number of Muslims but no Hindus suggested that early marriage be prohibited. More Muslims than Hindus suggested mass education. More Muslim than Hindu women suggested elimination of undesirable side effects

from contraceptives. More Muslims than Hindus offered multiple positive opinions.

This suggests that while more Muslims than Hindus continue to resist the idea of contraception, Muslims who are open-minded about it may have wide-ranging ideas. We may suggest that the resistance of Muslims on the whole is not just because of their religious identity or their view of Islamic teachings, but because they are mostly enmeshed as the rural middle class in a peasant society whose values have long been shaped by a pragmatic pro-fertility world view, supported by appropriate marriage, cultural, and social expectations.

6. Religion and Differential Fertility

Our interest in this study is the relationship of fertility with religiosity more than with religious affiliation. Yet, in the preceding section we have shown that in many aspects of life fertility differences appear along lines of religious affiliation, but the reasons for the association are not at all easy to unravel. In this section we look at some facts about such differential fertility in Bangladesh as compared with India and other countries.

Fertility differences by "religion" (demographers use the term to mean religious affiliation) are significant in the United States (Westoff *et al.* 1961; Bumpass and Westoff 1970). In summing up these and other studies, Teper (1975:201) remarks, "Religious affiliation was found to be the strongest of all social correlates with fertility." "It appeared to operate first through family size desires, and then through the family planning process." Those Catholics who wanted the largest families achieved them; then they became efficient contraceptors. Jews desired the smallest families, achieved them earlier, practiced birth control more efficiently, and placed greater reliance upon birth control appliances. But some of these data from the United States were from the 1950s and 1960s and may not hold up so well today. The relation between religious affiliation and fertility is complex when education, rural or urban residence, occupation, social class, and attitudes about the family are considered.

For instance, if we try to pin-point reasons why Catholics have higher fertility, we find it difficult to relate it to particular beliefs. If people believe there is a Catholic dogma of the desirability of large family size, do they believe it is satisfied with three children, or four, or five? And at what point in the family cycle? Is there a Catholic expectation of early marriage, and is this consciously rejected by those who delay marriage? Do theological statements about approved and disapproved sex, or about contraceptives, actually influence individual behavior, and if so how much? More important, it is really religious affiliation that makes the difference, or is "religion" more a set of symbols related to social origins, class, and life goals? What has been the func-

tional role of religion as a symbol system as regards Catholic immigrants to America in this century and on their descendants in the cities?

One cannot separate one's religious identity and self-perception from life goals, social class, and a host of other social factors. In England, live births per married woman fell regularly from 5.8 in 1978 to 2.2 in 1925, a tremendous change in half a century, and this was a mostly before modern contraceptives were available. But social differences remained of such importance that the fertility of manual workers continued 40% above that of nonmanual workers (Teper 1975:186). Their persisting higher fertility would have been wrapped up in their life goals and self image, of which their religious practices were largely a symbolic system, part of the national religion which tended to maintain slight differences of ritual or practice along class lines.

The role of the Catholic Church throughout Latin America is sometimes thought to be linked with the high fertility prevalent in countries of that continent (Stycos 1971). But to what extent the high fertility is because of official and ecclesiastical policies such as restrictions on contraceptive distribution and abortion, cannot be calculated. Certainly contraceptive prevalence and the exceedingly high rate of abortion in some Latin American countries suggest that religious affiliation of itself is not particularly important as a determinant of fertility. Some cultures require a symbol system in which the ideal is far different from the actual.

These comments have been made to put in perspective the higher fertility attributed to Islamic affiliation, not only in Bangladesh but in many Islamic countries. The Arab world as a whole has very high fertility, though most countries of the region have now sanctioned the beginnings of contraceptive distribution programs. Differential fertility is likely to remain for a long time between Muslims and non-Muslims as a whole. In Israel the Muslim fertility rate is so much higher than that of the Jews that the latter feel it to be an immense long-range threat. In Egypt the fertility was long in the 40s per thousand per year, though now it is down to about 38. The reason is not so much that people consciously rejected contraceptives because they were Muslims, nor that they had a desire to numerically outstrip others, but because they have had a view of the world and social expectations that promote high fertility. Rizk (1963) showed some years ago that Egyptian women who did not wish to use contraceptives gave as reasons, "all things are up to God" (57% of rural respondents), "to have a larger family" (37%), and "ignorance of methods" (only 9%). But the people have been more conservative on this than Islamic authorities justify, for there are *fatwās*, Islamic pronouncements, even issued in Egypt permitting contraception (The Population Council 1967). The people's views on the matter have been generated by their peasant background and their outlook on the world and social patterns.

There is a large component of nomadic or Bedouin influence in the background of Islamic ideals, and such peoples of the traditional Near East gave great emphasis to fertility. This can be seen in all the legendary traditions, such as that of Abraham with his flocks and herds and manservants and maidservants and lineage. Zohar (1974), studying the fertility patterns of Saudi Arabian Bedouins, found that events of life and death were commonly attributed to the will of God, or to a touch of a jinn or to the evil eye. The men were always willing to discuss sex and family life, but lost interest on the point of birth control, which they said was against their beliefs. They felt it didn't cost much to have one more child. The pro-fertility bias built into Islamic literature from this background has been utilized by Muslims in many traditional cultures to validate their own pro-fertility outlook.

Muslim Fertility in India

In the South Asian subcontinent it is consistently shown that Muslims have higher fertility than do Hindus or people of most other religions:

	Percent Muslims:		
	in South Asia	in India	in Bangladesh
1891	19.9		
1901	21.1		66.1
1911	21.3		67.2
1921	21.8		68.1
1931	22.2		69.5
1941	23.1		70.3
1951	22.5	9.9	76.9
1961	23.8	10.7	80.4
1971		11.2	85.4 (1974)

The apparent decline of Muslims between 1941 and 1951 was because of deliberate mis-reporting in Bengal and Panjāb for political and electoral purposes. The figures for Bangladesh, of course, reflect substantial Hindu migration to India.

Visaria (1974:361) has shown that in British India between 1891 and 1931 there was no substantial difference in mortality between Hindus and Muslims: Muslims had lower mortality in the north and west but higher mortality in the eastern Zone, and these balanced each other out. The proportionate growth of Muslims in British India is therefore attributable to their higher fertility. Between 1881 and 1931 Hindus increased by 26.8% but Muslims by 55% (and Christians by 133.8%, partly by conversion from Hinduism). Thus, in

half a century Hindus declined from 68.2% to 65.9% of the population (Hendre 1971:43).

Whereas in British India in the North especially Hindu and Muslim females used to marry about the age of puberty, in recent decades the age of marriage has been rising, but much faster for Hindus than for Muslims. The marriage patterns of Muslims favor higher fertility, even though in recent decades more Hindu widows have been marrying. In the past two decades Hindus have accepted family planning more readily than Muslims have; they have more desire to learn of the methods, and are more willing to undergo sterilization (Visaria 1974:371).

Several rounds of the Indian National Sample Survey have shown that the number of children born to Muslims is higher than the number born to Hindus, in every age group. Completed fertility of Muslims is higher by 16.8%, even though Muslims also have a higher mortality level. This demographic shift is of social and political importance because people are conscious of the electoral implications. This situation is especially an issue in Kēraḷa, in which nearly 20% are Muslim and 21% are Christian. In that state during the decade 1951-61 Muslims increased 18% more rapidly than did Hindus. During 1961-1971 again, Muslims increased 37.5%, Christians 25.8%, and Hindus 23.3%. Miller (1976:35) who made an intensive study in the Muslims in Kēraḷa suggests that the main reasons for this are the Muslim "happy or fatalistic acceptance of large families," early marriage, and increase by conversion. In addition, their acceptance of family planning was less: during the decade 1961-71 in Kēraḷa Hindus accounted for 72% of acceptors of sterilization, Christians 16%, and Muslims 12%, which is not in proportion to their populations.

A study of fertility in Calcutta in 1971 (quoted by Visaria 1974:286) showed that the city had 60% Bengalis and most of the rest were Hindīs from Bihār. The marital fertility rate was as follows: Hindī Muslims 177.4; Hindī Hindus 141.9; Bengali Muslims 133.0; Bengali Hindus 121.4.

Muslim Population in Bangladesh

Studies on fertility differentials in Bangladesh show the same trend. The *Bangladesh Fertility Survey* (1978:70) shows that in every age cohort Muslims have higher fertility than non-Muslims. Upon completion of fertility (age 45+) Muslim women have 6.9 children and Hindu women 6.1. This is similar to our data (Table 6) which have 7.0 for Muslim women and 6.4 for Hindu women.

A similar trend was shown by Samad *et al.* (1974:51), who noted that the child-woman ratio for Muslims was 5% higher than for Hindus and 60% higher than for Christians. Chowdhury (1975:28-29, 33) noted that in Nawābganj Thānā the gross fertility rate for Muslims was 243, for caste Hindus 233, and for Christians 162. He found the total fertility rate (per thousand women) for

Muslims was 7025, for Hindus 6810, and for Christians 4885.

Rafiqul Huda Chaudhury (1971, based on the 1961 census), showed that caste Hindus do not have fertility much less than that of Muslims, but Scheduled Castes do have lower fertility. (In Bangladesh about half the Hindus belong to each category; each has over 5 million persons.) Our data on differential fertility by sect (Table 8) as shown above tends to support this finding. It is clear from our data that the poorest people, such as Scheduled Castes are likely to be, have lower fertility than landed farmers.

Stoeckel and Choudhury (1973:73,75,83) found in their study in Comilla District that nearly twice as many Hindus as Muslims, proportionately, approved of family planning; three times as many Hindus as Muslims had ever practiced family planning, and over four times as many Hindus as Muslims were currently practicing it. They found that many Muslims more frequently terminated contraception too, because of pressure from *mullās*. The research was in a religiously conservative area.

Stoeckel and Choudhury also found, however, that apparent differences according to religious affiliation partly disappear when class and education are taken into account. They found no significant difference between Muslim and Hindu unskilled laborers in practice of family planning. Among those with higher education also, differences are not very significant. The differential fertility appears principally among the peasant villagers. The present study generally supports this.

In Bangladesh it is difficult to exactly measure differential population growth. The census material is uncertain, there is no nation-wide vital registration system, many are ignorant of their age, females may be underenumerated, and recurring events such as flood, famine, or migration may have dramatic local effect.

However, it is clear that Hindus and tribals have been leaving Bangladesh, and before it Pakistan, in significant numbers. For example, the Indian mini-state of Tripurā (east of Comilla District) had a population in 1951 of 646,000; in 1961 this had risen to 1.1 million, and in 1971 had risen again to 1.5 million. This increase by 2½ times in two decades is mostly because of migration from East Pakistan. The migrants were Hindus, Buddhists, and tribals of different religions. Similarly, there has been a migration of Gāros and others from East Pakistan or Bangladesh to the state of Meghālaya, to the north of Bangladesh, whose population has also increased unexpectedly. In addition, some of the 10 million refugees who fled to India during the Bangladesh War (8 million of them Hindus) did not return to Bangladesh.

Ken Hill (1979) made a study of population growth in Bangladesh in the inter-censal periods 1951-61 and 1961-74. In the first period, Muslims increased by 2.4%, Caste Hindus by 0.5% and Scheduled Caste Hindus decreased by -0.1%.

In the second period Muslims increased by 3.1%, Caste Hindus by 0.9%, and Scheduled Castes again decreased, by -0.4%. Hill estimates that some 10 to 15% of Hindus must have emigrated in 1951-61, and another substantial percentage must have emigrated in 1961-74.

While emigration of non-Muslims from Bangladesh might have slowed now, Muslims will increase as a proportion of the population because of their higher birth rate. The *Bangladesh Fertility Survey* (1978:92) found that 7.5% of Muslims as compared with 10.8% of non-Muslims were using contraceptive methods; moreover, 69.8% of Muslims as compared with 63.3% of non-Muslims had no intention of using them. Regardless of how much of this is caused by socio-economic rather than religious differences, the differential will remain until the world view and peasant cultural system prevailing among the rural middle class gives way to one with less inbuilt pro-fertility bias.

CHAPTER II

FATE AND DEPENDENCE ON GOD FOR NUMBER OF CHILDREN

1. Fate

Quotations by a *kabirāj* (herbalist) who is also a farmer:

I believe things are written down in fate (*takdir*). Allah created souls before he sent men to earth. After 300 years of this creation the fate of each soul was allotted. When men were sent to earth those fates came into the bodies along with the souls by order of Allah. There are writings about this in the religious book (*kitāb*). There is no change in this fate. However, if honest things are done in this world Allah can improve the fate, and if there is guilt ruin will descend and fate will worsen. Even a leaf does not move without Allah's order. So fate, too, can be changed only by Allah's order. That is what I believe.

Human income and prosperity are determined by fate. What is written in fate, that must happen. Who can change my fate? See, only a year ago I borrowed 20,000 taka to get some land, but I had to sell the land again. I had hoped to make some profit, but it was not in my fate— how could I get profit? If one could be as rich as he wished all would have been rich. Allah has made us, big and small; one who does not have wealth in his fate will never get it.

If I have many sons my income and position will be better. These are related with the number of children one has. I believe this. And getting more or fewer sons is also a game of fate. Is it possible if I don't have this in my fate? (M:14)

Other quotations:

I believe in fate (*adriṣṭa*; *takdir*). Our religious leaders have said that souls were created before they were sent to the earth, and a fate for every soul was made. (F:11,12,13,15)

Everyone's fate is written on his forehead from his conception in his mother's womb. What is written in fate can never be changed (*adriṣṭer likhā kakhano khaṇḍāno jāy nā*). It is under God's control and can be changed by God alone. But human fate can be changed through good deeds. (M:12,13,15)

God makes amendments to human fate once a year, on the night of *Śab-i-Barât*, according to individual good deeds. (M:12,13,14)

These 4 things are under the control of God: life (*hāyāt*), death (*maut*), wealth (*daulat*), and sustenance (*rezek*). (common saying)

Allah can make anyone rich (*dhanī*) or a 'street beggar' (*pather bhikhārī*) or whatever he wishes. If there is no prosperity in one's fate then only by making efforts one cannot become rich. 'Good name' (*sunām*) and 'ill name' (*kunām*), income (*āy*) and prosperity (*unnati*) are all written in one's luck. (M:12,13,14)

Whatever happens in one's life time is 'written in fate' (*bhāigyer likhan*). Allah is the architect of destiny (*bhāigya*). The advancement of the individual is dependent on fate. (F:7)

There are two types of fate (*takdir*). One type of *takdir* is totally controlled by God and is unchangeable by human effort. This type is called *takdir-i-moāllek*. The other type is changeable by human efforts. For example, if one provides better care to his grain fields he will be able to reap a good harvest. But if he does not work hard in his fields he will not get a good harvest. (F:11)

There is no such thing as luck, though belief in luck exists in our society. Those who are indifferent about conception beget an indefinite number of children. (M:22, *maulavī*)

The concept of fate is similar among Muslims and Hindus. Destiny or fate determined by God, is called *takdir* by Muslims and *adriṣṭa* by Hindus. Another term is *bhāigya*, having the sense of fate or luck.

The idea that one's fate is written on one's forehead from the time of conception or birth is a common one in India, and for this reason the forehead appears important in Hindu symbolism. Another idea derived from Hindu and Buddhist concepts is that of the 'wheel of luck' (*bhāigya cakra*) in which one's position is determined, on analogy with a game of chance. But fate in Hinduism is a much more complex concept because it may be modified by the effects of one's deeds (*karma*), prediction (*bhabiṣyat bāṇī*), the stars, and the like, and it may be foretold in horoscopes.

Islam has added the belief that souls were created before God sent them to earth, and that he created a fate for each soul. This belief has wide currency, and fits with the earlier Hindu belief that fate is written on the forehead from conception or from birth.

Another belief firmly rooted in Islamic tradition is that on the night of the holy day *Śab-i-Barāt* Allah will amend or determine one's fate for the coming year. If one has led an honest and hard-working life, it is believed Allah will amend his fate favorably, and it is a night of special prayers. Parents are concerned on that night about the determination of their children's fate, and may hold them all night. Only a few people deny this belief, as one did in the above quotations. For almost all villagers, fate is a concrete and real thing, not just a vague word.

From the viewpoint of village interpretation of Islamic theology, submission to Allah's will or His predetermined plan is at the very core of the religion. But it is not so easy to attribute deformities, spontaneous abortions, and the like to Allah's will, and these are sometimes said to be caused by Satan (*Śaytān*) or by *jin*. When a rich person becomes poor or when troubles rain down, it is sometimes said that Allah is testing (*parīkṣā kare*) the degree of faith of His 'created servant' (*bāndā*).

The dilemma over fate versus works is resolved by belief in two kinds of fate, as quoted above: one is unchangeable, and Bengalis often say in English, "what is allotted cannot be blotted." The other kind can be changed by Allah's response to each person's deeds and devotion. The day when He does this is *Śab-i-Barāt*.

There is clearly a psychological need for reliance on fate and destiny, which grows out of the peasant society and environment. An important reason for dependence on God's will is to get self-satisfaction (*ātma tripti*), for by this one can get a heavenly mental peace. In a peasant society, it is not only easier, but more satisfying, and more in line with the actual rewards of in novation and effort, to look for happiness and good luck from a divine source. This dependence is functional and adaptive to the peasant society, with its low level of reward for individualism, suspicion of gain of wealth, and the necessity to cope with sudden death, floods, or famines.

Islamic teachings stress the benevolence of God. The doctrine of benevolence states that "Allah gives more to one person and less to another as He deems fit." This is an "Islamic anti-frustration dogma" (Mahmood 1977:117) which helps one accept without envy and ill will toward others whatever he is able to achieve. The doctrine should not be an excuse to cease efforts to improve life. Iqbal, the national poet of Pakistan, advocated activism and creativity, and wrote poems about the Self (in de Bary 1958:753).

In fact, the Qur'ān states, "Verily, God changes not what concerns any people, until they change what depends upon themselves" (Qur'ān XIII.11). Theological arguments about predestination and free will run through historical Islamic texts as in medieval Christian works. Muslim rationalists identified intellect with the Holy Spirit (Sharafuddin 1977:45) Medieval philosophers considered God

the first cause, but admitted the probability of evolution. A school of Islamic philosophy centered in Basra about 982 A. D. brought out an encyclopedia of knowledge in 51 volumes in an effort to harmonize religion with reason. These philosophers anticipated Darwin's theory of evolution. A more elaborate theory of biological evolution was developed in Persia in the 11th century, and elaborated by cosmographers and zoologists in the following two centuries. All these implied that the world is in a process of progressive development (Sharafuddin 1977:53-82).

We conclude that Bangladesh society will be less permeated with fatalistic verbalizations only when individuals perceive greater rewards for individual effort. Most individuals believe in fate as much as their life experience requires. Such a belief does not stop the farmer from accepting an agricultural innovation if, in his life experience, it is a good one. Similarly, dependence on fate or God's will of itself is not likely to permanently stifle fertility-limiting behavior if the individual, in his life experience, sees it is good. This is also rationalized by the statement in villages that Allah has encouraged humans to make a search (*fikir*) for luck (*bhāigya*).

God's Provision of Food

'He who has given the mouth will provide food' (*mukh diyechen jini āhār diben tini*). (F:7,8; a saying common to the Muslim world)

Every newborn comes with its own food. Allah provides food for the baby in the womb and the infant at the breast from the flesh and blood of its mother. So God is the only source of human food. (M:11,12,13,14,22)

Allah is the granter of sustenance (*rezek*). Allah creates neither man nor animals without arranging their food. I have sold my land, but I have two sons and a daughter. Obviously, Allah is arranging their food, otherwise I could not have given it. As Allah has given me children He has given me blessings (*barkat*). I never earned so much before, and I think it is for my children's sake that Allah is giving, and I am able to feed them. (M:14)

It is believed throughout Bangladesh that a baby in the womb is nourished by the mother's fluid (*ras*) and after birth by her milk (*dudh*), evidence that the baby brought its own food when it came into the world; this is believed tobe symbolic of Allah's provision of food for every living thing. Every person's food is pre-allocated, and when that is consumed death occurs. Even the quality and type of food one consumes through life is pre-allocated. It is a saying in other Muslim countries as well as in Bangla- desh that "every mouth brings its own food."

Breastfeeding is a highly valued practice in Islamic tradition for this reason; in fact, the whole process of pregnancy and nursing is thought to invoke religious merit. Muslim mothers tend to consider it a duty to breast-

feed their babies. In at least 3 places of the Qur'ān the time of weaning was stated to be at the age of 2 years, i. e., 24 months (Ali 1938:1370).

The bottle has not made much headway in rural Bangladesh. Breast-feeding usually lasts 18 to 30 months, and because during that time fecundity is less, maintenance of long breastfeeding is important to encouragement of longer birth intervals. Nag (1980:571-80) has reviewed the evidence that several aspects of modernization actually promote fertility; there is need for more understanding of the impact of decrease of breastfeeding on fertility, and on this recent work by Huffman *et al.* (1980) deserves attention. Traditional prolonged breastfeeding offers the mother and baby psychological satisfaction, in addition to its effect on the birth interval.

Opinions on Whether a Baby Brings its Own Food (Table 70)

In our discussions with 152 village professional (Table 70-78) we asked them whether or not they think a baby brings its own food into the world and what this implies. We found that 74.5% of them have faith that a child does bring its own sustenance, but a third of these think the child also has to struggle to get it. The remaining 25.5% just say struggle is necessary to get food. This table shows, in a simplistic way, that most people have some belief that through God's grace the productive capacity of the land will meet the needs of the people God places on the land. Many of the village professionals in modern-type jobs thought struggle was important, but most of the religious functionaries emphasized the belief in God's provision of food for all his creatures.

This attitude arose from the peasant background of Bengal as well as from the nomadic background of the ancient Near East, in which milk was symbolically important. The belief was functional in terms of traditional society but such a pro-fertility attitude is dysfunctional in the present time when it has become clear that the standard of living of many Bangladesh peasants is declining because production cannot keep up with human numbers.

Fate, Prosperity, and Family Planning

> Fate (*takdir, adriṣṭa*) has no relationship with modern family planning methods. Fate is entirely in the control of God, and humans get whatever God allots them. Fate is predetermined, whereas family planning methods are established by human effort. So, family planning methods have no relationship with fate. (M:11,12,13,15)
>
> The fate and prosperity of a person is not related to his number of children. He who is destined to attain prosperity will prosper even after having a large number of children; he who is not will not attain prosperity even if he has only a small number. (M:13,15,21)

A certain villager owned vast properties, yet he did not have any children, and he finally adopted a son. So we see that prosperity has no relationship with the birth of children. (M:15)

Human prosperity is related to the number of children; more children means more income. (M:11,14)

These statements show that there is some philosophical incompatibality among the concepts of fate, prosperity, and family planning. People attempt to resolve these individually in different ways. Those who basically don't like family planning can say that it's no use because one's fated number of children will be born; only a minority argue this way.

Some believe that having more children brings prosperity. Others say the reverse, that prosperity enables one to have more children. Our data support the view that better income means that on the average one has and can support more children (Table 44).

The argument sometimes made by family planning workers, that having fewer children leads to more prosperity, is not a very useful line of persuasion. People have their own views on the matter. The urban or middle class generally know this. But the peasant experience, at least among males, is usually that greater family and lineage size leads to more power and assets. Or, people's experience and argument is that having fewer or more children won't affect prosperity because it is already fated.

2. Karma

Quotations :

One doesn't know one's fate (*adriṣṭa*). But above all else, there follows the 'fruit of one's deeds' (*karmaphal*). If anyone commits an 'evil deed' (*kukarma*) or engages in illicit sex, his fate will take an evil turn. One can avert many things, but not the consequences of his misdeeds. I believe each person will 'suffer the consequences of his deeds' (*karmaphal bhōgte habe*) and they will accompany him to the day of judgment. If somebody falls in distress, we attribute it to his misdeeds (*apakarma*). If one digs a hole for another to fall into, he who dug it will ultimately fall in. (M:11,12;F:7,8,9,11)

As a boy I learned from the elders that one's deeds can provide both happiness (*sukh*) and suffering (*duḥkha*). (M:15)

People suffer from wants because of faults in their nature (*mānuṣ svabhāb dōṣe abhāb bhōg kare*). Allah does not wish His creatures to suffer, but one will have to make atonement (*prāyaścitta*) for sin. (M:11)

Children suffer from the deeds of their parents. If parents harm others, children will suffer ill consequences. If a baby gets any serious disease or dies prematurely people say it is because of parental sins. I also believe

that dead children are affected by their parents' sins. (M:12,13,15; F:7,8,9)

The concept of *karma* is fundamental to all indigenous South Asian religions. The word means 'deeds' but it has the meaning of the effect of one's deeds, and popularly refers especially to the effect of bad deeds on the doer. That all deeds have effect is believed to be a natural law by which the universe runs. In Hinduism and Buddhism this belief came to be linked with the belief in rebirth. But many Hindus in India, especially middle and lower castes, do not believe in rebirth, which they consider a Brāhmaṇical doctrine (Maloney 1975). Hindus in Bangladesh also do not have as active a belief in rebirth as is sometimes ascribed to them.

The word *karma* has come into Islam in Bengal, and is used in Bengali interpretations of the Qur'ān, but more in the sense of deeds. The above quotations show, however, that Bengali Muslims and Hindus have the same views on the effects of one's deeds in this life. In Islam the concept of rebirth as a form of judgment has been rejected, and in its place is substituted the judgment of Allah, who keeps a 'document of good and evil deeds' (*āmalnāmā*) and in the day of judgment weighs one's deeds in a scale (*pāllā*).

This belief is important in traditional society for maintaining order and social control over individual behavior. Almost everybody, even the irreligious, has some sneaking suspicion that his misdeeds will be visited upon him. This belief also functions to excuse inaction in the traditional society, and to explain and accept misfortune (Sharma 1973).

We found that most of our respondents also believe that parents' sins affect their children, in this life and after the children are dead. This is grounded in Hinduism in the theory of karma and in the belief that one's bodily substance and character are physically transmitted to one's children. It is also grounded in Islam and has roots in the ancient Semitic religions; the Hebrews believed that God would visit sins of parents on the children for three or four generations, and Jewish leaders came to Jesus to trick him with a question as to whether a man's blindness was caused by his own sin or his parents' sins. In South Asia, too, blindness is particularly attributable to bad karma.

As people gradually come to understand the extent to which it is now possible for man to control his own fertility and destiny the excuse of fate and karma will gradually decline. This is a matter of each person's life experience.

3. Dependence on God to Determine Number of Children

We agree with Choudhury, Khan, and Chen (1976) that fatalism "should not be overstressed." Nevertheless, in our cross-tabulations with 18 variables measuring religiosity (Tables 2-28, 65-71) we find that stated dependence on God for number of children is associated with many other high-fertility factors.

Even when such statements of dependence on God are made for purposes of outward piety, this is of some significance as the statistical associations are there. The following quotations are representative.

> The authority (*kṣamatā*) of granting children lies on God (Āllāh, Bhagabān). The number of offspring one will have is predetermined (*pūrba nirdhārita*) by Him. The children to be born to a woman will invariably be born. God will grant children according to His wishes and allocate sustenance (*rezek*) to them prior to their birth. (F:7,8,9)
>
> Man has no control over the number of children to be born; this is determined by God. One must accept the wishes (*icchā*) of God for the welfare of humans. (M:11,14,15)
>
> As husband and wife we do not discuss the number of children; this is entirely dependent upon Allah. We have [several] children and no more are desired, but nothing can be done if God grants more children. We had children 'in due course' (*emnitei*) by the wishes of God. The interval between births is determined by the wishes of Allah. But I prefer a longer interval between births. (M:2,3,4,5,6,7,8,11)
>
> Children are given by the grace (*dayā*) of Ṣaṣṭhī, regardless of the good (*bhālo*) or evil (*manda*) activities of men and women. (F:9)
>
> The number of children to be born is indicated in the woman's 'child-bearing tube' (*santān haōyār nāṛ*) (placenta). Only God knows this, and none can foretell it. One woman may have ten and another woman one child in her 'child-bearing tube.' God determines the sex to be born. (M:11,12,14,15; F:9,16)
>
> It is mentioned in the Qur'ān that every child is born at the wishes of Allah. Performances related to 'mundane life' (*jindegi*) are also part of religion. Modern family planning methods have the approval of Allah, but each offspring is a gift from God. (F:7,8,10)
>
> Deformed children are born at the wishes of Allah. The causes of deformity at birth are not known to anyone. According to the wishes of Allah one may have 'good offspring' (*susantān*) or 'bad offspring' (*kusantān*). (F:7)

Quotations from a few of the village specialists:

> A man must believe in fate no matter how educated he is. What has been allotted cannot be blotted by human effort. Therefore, the number of children allotted cannot be stopped by a man, and any attempt to stop it is a great sin. (Muslim homeopathic doctor)
>
> Childbirth depends on the absolute wishes of God, who is also the source of peace and happiness. If God does not wish to give peace and prosperity, then birth control cannot bring wealth or happiness to a family by limiting the number of children. (Muslim allopathic doctor)

The number of children depends on the wishes of God. The headmaster of our school got his wife sterilized but later she conceived. So, man cannot do anything against the wishes of God. (Muslim school teacher)

There are a lot of instances in which women conceived in spite of their adoption of birth-control devices. This proves that man cannot control the number of children if God is not willing. (lady family planning assistant)

The number of children depends on fate. Seven days after the birth of a child God writes the number of children he will have, and that cannot be stopped by any human effort. (Hindu businessman)

Although limiting number of children depends greatly on the wishes of God, nowadays many people can control it according to their wishes. (Hindu educated lady)

Whatever happens in life is due to the writing of fate. At present family planning has come down, and we took it as a law of fate. It has come into use as an order of God. (Muslim businessman's wife)

It is a cultural expectation in rural Bangladesh to affirm that one is 'dependent on God' (*Āllār upar bharasā*) for such important features of life as one's number of children. Only a small percentage openly disagree.

These assertions should not be accepted without qualifications such as are given below. Nevertheless, they express a very important theme in Bangladesh culture.

In this ethos, happenings which are a matter of chance and not dependent on personal choice are attributed to Allah. Happenings which are not dependent on chance but on personal choice are also attributed to Allah. In case the results are not good then it is thought that Satan (*śaytān*) or jins brought influence. The rural middle class is especially committed to this viewpoint, at least in their overt statements, and this is the most fertile class.

They believe that having and raising children is a sacred (*pabitra*) responsibility. In this life there are religious duties and worldly or mundane duties, as some of these quotations point out. Among the worldly duties one of the most important is bearing and raising children. Each person is expected to fulfil his religious and worldly duties as well as he can, but the outcome is dependent on the wishes of Allah.

As stated above, dependence on God, in Muslim theology, should not prevent a person from taking rational action in his own interest. But the fact that Bangladesh peasants are socially constrained to say they rely on God instead of taking action as regards number of children, arises from the deep roots of pro-fertility peasant culture in this land, in which it was necessary to reduce the psychological cost of sudden or unexplained misfortune. What was functional in the past will remain until enough people have life experience to come to alternative opinions.

Dependence on God: Opinions of Village Professionals: Table 71

This table, constructed from interview notes with 152 village professionals, agrees closely with the data on dependence on God in our main tables. These village professionals are mostly males, and 86% of them say they believe in God or destiny to determine the number of children (in the main tables also 86% of men say they depend on God for this). In this table about 58% of village professionals believe *both* that God or destiny determines the number of children, and that family planning is good (in the main tables, 40% believe *both* on dependence on God for number of children, and on one's own choice for number of children).

Village political leaders, Muslim religious leaders, those having salaried jobs, allopathic doctors, and midwives in particular, believe in destiny, and some of them at the same time accept family planning. But half the teachers and four out of eleven family planning workers do not believe in destiny for this.

This table shows that village professionals and leaders are as much buffeted by these two seemingly contradictory kinds of perspective as is the general village population. There is confusion on the matter because they cannot do away with their traditional world view yet. They cannot choose sides in this matter, for though they may want to reduce population growth, they cannot forget their traditional values.

Dependence on God, and Sex, and Religious Affiliation: Table 7

This and the following tables are based on our secondary sample of 1671 respondents, who were all known to our investigators because the investigators lived in those communities for four or five months. Table 7 shows that more men than women (86.6% to 78.5%) say they are dependent on God to determine the number of their children. We have found in all our data that men tend to give more pious answers than women— pious in the sense of social expectations about religiosity. Actually men have more worldly experience and might be expected to give more pragmatic answers than women, but this is not true. The most important behavioral or moral quality that determines a man's local prestige is his piety, and second to that, the reputation of his women.

In this table we see that more women than men deny dependence on God for number of children, and more also are bold enough to say they don't know.

We have already noted that Muslims assert dependence on God for number of children more than Hindus do. Respondents of other religions are few, but among them, all the men assert such dependence, and only half the women.

Perhaps these men feel a certain competition with Islam as regards religiosity or piety, and answer accordingly; this does not affect their behavior as their fertility is much lower than that of either Muslims or Hindus.

As regards Hindus, they have less theology of an omnipotent personal deity who controls each individual's fate; their concept of fate is more involved with the concept of karma and the complex forces of nature or the universe. In addition to this, there is the sociological factor that in our sample more Hindus than Muslims are of the poor rural classes, and to that extent they are less bound to express the piety expected of landed peasants.

Stated dependence on God for number of children is not necessarily a cause of greater devotionalism or religiosity, nor of behavior leading to greater fertility, but in fact these are all associated in our statistical data.

Dependence on God and Fertility: Tables 9,4

This table shows that stated dependence on God for number of children is indeed related to actual fertility behavior. Those who depend on God have more children, and this holds up in all four age cohorts, and in both sexes.

Those who depend on God have an average of 5.3 children ever born, while those who do not depend on God have 3.7. Age might be an important factor in this if we assume that older people who have more children are also more religious. But when we control for age and consider those 45+ there is still some relationship; males have 7.3 children compared with 7.0; females have 7.2 children compared with 5.6.

Those who say they don't know if they depend on God in this way mostly have fertility levels falling in between.

Table 4, which compares data in the 17 research communities, shows that the correlation between dependence on God and fertility is .34 (.24 is statistically significant).

Dependence on God versus Dependence on Own Choice: Table 10

This is also an important table. In talking with respondents, some time after asking them if they depend on God for number of children, we asked them if they thought the number of children should be determined by their own choice. This table shows that as many as 40% of respondents answered "yes" to both questions and thus contradict themselves. When asked about dependence on God, very few felt free to answer "don't know," but that was not true for the question about dependence on own choice, for here 18% of men and 8% of women answered "don't know."

This apparent self-contradiction by 40% of respondents, however, is not irrational. Indeed, that they should be asked to answer questions excluding

either God's will or own choice might seem irrational to them. The contradiction between these two apparently opposite positions can be rationalized in that it is believed that God gave man intelligence to use for his own welfare. But for most people, the matter is not a theological question at all; they simply express their life experience about what is reasonably possible and what is not probable.

Dependence on God and Desire for More Children: Table 11

We found that 55% of males and 60% of females say they do not want any more children; this seems high, but it is in line with findings in other studies (Chapter VI.4). Table 11 shows that there is a relationship between dependence on God and desire for more children. For men the relationship is hardly significant, but among women, of those who depend on God 54.3% want no more children, and of those who do not depend on God, 68.3% want no more. This clear relationship holds up in all four age cohorts, and especially for women in their 20s and 30s.

The retationship does not show up much among men because more of them whose wives are in the fertile age want more children. Indeed, men and women who depend on God have the same rate of desire for no more children. The difference in attitude lies entirely in the women who do not depend on God for number of children.

Of course, most people fail to use contraceptives even though they may say they want no more children, but it may be supposed that desire for no more children is at least a precondition to their use. This table shows that an important correlate of desire to control number of children is a reduction in women's dependence on God in this matter.

Dependence on God for Number of Children, and Other Variables

Pardā (Table 24). There is a clear and regular increase in dependence on God with stricter observance of pardā, which we have measured on a scale 1-7. Dependence on God increases for males from 57% to 96% according to observance of pardā in the household, and for females from 59% to 93%. Correspondingly, there is a decrease in dependence on own choice, for men dropping from 74% to 38% according to observance of pardā, and for women less so but still noticeable. It is quite clear that stated dependence on God and pardā go together, and both are powerful factors in maintaining the pro-fertility ethos of rural Bangladesh.

Age of Marriage (Table 29). Among males, those marrying after the age of 20 have less dependence on God, and those marrying after 30 have less yet. Among females, there is a clear and quite regular decrease in dependence on God, from 88% of those marrying at or below age 13, to 56%

of those marrying past age 20. This suggests that delayed marriage especially for females, and also for males, will have a significant effect on fertility by reduction of fatalism regarding number of children.

Sons and Daughters Dead (*Table 37*). There is a clear increase in dependence on God with death of more sons and daughters, rising from 80% among those with none dead, to 95% among those with 4+ dead. Sex of the children who died is not at all significant here. This table does not necessarily show that death of more children increases fatalism, though certainly such an attitude is functional; it is probable that the groups among whom infant mortality is highest feel less in control of their own lives in many respects.

Reasons More Children are Desired (*Table 31*). Of those who want more children, 16% volunteer as the reason their dependence on God (in addition to 24% who are unable to answer why they want more, of whom many may also depend on God in this matter). Of males who want more, 20% give this as the reason, and of females who want more, only 8%. Income doesn't make much difference, but education does, for of those who want more and have no education, 20% say they want more because they depend on God, but of those having 9+ years of school and want more, only 3% give this as the reason. Those in joint families have a greater tendency to give dependence on God as the reason for wanting more children.

Frequency of Coitus (*Table 49*). The highest level of dependence on God is among those who have coitus only once a week; otherwise there is not much difference. Probably people who have coitus less often are older, or feel that they should have less coitus because religion teaches that to be desirable.

Abstinence after Delivery (*Table 57*). The number of days before coitus is resumed after delivery is not much related to dependence on God among males, but it is among females. The explanation is that those who resume it in less than 40 days are mostly non-Muslims, and only 58% claim dependence on God, whereas those resuming coitus 40 to 60 days after are mostly Muslims, and 87% of them claim dependence on God.

Contraceptive Methods (*Table 59*). Traditional methods are clearly preferred by those males and females who have dependence on God. Such dependence is especially related to abstention for males, and to indigenous methods for females.

Abortion (*Table 65*). Among males those who admit to knowing of a case of induced abortion in their family or neighborhood in the past few years have a lower rate of dependence on God than those who don't know of a case. Among females, of those who know of a case only 54% depend on God but of those who do not know of a case, 95% depend on God for number of children. Practice or even knowledge of induced abortion is clearly contrary to most people's concept of reliance on God's will.

Infanticide (*Table 67*). Those who admit to knowledge of a case, especially among males, have less dependence on God. Pious men can hardly admit to knowledge of this, but women who are pious may even conspire to do this in cases where they feel the honor of their family is at stake.

Respondents' Advice on the Population Problem (*Table 69*). There is a very clear relationship between these answers and dependence on God. Of those offering positive suggestions for population control, 57.8% depend on God (compared with average of 83.1% for the whole sample). Of those who just said "everybody should control," 86.1% depend on God. Of those giving negative responses, 98% depend on God. This table is very significant, and shows there is meaning in people's answers about dependence on God for number of children.

Stated Dependence on God: Correlations

Correlation Matrix for 17 Communities (*Tables 2, 3, and 4*). Table 2 shows differences in responses about dependence on God in the 17 research communities where these data were gathered by our personnel, who lived there for four or five months. Dependence on God for number of children is asserted by as many as 99% of all our respondents in the rural study communities in Sylhet, Mymensingh, and Dacca Districts. Despite some anomalies in this table, we note that communities that had male investigators show higher dependence on God than communities that had female investigators; males tended to get male informants, and females female informants, and we have already noted that males more often assert that they depend on God than do females. Table 3 shows correlations between the percent who say they depend on God, and those having other socio-economic characteristics, grouped according to the 17 research communities. We find that dependence on God is very highly correlated with pardā (in males' answers only). It is also correlated well with low education, with moderately high income, with illiteracy, and negatively with number of bedrooms. Dependence on God has little relationship with landholding or children dead, and practically none with middle-level schooling, household size, or family type. It is interesting to note that dependence on God scarcely correlates with Islam. But it correlates well with number of children ever born. This important point is shown on Table 4 also.

Correlation Matrix for Religiosity Variables and Fertility (*Table 5*). This table brings together most of our data about religiosity to see its relationship with contraception use, and also with fertility (correlation of 0.1 is significant at $p<.05$). The highest correlation with dependence on God is, of course, the negative correlation with dependence on self to determine number of children. The other important correlations are, in order (.1 is statistically significant):

.20 respondent's advice about the population problem
.14 pardā
.11 fasting
.11 abstinence from coitus on holy days
.10 frequency of prayers
−.10 use of modern contraceptive methods
.10 fertility
.09 opinion of religious leaders against family planning

Most of our other measures of religiosity also have some apparent correlation with dependence on God, but not statistically significant. It is important to notice that being a Muslim does not have statistically "significant" correlation with dependence on God to determine the number of one's children.

These figures abundantly support our assumption that stated dependence on God for number of children is related not only with religiosity, but with resistance to use of modern contraceptives, and also with higher fertility. This attitude arises principally out of the world view of Bengali peasant society.

CHAPTER III

RITUALS, RELIGIOSITY, AND FERTILITY

1. Amulets and Control of Power

An amulet (*tābiz*) is worn by a substantial proportion of people in Bangladesh and throughout South Asia; it is often a little locket worn on the arm, waist, or around the neck. The following quotations are representative:

> *Tābiz* is power. If I hit you with a stick, you will get hurt; if I say something very bad to you, won't you be hurt in your heart? *Tābiz* is a thing like that. It is a kind of medicine. It may be difficult to accept medicine, but there is no such difficulty with *tābiz*. If it is fastened with a string around the body it cures my illness. My father used to give *tābiz*, and I also give it. A year after I got married my wife became pregnant, but the child was wasted (*naṣṭa*); another child was also wasted. Then my wife used to feel pain during menstruation. My father gave her a *tābiz* and the pain stopped. My wife became pregnant again and in the third month became overwhelmed with pain. My father gave her another *tābiz*, and that baby was saved. I myself give *tābiz* for stomach pain, flatulence (*ālgā bātās*), and such. People take *tābiz* because they profit by it. Often when the doctor's treatment fails they come running for a *tābiz*, because they find it works. But the *tābiz* is only a pretext, for God gives the cure. Many get children through a *tābiz*. It has such power it can make the impossible possible. (M:13, grocer who studied in *maktab*).

Quotations on use of amulet for fertility:

> A childless couple can get a child by using a *tābiz* obtained from religious leaders. In addition, a childless couple can have special prayers and obtain medical treatment. If one's offspring die at birth (*mallir dōṣ*) then the couple get an amulet from the 'religious leaders' (*mullā-munsī*), or 'saintly teachers and ascetics' (*pīr, fakīr*) so that their offspring do not die at birth. (F:7,8,9)

Sterile women and impotent men take *tābiz* from a *kabirāj* to get a child; some make special prayers through priests. (F:15)

Many couples who do not have offspring for 10 or 12 years after marriage in spite of various efforts are granted offspring by God after using an amulet. There are many such examples. Infertility for long sometimes causes divorce. The miracle of the amulet saves many couples from divorce and helps establish peace in conjugal life. (M:11,12,13,14,15)

An amulet is used to protect a fetus from the evil eye (*kunazar*). It is also used when difficulty arises in delivery. (M:11,15)

A childless woman will have a child if she can wear a piece of jute taken in *Bhādra* month over which a *fakīr* has said an incantation; it has to be worn around the waist. (F:7)

Quotations on power of an amulet:

An amulet is more powerful than evil spirits, because it contains verses from the holy books. The use of amulets began from the days of the Prophet Solemān. The Jews (*Ihudirā*) attempted to cause harm to the Prophet through the spell of magic (*jādu*) and in this way endangered his life. Then Allah sent certain holy verses of the Qur'ān to make him free from the evil magic. Since then these holy verses of the Qur'ān have been written to put in amulets. (M:11,12,14; F:7)

An amulet carries the 'power of incantation' (*mantra śakti*). It can cause relief from sufferings and diseases and has the power to fulfil one's cherished desire. But its usefulness depends on the 'intensity of belief' (*bisvāser ādhikya*) in it; the deeper the belief the 'more effective' (*beśī kriyā*) it will be. (M:15)

To keep the evil eye (*kunazar*; *kudriṣṭi*) or *jin* or ghosts (*bhūt*) from harming a pregnant woman she uses an amulet. (F:7)

Through using the spell of an amulet a boy sometimes takes a girl out of her dwelling and accomplishes marriage against the wishes of the girl's guardians. (F:9)

A mother procures an amulet for her child to protect it from 'stomach ailments' (*peṭer pīrā*). If an infant develops a cold and has 'difficulty in breathing' (*śvās kaṣṭa*) then a piece of bone from the throat of a gander is used as a *tābiz*. Or a 'consecrated thread' (*sutā paṛā*) is used to protect the health of the child. (F:7,8)

If a newborn 'becomes possessed by a *jin*' (*jiner āsar hay*) an amulet is used. When all medical treatments fail people approach the *pīr* and *fakīr* for giving them an amulet.

During my monthly period the *tābiz* has to be taken off and kept aside, and after my purifying bath, may be worn again. (F:7)

Use of amulets is one of the most widespread religious practices in South Asia, cutting across Hinduism, Islam, Buddhism, and other belief systems. It is also of ancient origin, probably stemming from the Indus Civilization (in Dravidian languages it is referred to simply as "protection"). It has roots in the ancient Near East and is well established in Islamic as well as in Hindu tradition.

Amulets may be made of any special material, but the efficacy comes as an incantation (*mantra*) is said over it, and it has the *śakti* or strength of the *mantra*. It often consists of a metal cylinder or little casket containing a verse or a herbal substance. For Muslims it sometimes contains an Arabic-looking verse said to be from the Qur'ān, may be on paper, or it may contain a thin rolled-up sheet of metal or other material with a 'magic diagram' (*tantra*). Around the diagram or verse may be marks which are shorthand for the *mantra* uttered, but in the case of Muslims they are Arabic-looking. The substance of the casket, whether gold, silver, brass, wax, or other material, has significance too. The string with which it is tied on is usually black, which also has significance in averting evil, and is also consecrated.

An amulet is often given by a religious functionary who is paid a small sum for this service. The religious functionary is thought to have access to divine power, and in Hindu tradition in particular it is believed that a *mantra* has efficacy only as the person uttering it is a suitable type and is in a ritually pure state. In India an amulet is often prepared by a *mantrikā* or *mantravāti*, one who has the reputation for saying *mantras*. The counterpart in Bengal is the *kabirāj* (lit. master or king of the verse), who may be Muslim or Hindu. As the above quotations show, a *tābiz* may also be obtained from a *mullā*, *munsi*, *pir*, or *faktr*, that is, any local religious functionary. It is not usually given by a *maulānā* or a Brāhman, as such functionaries do not concern themselves with solutions of peoples' personal problems, but rather with high ritual and legalities. Many common people also give a *tābiz* within their family or neighborhood, and some make a part-time occupation out of it. The requirement is to know the *mantras* or verses.

Evil powers are thought to emanate from beings who have evil design on men. These powers are constantly busy doing harm to humans. Muslims believe in an important devil called *Iblis*, in evil *jins*, and in female *jins* (*pari*). Hindus acknowledge that evil powers reside in evil gods and goddesses, and also fear male ghosts (*bhūt*) and female ghosts (*petni*). Such ghosts reside in trees or groves or graveyards. Amulets play an important role in keeping these at bay and in counteracting their power.

For Muslims, there is an alternate way of using the power of the amulet. They can say the verses written in it for a temporary period such as a day or a night, then the power of the verses fades and they have to be said again for a further period. But it is easier if the *tābiz* is worn as it gives continual

benefit to 'achieve personal desire' (*maksud hāsil*). Those who cannot read or recite the verses have no alternative but to wear the *tābiz*.

Failure to produce an offspring, or repeated spontaneous abortions, or other difficulties of life are thought to be the result of dissatisfaction of supernatural powers (*alaukik śakti*). The supernatural powers are of two types: heavenly, which lies in Allah for Muslims or in the deities for Hindus, and the lower power which comes from evil beings or Satan. One can communicate with Allah or God through his agents, the *faktrs* and saints, by accepting an amulet from them and making an offering (*mānat*) to the shrine of a saint; this is thought of as pleasing to Allah.

The use of an amulet is not irrational, as it is thought of as solving a problem by communication between two parties without the use of physical means. As one quotation above suggests, it is like the shock produced by bad words but without the force produced by a stick. Use of an amulet is not regarded as contrary to medicine, for causation operates at various levels and can be affected by intervention at various levels.

Amulets, Healing, and Fertility: Tables 12,13,14

In designing this study we thought it would be a useful test of religiosity and its relation to fertility behavior to see how many and what kind of people use amulets, and what for. Tables 12 and 13 show the results.

About 40% of people wear them, and about 40% give them to their children. We found that 38% of males and 45% of females were using one or more of them at the time. Most of the women's amulets must have been obtained by their husbands or male relatives, as usually someone has to go to the *mullā* or *kabirāj*, and pay for the service. Amulets are not just a comfort of old people; in fact, proportionately more young people wear them (Table 13).

Most of the reasons amulets are worn have to do with health and the body. But many people also wear them to avert generalized influence such as evil air, evil eye, or ghosts, or to avoid difficulty and diseases. A good proportion use an amulet for more than one reason, feeling that the *śakti* of its *mantra* can be generalized. Some people also wear two or more amulets, for different purposes.

Out of 674 informants who use a *tābiz*, the following are for sex or fertility reasons: to get a child 32, infant mortality 19, nocturnal emission 16, disease of semen 12, menstrual trouble 8, enlarged testicle 6, pregnancy difficulty 6, to get a male child 6 (to get a female child, nil), and for spontaneous abortion, barrenness, labor pains, and fever in delivery. Of the amulets given to children, several were given for nocturnal emission and enlarged testicle. In addition, we may assume that many, or the majority, of those who use an amulet for "more than one reason" would do so for sex or fertility problems.

It is widely reputed that amulets can influence a lover, as indicated in the quotations above, or can be made to cast a bad spell on a rival lover. But in this list only two say they use one "to get husband's love" (intercourse) and two to induce marriage.

As a measure of religiosity, use of *tābiz* is ambiguous. Of those who gave one to their children, 84% say they depend on God, versus 83% for the sample population. However, when we look at dependence on God according to reasons the *tābiz* is used, there is a pattern. Of those who gave their child a *tābiz* for specific named problems, 91% depend on God for number of children, but of those who gave one for welfare or other generalized purposes, only 69% do. Almost all of those who gave a *tābiz* for fear of ghost, evil eye, or for more than one reason, depend on God. These people apparently do have greater religiosity than those who gave a *tābiz* simply "for the betterment of children," of whom only 40% depend on God. The former probably have more active and personal faith in its efficacy, whereas the latter probably give it to their child because of social expectations.

There is also a positive correlation between use of an amulet and *pardā*. The relationship is not much among females, but among males it is noticeable. Pardā is statistically related to both religiosity and fertility (Chapter IV. 4).

In addition to the reasons listed why people wore a *tābiz* themselves, we may assume that many who wore it for a sex-related or fertility problem did not say so specifically; for instance, no one said he wore an amulet for impotence, though it is known that that is a common complaint amulets are used for. We conclude that a substantial proportion of the people of Bangladesh are using an amulet at any given time for sex-related complaints or to promote fertility. Those who use it for specific complaints are the most religious, for they depend on God the most. These tendencies are associated with a pro-fertility world view and reluctance to fully utilize human endeavor to affect one's situation in life.

2. Rituals to Promote Fertility

Quotations:

> To get a child, one will go to a saint's tomb (*dargā, māzār*) and make a vow (*niyat, mānasi*) there. Hindu women, both married and unmarried, worship or make a vow at the shrine of the goddess Ṣaṣṭhī. (F:7,8,16)
>
> God is the giver of children. For getting a child one should go to a saintly teacher (*pīr*) or to a *faktr* for their blessings or an amulet. They should go to *dargā* and pledge a vow to get a child if the woman is sterile or the man impotent. The pledge may be money, a golden replica of the moon, a cow, a goat, or a chicken. When the desired offspring is born

the parents make the offering (*śirni*) at the mosque (*masjid*) or shrine. Sometimes to please God for granting a child a couple may arrange a 'feast for destitutes' (*kāṅggālī bhōj*). (M:1,3,11,12,14,21)

If no child is born a couple observe various rituals and use quack remedies (*ṭoṭkā-ṭāṭki*). Some eat fruit sanctified by holy verses. Other childless women rub 'incanted oil' (*paṛā tel*) on the navel and abdomen. One may be bathed at the meeting point of three pathways, or bathed on the carcass of a tiger. (F:7,8,9)

Evil eyes (*kunazar*) cast by a *jin* or *bhūt* can make a woman barren. She should get the help of one who can communicate with the *jin* and ask him 'what offering will make you happy?' (*ki pele khuśī habe*) so that he will be willing to release the woman from his influence. Thus, 'his demands are fulfilled' (*tār dābi purā karā hay*) and what is desired is obtained. (M:1,3,12,13)

At the time of the 'naming ceremony' (*ākikā*) of a son two goats or a cow are required for sacrifice. For the (*ākikā*) of a daughter one goat is required. (M:21)

Rituals in Regard to Children (*Table* 15). We asked people about rituals performed for fertility or to get children, or in regard to having children. Out of our secondary sample of 1671, 600 acknowledged that they had engaged in some such ritual. Almost a third of these have performed more than one. Among Muslims, the most common is *milād māhfil*, which is not really a ritual to get a child, but a sort of thanksgiving, in which a group of relatives and neighboring men have a session of unison chanting of appropriate texts. Another Muslim ritual is the naming ceremony, *ākikā* but that is in the nature of a social function; it also usually involves animal sacrifice. Because of the expense, most Muslims do not observe it. Hindus have a ceremony of the 'first rice feeding' (*annaprāsan*) 6 or 9 months after birth, but many do not observe it. These rituals are done after a child is born, and are not strictly for fertility. They are essentially social occasions.

But there are many ways in which people believe they can bend the will of God or the gods and get what they want. The most common of these is by making a vow (*niyat*, *mānat*). This is done in all the religions, including Christianity, and is common throughout South Asia for achieving any personal need. The Muslim shrines which dot the country are saints' tombs (*dargā/māzār*), and people do believe that the *pīr* or saint buried there will intercede before God. The pledge is to give a food offering (*śirni*) of sweets which is distributed to those present; money is also pledged to the poor or for a mosque; or a pledge is made to give an animal for sacrifice for the next *kurbānī* or day of sacrifice, or a reading of the Qur'ān by using the services of professional readers (*korān khatam*), or extra fasting (*nafal rōzā*) are pledged. Upon

fulfilment of the wish, this is done, and there may be a communal feast at the shrine.

Hindus have similar rituals. They may vow to do something for the deity they beseech if the wish is granted, such as make an image of it on its next annual special day, or give to charity, or make a pilgrimage, or make a sacrifice. They may pledge to perform a special *pūjā*, or worship ceremony, at which special foods may be given to the deity for blessing, and afterwards these 'sanctified foods' (*prasād*) are eaten by those present or family members for their edification, so they will imbibe the grace and strength of the deity.

In Hinduism there is a decentralization of divine power. The gods and goddesses have different responsibilities, such as Sarasvatī for education and the arts, and Lakṣmī, for wealth. For fertility, the special goddess of Bengalis is Ṣaṣṭhī, who grants children. She is beseeched fervently, or her power is sought through means of a shaman, who may order that the supplicant make a vow. Another fertility ritual is that on the 10th and last day of Durgā Pūjā, Hindu women who wish to conceive may take an image of Kārtik and hold it on their laps. This is a warrior and a virile deity, and the symbolism is obvious; it is said that by doing this such women hope to conceive a strong, handsome, and accomplished male child. It is also believed that in this way the desires of many women have been fulfilled. Another deity, Śib (Śiva), represents potency, and in Bengal is thought to determine one's conjugal partner.

The roster of specialists one can turn to for achieving one's desires concerning fertility is considerable. One can go to a homeopathic doctor, the most common type, or for modern treatment to an allopathic doctor. A Muslim might get some advice on approved sexual behavior from a *maulānā* or *pīr*, or he might go to a mosque or a tomb of a saint to bend the will of God. One might go to a *hākim* for Iunānī medical treatment, or to an Āyurveda practitioner. A Hindu might go to a *sādhu* for advice on life style, or to a *purāhit* to perform a *pūjā* ritual for fertility. Anyone can go to a *kabirāj* for herbal medicine, or to a *faktr*, or to an *ājhā* who is shaman and incantor, or to a *darbeś* (dervish).

We observed that even educated and somewhat modernized women pursue rituals in the interest of fertility, especially if they are childless. Though Muslims take vows less often than Hindus do, they commonly take them for this purpose, and *milād māhfil* even might be performed with the intent of helping achieve fertility. The educated women in our sample of 152 village professionals indicated that while they did not all believe in the efficacy of distributing *śirni* at a shrine, they were not yet willing to disbelieve these ancient traditions. The profertility ethos of the culture is likely to prevail for a long time.

3. Religiosity and Fertility

Fasting

Fasting keeps the five sense organs of the body under control and helps lead an honest life; fasting (*rōzā*) is a test of self-restraint. It is one of the five pillars of Islam, and fasting in Ramzān is compulsory (*faraj*) for every Muslim. It is a 'way ordered by Allah' (*Āllār nirdeśita path*). Fasting purifies the soul and keeps one away from evil deeds. Allah stated Himself that he would personally reward those who observe fasting, in the day of judgment. Sins committed in 11 months are forgiven because of one month's fasting. (M:11,16)

I believe God will give more children to those who offer prayers, keep *rōzā*, and perform Hajj. There is a connection between these and having children. (M:13)

Having more children has no relation with fasting; even some devotees do not have any offspring. (M:11,21)

Through fasting one can please Allah at a higher level than by any other religious performance. (M:11,20,21)

Observance of fasting leads to an honest and happy life. Fasting is done to gain the satisfaction of God. It helps keep under control the five senses of the body. It is not done to make a show to others. Elderly people follow fasting more, and this inspires those who are younger to do so. (F:7,8,10)

Fasting is done out of religious devotion; besides, those who can afford it go on pilgrimages. (F:8)

Fasting is given very high symbolic significance in Islam, particularly in Ramzān, the month in which fasting (*rōzā*) is required from sunup to sunset, and water cannot be drunk and smoking connot be done: to this is added in South Asia a sentiment against swallowing saliva, which came from earlier Buddhist rules of fasting, so important is fasting that it is believed, as quoted above, that the rewards will be given by Allah Himself.

One is believed to accumulate a great quantity (*parimāṇ*) of virtue with minimum effort by fasting. For every religious act done during Ramzān an individual is rewarded 'religious merit' (*saōyāb*) 70 times higher than in any other month.

Some Muslims also believe that Allah cannot be given favors through earthly items such as the food and clothes offered to deities in other religions, for he has no shape or form, and neither begets children nor was begotten. He created humans to worship Him and to carry out His instructions. Thus, fasting is an easy way of satisfying Allah and making Him happy by obedience and worship.

Philosophically, fasting is said to symbolize control over emotions and sex drives. Fasting is 'self-control' (*ātma sangjam*) and a shield against 'evil deeds' (*kukāj*). Through the purification of fasting the soul is brought close to the ideal set down by Allah and his Prophet.

In view of this, many Muslims in Bangladesh abstain from sexual intercourse during Ramzân. Eating and sexual activity is permitted at night, and in some Muslim countries abstinence in the day time is more than compensated for by intercourse at night. But our respondents indicate that most Muslims in Bangladesh reduce or abstain from intercourse during Ramzân in the interest of religiosity.

Hindus also have an ideal that fasting is beneficial, and many of them do claim to fast some days each year. But generally only upper caste Hindus or those with some leisure follow this assiduosly. Others may fast in fulfilment of a vow to fast. Hindus in theory observe more occasions of sexual abstinence because of special festival days or on phases of the moon, and not just on fasting days.

Fasting, Dependence on God, and Fertility: Table 16

From this table we can calculate that 46% of males and 54% of females claim to fast 30 or more days a year (for Muslims, Ramzān). The suggestion by some of our respondents that women fast more than men is borne out. But the actual practice of fasting is less than this, for many people start with good intentions but begin to sneak food and water during the daytime as the month wears on. For laborers the prohibition against drinking water in day time is the most difficult.

Among Hindus the majority claim to fast a few days a year: women fast more days than men. Buddhists also claim to fast quite a bit.

In Table 16 we see that actual fertility for men increases with greater frequency of fasting: those who don't fast have 4.6 children ever born, those who fast 30 days have 5.3, and those who fast 31+ days have 5.9. This might be partly the result of age distribution. But among those who have completed fertility, those who do not fast have 7.0 children, and those who fast 30 days have 7.3; the latter tend to be Muslims.

There is also a relationship between fasting and dependence on God for number of children; among males who never fast 71% depend on God, versus 92% for those who fast 30 days. Among females, of those who never fast 68% depend on God, but it rises to 91% of those who fast 30 days. This relationship is significant in view of the quoted beliefs about meaning of fasting and faith.

As regards desire for no more children, when we look at those in the most fertile age group, below 35, we do not find much relationship; younger people, who tend to want more children, also tend to fast less than older people.

Weekly Worship: Table 17

We found that over half the men claim to worship in a mosque, temple, shrine, or church, once a week, but a third of the men do not worship there even once a month. Most of the women, being Muslims, do not worship in public, though Hindu women do go for *pūjā* to the temple.

Frequency of worship is related to pardā; the difference is especially noticeable between the men who worship once a month and those who worship four times. Among the women who go for public worship, who are non-Muslims, we still find that those who worship four times a month practice pardā more than those who worship just once. This suggests the influence of Islamic customs on people of other religions.

Dependence on God for number of children increases among men from those who worship once a month to those who worship three or four times; a similar pattern holds true for women.

As regards fertility, those who worship one day a week have fewer children than those who worship two to four days this is affected by age, but holds true even for those who have completed fertility.

We may conclude that frequency of attendance at public worship is indeed related to these traits of religiosity and to fertility, but the distinction is more between those who worship less and more, than between non-worshipers and worshipers. Of course, weekly worship is not entirely an independent variable, since it is related to religious affiliation, economic level, and perhaps age. But it is part of the bundle of traits of religiosity and world view that are related to high fertility in Bangladesh.

Daily Prayer: Table 18

We can calculate from this table that 28% of men claim to pray five times daily, while quite a few pray once or twice a day, and 42% do not say daily prayers at all. Women claim more frequency of prayer than men do; nearly half claim to pray five times a day, and proportionately fewer say they do not pray at all. The claims of frequency of prayer are doubtless inflated, but nevertheless represent the ideal.

There is a clear relationship between frequency of prayer and practice of pardā among men; the women who claim to pray five times a day also practice more pardā.

Fertility also increases noticeably from those who pray once to those who pray five times a day.

As with weekly worship, this is not exactly an independent variable, but is related to the world view context of high fertility in Bangladesh.

Reading Religious Books: Table 19

We asked people how many times a week they read or listen to religious books. Of the males, 54% listen only, and 15% never read or listen. Proportionately many more women than men claim to "read" religious books several times a week. But most of these women do not read; they actually incant or intone the Arabic without understanding the meaning. It is an ideal of a female's behavior that she be able to do this, and teach the children to do it; intoning of Arabic is taught in the *maktab* (religious elementary school) or by *imām* to many children.

Men who read religious books more days a week observe greater pardā in their families, but this does not hold up for women. As with many of these measures, we find that men are conditioned to act or respond so as to display greater piety.

Among men, there is also a relationship between reading religious books and dependence on God, but not among women.

Illiteracy, shown in the number who say they listen to religious books read, does not seem related either to pardā or dependence on God as regards men. But as regards women, of those who are illiterate as many as 91% say they depend on God.

Pilgrimage: Table 20

We asked people the distance of the longest religious journey they had undertaken. This would usually be to a sacred tomb (*dargā* or *māzār*) for Muslims, and some shrine or temple (*mandir*) or religious festival for Hindus. Nearly half of both males and females had undertaken such trips. Among males who made such trips the median distance was 20 to 50 miles, but many also went up to 100 or 200 miles. Among females, many are satisfied with a trip of under five miles, though some go longer distances. In our sample we found one man and five women who were *hājis*, who had been to Makkā.

Among males, those who made short trips have less dependence on God, those who made trips of 20 to 100 miles have more, and those who made long trips again have less. This is because long trips imply wealth, and we find from Table 43 that those with more wealth claim to depend on God less. Among women the pattern is less clear, but those who have made journeys of 100 to 500 miles tend to depend on God more, and perhaps such women do indeed have more sincere religiosity. The few who went on very long trips or on Hajj have little dependence on God for number of children; they are accustomed to determining the events of their own lives.

We also developed tables on the number of family members traveling on pilgrimages, and on expenses of travel, but these were not useful for measuring much apart from wealth. We conclude that those who make pilgri-

within the district or subdivision do tend to be more dependent on God for number of children, and have a world view promoting fertility.

Having a Religious Preceptor: Table 21

About half the respondents, but more women than men, claim to have a religious preceptor. This would usually be a *pir* for Muslims, a *guru* for Hindus, and a *gōsāi* for Baiṣṇabs (Vaiṣṇavas, Hindu devotional sect). Some claim to have just a teacher, and some claim to have both.

Among men, dependence on God increases from those having none, to those having a preceptor, to those having a teacher, and to those having both. Among women also, those who have both depend on God more, and those who have just a teacher depend on God less.

Among both men and women, fertility is highest for those having both a preceptor and a teacher. These figures are partly affected by respondents' ages, but of those who have completed fertility, those having just a teacher have somewhat fewer children. Wealth is also a factor, as many cannot afford a preceptor.

Fasting and Contraceptive Methods: Table 59

This table shows what percent of respondents who have ever used the various contraceptives, do not fast, or fast 30+ days a year. We see from Table 16 that about 50% of respondents make the (perhaps inflated) claim of fasting 30+ days a year, but in this table, we see that of those who used contraceptives only 38% do. Moreover, those who use modern contraceptive methods, especially condom and sterilization, tend not to fast at all, in comparison with those using traditional contraceptives, of whom a larger percentage tend to fast 30+ days a year. This suggests that the fears of religious minded people, who suggest that in this day and age neglect of fasting causes moral degeneration may be correct, according to their view of morals.

Religiosity, Contraceptives, and Fertility: Correlation Matrix, Table 5

This table brings together all our data on 17 measures of religiosity, plus contraceptive use, and completed fertility. The following are some of the significant correlations.

Pardā is correlated with holy days of sexual abstinence at .38, in effect the highest in the table. This suggests that Muslims in pardā observe Ramzān more strictly than required by Islamic teachings and avoid intercourse for that month.

Being a Muslim, frequency of prayers, and frequency of fasting, are all correlated with each other at .33, which is high for this table.

Fasting is also correlated with negative advice on population, dependence on God, pardā, and frequency of worship.

Rituals concerning desired or newborn infants are correlated with making some expenditure for a festival, use of amulet for self, use of amulet for child, frequency of prayer, and negatively with pardā and reading of religious books.

Having a religious preceptor is correlated with pilgrimage, reading of religious books, sexual abstinence on holy days, and frequency of worship. It is negatively correlated with dependence of self for number of children, and contraceptive use.

Being a Muslim is correlated with prayer, fasting, pardā, and negative opinion about population control; apparently being a Hindu is correlated with having a religious preceptor and some expenditure on festivals.

It is interesting to compare the figures for dependence on God versus dependence on self, for number of children. Dependence on God is correlated with a number of religiosity variables, and with high fertility, and negatively with use of modern contraceptives. Dependence on self is correlated strongly with positive advice on population control, and with use of modern and traditional contraceptives, and negatively with some religiosity factors.

Giving of negative advice on the population problem is correlated with dependence on God for number of children, but negatively correlated with worship, fasting, dependence on self for number of children, and contraceptive use.

Fertility (age 45+) is correlated with prayer, pilgrimage, having a religious preceptor, and dependence on God.

Use of modern contraceptives is correlated with dependence on self, and negatively with several measures of religiosity, holy days of sexual abstinence, and negative advice on the population problem. But the strongest correlation is the negative one with pardā.

These correlations, especially the contrastive set dependence on God, and dependence on self, for number of children, bring out the main point of this chapter: the necessity for the peasant's view of the world to change sufficiently for him to rely on his own choice regarding family planning, and the relaxing of the web of interlocking religiosity factors and pardā which promote high fertility.

CHAPTER IV

PARDĀ

1. Pardā As a Religious Ideal

Quotations:

In the Qur'ān there is an injunction upon every Muslim regarding the observation of *pardā* [purdah]. If one observes *pardā* his/her mind will be diverted to God, and he/she will develop a sense of what is approved (*hālāl*) and forbidden (*hārām*) in religion. (M:11,12,13,14)

A chaste life is impossible without pardā, which creates a distance between man and woman. Pardā has been proclaimed in the message of the Prophet and in the Qur'ān and *Hādis*. When the Prophet went to Śab-i-Merāj he observed that many women were tortured in their graves, and he came to know from the angels that these women did not observe pardā in their lifetime. After that the Prophet emphasized pardā, and asked his daughter Fatima to observe it. (M:11)

It is an act of sin if a man looks at a woman other than his near relatives, or if a woman looks at a man other than her husband. In Islamic principles, one who does not observe pardā will be punished in the afterlife. Pardā has been practiced since the time of the Prophet Muhammad, in order to prevent humans from sinning. In Muslim homes every woman observes pardā to some extent, and some people fence their homestead (*bāṛi*) so outsiders cannot see within. (M:11,13,14)

In the Qur'ān and the *Hādis* pardā is taught. If pardā is observed there will be fewer acts against religion in the society. But if not, the world will be filled with sins. Today's modern and educated people do not observe pardā, and think it a burden, and indecency and shamelessness is pulling the country down. Don't you see that there is no rain, and the country is in famine? This is the condition of the country because pardā is decreasing and shameful acts are increasing. Thus, the government has become bad. Ziaur Rahman and his cabinet ministers should confess; then the country would go in the right way. (M:13)

As a girl I heard that if outside males see the head of a female uncovered, every hair of her head will turn into a snake on the last day and bite her. We used to laugh away at such sayings. The real pardā is the pardā of the heart. (F:7)

One who is concerned about the day of judgment must observe pardā. It is a medium to control the mind, and is not harmful. By observing pardā one gets self-satisfaction. (F:8)

Observance of pardā is a religious instruction. Some Hindu women also observe its restrictions. (F:7,8,9,15,16)

The Qur'ān does not advocate pardā in the sense of seclusion. That is a development of medieval centuries, though now firmly grounded in Islamic tradition. The Prophet advised women to:

"lower their gaze and be modest, and to display of their adornment only that which is apparent, and to draw their veils over their bosoms, and not to reveal their adornments save to their own husbands or father or husband's fathers, or their sons or their husband's sons, or their brothers or their brother's sons or sister's sons, or their women, or their slaves, or male attendants who lack vigor, or children who know naught of women's nakedness. And let them not stamp their feet so as to reveal what they hide of their adornment." (Qur'ān XXIV, Light:30)

Women are also advised that when male visitors come into their homes they should stay behind a curtain, so that both their guests and the women themselves could remain pure (Qur'ān XXXIII:53). Women were allowed to speak freely with their male kinsmen, other women, or slaves. When they went out of their homes they were to draw their cloaks close around them in order that they be not recognized (Qur'ān XXXIII:59).

In Bangladesh it is commonly explained that the devil (*śaytān*) circulates among humans like the blood in their veins. The devils constantly look for a chance to distract the human mind and turn it to evil. Men and women have a weakness for each other, and the devils take advantage of this at every opportunity, to drive them toward 'illicit sexual' (*zenā*) pleasures. The Prophet Muhammad was above the influence of the devil's power because God gave him power. So it is believed that pardā has been introduced into Islam to protect humans from the devil's power and influence.

But pardā is a positive ideal for most villagers, not just negative. Those who practice it sincerely believe that they get inspiration to observe family traditions and instructions in the faith.They believe they are more conscientious in all their thought and behavior, and observe prayers and fastings more. Pardā is both an outward symbol of piety and propriety, and a means to achieve religiosity and inner peace. Men living in families practising pardā are also thought to enjoy these qualities.

Historical Functions of Pardā

The roots of pardā go back to the earliest civilizations in the Near East. In the Sumerian civilization in the 3rd millennium B. C. prestigious women wore veils. As full-blown peasant cutlure with plow cultivation rippled outward from the Near East, exaggeration of sex-role differences appeared in many civilizations. The Hebrews of the Old Testament, the ancient Greeks, the ancient Persians, and others, idealized sex-role differences and developed symbols of women's inferior status. Pardā and exaggerated sex-role differences, then, came into Islam from a base of over two thousand years of earlier cultures.

There are several correlated beliefs. The reputation of a man and of the whole family is defined in how he protects his women. Women are thought to be pollutable because of menstruation and afterbirth, an idea which has been raised to great symbolic significance so as to make them unfit to be priests or perform high rituals. Women tempt men, as Eve did Ādam, and drain men's strength through sex. Women have the responsibility to ensure that the lineage is pure. Women have a sacred duty to please men and to mother the family, while men have a duty to provide for and protect them. The importance of sexuality and fertility become symbolically enlarged, so much so that sexuality has to be controlled by strict social conventions, and channeled.

As Islamic society grew from its nomadic base and became a highly complex civilizational system, hierarchy within the family came to be a microcosm of hierarchy within the wider society. Not only in Islam, but in almost every traditional peasant-based civilization this happened. As each religion incorporated and codified rules of social behavior women's public roles became constricted, as in Hinduism, Confucianism, and early Christianity. In all these traditional civilizations women tended to be isolated in the home and restricted from public activities, but in Islam this become raised to the highest ideal.

In South Asia male-female roles became highly differentiated, throughout Hindu society too. The Sanskrit texts could not be heard by women, the high gods would not have them as priests, and the like. A woman regarded her husband as lord and was married to him for life, and even after his death was to remain loyal to him only. Division of labor became accentuated; in Indian peasant society women cannot touch the main tools of production, such as plow or potter's wheel, nor drive an ox cart. It is socially difficult for men to husk grain using a foot-lever (*ḍhēki*) and do all the household work to raise children. Males and females are separate *jātis*. But females have great generative power, which has to be controlled by men (Chapter I.2).

A degree of seclusion of women something like pardā developed among some of the higher landowning peasant castes of North India, such as some Rājputs and Jāṭs. Women live in the interior of the house, and the front room is reserved for the men and their guests. A woman going out for water may pull

her śāṛī over her face if she meets a man. The house compounds are bounded by high walls so that none can see inside. Even before the arrival of Islam in North India and Bengal there was a substantial element of idealized restriction on women's public movements, for the elite classes at least.

Thus, in both Islamic and Hindu societies the prestige of a man and his family came to be symbolized by the position of its women. The rape of Bengali women by Pakistani soldiers in the Bangladesh War became an emotional issue because it was a symbolic implication that Bengali men are weak and unable to protect their women.

In Islamic Bengal pardā as an ideal spread throughout the whole peasant society more thoroughly perhaps than in any other Muslim country. In Iran, Pakistan, and much of North India, pardā in the sense of seclusion of wearing the *burqā* is a practice only of those wealthy farmers who can show that their women don't have to work, or of townspeople holding traditional values. But in Bangladesh even the poor peasants and artisans value and practice pardā to the extent that they try to not let their women go out unescorted, nor allow them to work in the fields or go shopping. In West Bengal, women do work in the fields and go shopping, but Islamic influence has restrained this in Bangladesh. Hindus practice less pardā than Muslims do, as we have seen in Table 24, but in Bangladesh in the midst of overwhelming Islamic values on this point, Hindu women also seldom work in fields or go to the market, unless they are poor. In the context of Islamic values, pardā is the best way Muslim Bengalis can show their respectability and piety without conspicuous consumption: it appears to be cheap, and is effective. But it also promotes high fertility.

Pardā and Practice of Religion: Table 24

This table shows the 7-point scale by which we measured pardā, noting the greatest degree of freedom allowable to women of each family, ranging from 1, a household in which the women can go out for work or shopping, to 7, a household having complete pardā. (Item 6 turned out to be superfluous.) It is based on respondents' answers, and also on observations of the investigators, who were living in the community.

We find that men claim that their families practice more strict pardā than women do. The table shows that 48.3% of men's responses put them in pardā 5 on our scale, but 58.6% of women's responses put them in 1 or 2, which is little or no pardā. Part of the difference lies in that male investigators interviewed more males, and their observations differed from females' observations. Table 2 shows average pardā in the 17 communities under study, with sex of investigator; the differences are caused both by that and by actual regional variation throughout the country. The difference in men's and women's perception require some explanation.

First, men view pardā as the most clear and visible symbol of respectability, which is the reason for diffusion of the custom in the first place. Women view it this way too, according to our quotations, but men are likely to give an image of more strict pardā to an outside male such as an investigator. Thus, pardā 1, no pardā, is claimed by 14.8% of the men and 23% of the women. This may be partly because of different definitions of "going out for work;" men might not consider occasional giving of domestic assistance or help in a landowner's house as work whereas women might.

Second, the largest difference between men's and women's responses is in pardā 2, "can go outside village." Only 3.9% of men but 35.6% of women give this as the greatest degree of women's freedom. This seems to be because men do not consider women to be "going out" when they visit their parents or relatives, as they may several times a year; if they practice pardā the women may go in an ox cart with curtains or in a ricksha all wrapped around with a *śārī*. Women, however, view this as an excursion.

The table also shows that Muslims observe pardā more than Hindus, and the difference is quite significant. Moreover, the range between men's and women's answers is greater among Muslims, who project their status through pardā more than Hindus do. We also see that Buddhists, in the Chittagong area, have taken on a little of the ideology of pardā, but tribals and Christians have not.

A significant finding of this study is the relationship of pardā to dependence on God for number of children. Table 24 shows that among men there is a regular increase of those who depend on God, from 57% of those who do not practice any pardā, to 86% of those who practice complete pardā. Among women the increase is also regular, and almost as great. We also see in Table 24, in the last set of figures, that twice as many men whose families practice no pardā depend on their own choice for number of children, as men whose families practice the strictest pardā. Women's responses show less effect of pardā on the percent who say they rely on own choice for number of children.

There is further evidence of the relationship between pardā and religiosity. Table 17 shows especially that men and women who worship just one time a month observe considerably less pardā than those worshiping two, three, or four times a month. Table 18 shows that those who do not pray or who pray just once a day have much less observance of pardā than those who pray five times a day. Table 19 shows relationship among men's responses between reading of religious books and pardā. Table 14 shows relationship among men's responses between use of *tābiz* and pardā.

Pardā and Religiosity (*Table 5*: *Correlation Matrix*). Degree of practice of pardā is related with the following (correlation of .10 is statistically significant):

abstinence on holy days	.38	being a Muslim	.15
reading religious books	.27	frequency of worship	.15

dependence on God	.14	having religious preceptor	.08
religious leaders' opinions	.11		
frequency of fasting	.10	use of modern contraceptives	- .35
using amulet for child	.09	use of any contraceptives	- .19

(Correlation with performance of rituals for a child at -.20 and with having religious festivals at -.13 have an economic explanation.)

Thus, pardā is one of the most significant indicators we have found in this research. The negative correlation of -.35 with use of modern contraceptives is especially striking.

2. Pardā and Family Relations

Family Prestige

The extent of practice of pardā depends much on the social and family situation. Pardā has great value in social life, and improves one's social status. (M:11,12,13,14,15)

Those who practice pardā have chaste character, and its effect is high social ranking. Everyone hates the women who do not observe pardā. Women who lead a secluded life are respected by all. In dealing with a person one can tell if he/she comes from a pardā-observing family, men born in such a family will be gentle in all their dealings. (M:12,13,14)

In selecting a bride, one looks for a pardā-observing family. The extreme shyness of rural women arises from their observance of pardā since childhood. (M:11,12)

A girl born in a pardā-observing family will develop etiquette and manners in life. Such girls have modesty (*śālinatā*) and do not engage in conversation with non-related men. Children born in a family not observing pardā will be of 'evil nature' (*kusvabhāb*), and will not have decency or polite behavior, nor respect superiors. Parents who observe pardā will have good offspring. (M:12,13,21)

Pardā is a highly valued tradition. In the village women are accustomed to observe it. It is important for a woman's status in society. A woman who does not observe it will be humiliated by others in the society. (F:7,8,9)

The first quotation here tells what pardā is all about: prestige and social status.

One way this operates is that girls brought up in pardā are thought to be desirable as brides. They are thought to be shy, modest, obedient, free from illicit sex, and followers of religion. A girl brought up without pardā is thought to be disobedient (*abāidhya*) and unchaste (*asatī*). Any family will want to at-

tract a groom of status by ensuring that its daughter has good qualifications; the ideal is always hypergamy, meaning a girl should marry into a family of higher or at least equal status so that her family will benefit. But a respectable family will have to provide a larger dowry to marry off a misbehaved girl.

Occupational Status and Pardā (*Table* 40). Of cultivators, 85% practice pardā 3 through 7 on our scale, and next are those in miscellaneous common jobs, with 83%. Next are those in traditional professions (religious functionary, indigenous doctor), then day laborers. Those with low pardā are teachers, artisans (mostly Hindus), fishermen (some Hindus), and lowest of all are those in salaried employment ("service"). The latter are mostly urban.

Income and Pardā (*Tables 43,45*). These tables show clearly that those having income in the upper-middle range for rural people practice stricter pardā. Table 45 shows, according to men's answers but not according to women's, that those who can afford more bedrooms practice stricter pardā.

These figures support the above-quoted opinions that pardā is associated with respectability; it is the rural middle class who are most conservative on this point. It is not coincidental that it is they who have the higest levels of fertility, as we shall describe.

Pardā Within the Family

> I learned from my mother and sister that if the elder brother-in-law comes in then I have to cover my head. One also has to cover the head while going outside; I don't have any difficulty in covering my head in front of other men. Girls of families observing strict pardā do not go before either the elder or the younger brother-in-law. They do not even appear before the family planning workers, nor are the family planning workers allowed to enter the house. I feel shy to hear open discussion of family planning in front of men. I learned pardā from my mother, and father's sisters. (F:7)
>
> If women go to office and market and disregard the traditions of pardā and establish relations with other men, they lose interest in their husbands. Such women also become less attractive to their husbands. (M:11,13,14)
>
> There is a connection between the wife's observance of pardā and the husband's span of life. It is the husband's duty to keep his wife in pardā; if one does not keep his wife from moving indecently his name will be written in the book where sins are recorded. Won't the husband get the fruit of it? His life span will be short. (M:13)
>
> A husband of a woman not observing pardā will have lower life expectancy because the sin of the wife influences the husband. (M:5,8,17,18; F:1,4,5,7)

> A woman is like a flower in the garden. When the flower blossoms it gives off a fragrance. Similary, when girls attain maturity they develop a certain body odor. A woman who does not observe pardā cannot retain her body odor. (M:11)
>
> I learned that good behavior and conduct of the wife and observance of pardā brings good to the husband, and I also believe this. The girls of this country look for the husband's welfare at every step. (F:7)

The homestead is the domain of women in Bangladesh. This is the *bāṛī*, or compound with houses of kin around it, surrounded by shrubbery and trees, and often with a pond attached. Pardā not only governs women's going outside, but also affects relations between them and all men of the household. K. M. Ashraful Aziz (1979:110-120) has described the principal dyadic relations in a Bangladeshi household. Pardā governs a woman's interaction with those with whom she is expected to have an avoidance relationship, such as husband's elder brother. Pardā induces in a girl the shyness which leads to obedience to her mother-in-law and other elders at the beginning of a marriage, and enables her to adapt and become amenable to her husband. There are important benefits to be derived from all such deeply entrenched cultural practices, even though they might be dysfunctional in regard to some contemporary or environmental contexts.

Menopause and Pardā (*Table 25*). It is sometimes thought that pardā drops off after menopause, but our data in this table deny this. We see that men whose wives are five or more years past menopause claim more observance of pardā in their household, and women just past menopause also claim slightly more observance of it, until they reach a considerably older age. The opinion that pardā declines after menopause might arise because in towns one often sees destitute older widows working or begging. The data in this table shows that the purpose of pardā is not just to prevent adultery or keep the lineage pure; the purpose is to mark the respectability of a household.

Marital History and Pardā (*Table 28*). The great majority of respondents have been married just once and have one spouse. This table shows that families in which there are co-wives do not observe more pardā, but men and women who are remarried after a divorce, and women who are remarried after being widowed, observe more pardā.

Age of Marriage and Pardā (*Table 29*). We find that age of marriage doesn't make much difference in men's responses on pardā, but it does for women. Those who marry at or around 13 (fewer do these days) practice pardā more strictly, while those who marry in their late teens or 20s practice it less. The same table shows that higher age of marriage not only affects pardā, but for women it significantly reduces dependence on God for number of children, and also greatly affects fertility. The world view and cultural patterns that generate

dependence on God and pardā also generate high fertility.

Family Type and Pardā (*Table 30*). This table shows that most households are nuclear. Women in nuclear households, and men in augmented nuclear households, claim slightly stricter practice of pardā. It might be thought that the joint or large extended family would practice it more, but that is not so.

Pardā and Fertility: Tables 26, 27, 3

According to Table 26, those practicing no pardā (1 on our scale) have noticeably fewer children than those practicing any higher degree of pardā; this holds up in both sexes and in all four age cohorts. Among men and women aged 45+ also, pardā 1 is associated with the lowest fertility, pardā 2 with intermediate, and pardā 3-7 with higher fertility, but within the last group there is no clear association between degree of pardā and fertility.

In Table 27 we see that men whose households practice no pardā (1 on our scale) have somewhat greater desire for more children than those whose households practice any higher degree of pardā. But the reverse is true of women; those practicing no pardā 2 are intermediate, and those practicing pardā 3-7 more often want more children.

In Table 3, in which the 17 research communities are compared (.24 is statistically significant), degree of pardā is correlated with fertility at .32, and with dependence on God for number of children at .61. These are highly significant findings for this study.

3. Restrictions and Attitudes

Restrictions on Movements of Females

> Generally a woman, especially a grown up girl, is not allowed to go outside the homestead (*bāṛī*). If it is necessary for a young woman to go to a neighbor's house after dusk, she may be escorted by an elderly woman or other reliable family member. Many girls are not sent to secondary school. If a girl goes to school she may become a subject of 'humorous contempt' (*upahāser pātrī*), since this is an act against pardā in this society. (F:7,8)
>
> A grown girl is not allowed outside the homestead alone. She can sometimes go with her mother. She is prevented from frequent association with her grown male cousins. Women cannot say prayers in the congregation and are forbidden to make the 'call for prayer' (*āzān*) so that males may not hear their voices. (M:11,14)
>
> According to the rules of Islam a woman can work outside the house if she covers her whole body except her face. She has to cover the body

from head to heel and down to her wrists. (M:11,21)

It is a parental responsibility to keep a strict watch on movements of an unmarried girl to keep her chastity intact. She is not permitted to go alone to the houses of any distant relatives, nor participate in any big social function without the company of elderly female near relatives. The strictness of this depends on the family status and adherance to pardā. A girl is strictly forbidden to visit any of her friends' houses without knowledge of her parents. (F:7,8,9)

Women should not work outside the fenced portion of the homestead. However, we cannot observe this rule because we are poor. (F:16)

Female participation in singing and dancing is totally prohibited in Islam. Yet, some feel an attraction toward these activities. But because of religious prohibition most women keep away from such performances. (M:11,13; F:7,9)

These statements may mislead the reader into thinking that females are confined more than they actually are. While they do not usually go ontside the hamlet, they do move around the vicinity of the house, and gather leaves and wood, tend goats, raise vegetables, and sometimes bathe (clothed) in a pond or in a river *ghāṭ*.

The rigid attitudes about illicit sexual behavior also misleading. Discussions with village people, especially the youth, lead us to believe that about half of them have premarital sexual experience. Some young people also say their parents are not much concerned about it, but they would certainly become concerned if it became publicly known that a daughter was doing this. Adultery and other types of sexual behavior prohibited by Islam are also widespread, as in any peasant society.

Public society is almost entirely male. Women do not go to tea shops, unless for example they are on a bus journey with their husbands. One can go through a whole weekly market in rural areas, or through a football ground in a town, without seeing a woman. The percentage of women in public transportation vehicles is small. Only 23% of our women respondents say they can go out to work, but from men's claim it is only 15% (pardā 1 on our scale, Table 24), and certainly the economy of the country is affected by this. Most rural women have never been to a town; we find that even in villages close to big towns 70% or more of the women have never visited it; if they did it was to visit a relative and resulted in little broadening of outlook. As long as women's whole lives are devoted to domestic matters their outlook on life will be suffused with a pro-fertility bias.

Attitudes

A female may be viewed as fire and a male as a piece of butter. An

attraction develops when these two objects come to each other. Greediness of the mind comes through the eyes. (M:13,15)

A cow is kept away from the field crops by tying a rope around its neck. So, pardâ restrains males and females from sensuous desire. (M:11)

A curtain (*pardā*) is used to keep prestigious girls from unknown males. Curtains are also used in childbirth by Hindus and Muslims, and unmarried girls are not allowed to go inside. During birth no male, nor even the husband, is allowed inside. Some people among the Hindus build a separate shed for childbirth. Coverings are required for social prestige and shyness, so Muslim girls wear sufficient clothes. Muslims prefer to put up a mosquito net and use sheets at the time of intercourse. (F:15,16)

I like pardâ to a moderate degree. My husband does not say anything to me about it, and allows me free movement. But I do not move about very freely. Pardâ does not do any harm to me. Nobody will force me to observe it. But I abide by it because I have been taught it as a Muslim girl. If pardâ is observed there will be respect in the society. (F:7)

Some women, though they observe pardâ, feel disgusted at its restrictions. It is difficult to stick to its restrictions. But people cannot avoid it or there will be whispering (*kānākāni*). (F:2,8,9)

While some women find no difficulty in restraining their movements and maintaining ideals of pardâ, other chafe under it. But the support of the whole Islamic religious system, from people's understanding of the Qur'ân itself to the teachings of the *mullās*, and peoples' own conscience, are powerful in keeping pardâ as one of the most strongly set ideas of Bangladesh middle-class peasantry.

Refusal to Call a Male Doctor

We believe that to call a male doctor at the time of delivery is against the injunction of religion. The exhibition of the covered part of the female body to a male doctor is a 'shameful act' (*lajjājanāk kāj*). It is better to accept death than be handled by a male doctor.[1] It would be a matter of disgrace. A woman whose life expectancy has come to an end cannot be saved by a male doctor. A woman who dies of a difficult delivery will be treated as a martyr (*śahid*) in the day of judgment. (M:11,12,13,14)

Town dwellers do not hesitate to call a male doctor in time of difficult delivery; it is not viewed critically there. (M:14,20)

Every effort should be made to save a human life. In time of difficult delivery one must not be silent 'fearing loss of pardâ' (*pardā naṣṭer bhaye*). (M:15)

Pardâ is not more valuable than a human life. When the life of a woman is in danger because of difficult pregnancy, observance of pardâ no

longer gets priority. (F:7,8,9)

Those who maintain a strong practice of pardā in their families also tend to believe, or say they believe, in divine control of number of children (Table 24). These are also the people who believe that time of death is fixed, and that death of a woman in childbirth will be rewarded in the day of judgment. Such a belief may be a factor in the incidence of maternal death in Bangladesh, and in the higher mortality of adult women than adult men.

But some men, and apparently most of the women, believe that when a woman's life is at stake pardā is a secondary matter, and believe the higher religious teaching is the 'requirement to save the life' (*jān bācān faraj*).

Changing Attitudes

> The practice of pardā is gradually declining. This shows the day of judgment is nearing. Educated people think pardā is a hindrance to progress and do not observe it at all. The present maladjustment between husbands and wives is related to this. (M:11,13,14)
>
> Nowadays 'pardā restrictions are somewhat less' (*pardār kaṛākaṛi kichuṭā kameche*). A girl can go to school, college, or even to the market if she can make her movements decently (*śālinatār sahit*). (F:8,9)
>
> I do not think it is against Islam for a woman to go to the shop or market but it might cause whispering. Daughters of good parents still stick with the principles of pardā because of the teachings. (F:7)

There is a principle in social dynamics, that when some symbol of status or respectability spreads through the society and gets adopted by the majority, it is given up by the elite in favor of new symbols of status and position. This is happening to many such symbols that have spread through the rural middle classes in South Asia in the past century, such as wearing of the Hindu sacred thread, caste rules of purity and pollution, prohibition of widow remarriage, and the like. It happens in social norms, dialect, material consumption, and religious symbols, and has been called the "flight of the elite." This has already begun to happen with pardā in Bangladesh, as the above quotations show. One does see educated women in bāzārs and offices. Still, they are few, and only 5% of school teachers in the country are women. The government intends to raise this to 50%, and has a policy that 10% of government employees should be women. But this will take a long time to achieve, and still will not affect the life styles of middle-class peasants very much. They already know that urban and educated people hold different values about women's behavior, but they prefer their own.

A factor that will retard the easing of pardā in Bangladesh is the felt need for Muslims to maintain a host of small and large symbols of their status different from Hindus, particularly against the background of the creation of Pakistan

and Bangladesh. These differences are very strong in stated food preferences, greeting words, dress, and in many other areas of life. One of the strongest points on which Muslims maintain a positive self image is the orderliness of society and behavior, which they believe to be superior, and of which pardā is such a potent symbol. Islamic revivalism in several countries has brought an increase of pardā practice, at least to some extent. Vreede-DeStuers (1968: 98-101) points out, that though "pardā permeates the Muslim social life of northern India from the top to the bottom" it is being eroded by the small group of educated and urbane Muslims; this is countered by crusaders of a purified religion; westernization has given Islamization a new tone and produced a reactive vigor.

The main means of decreasing practice of pardā and therefore of its pro-fertility context, is through education. Islam *et al.* (1979:17) found that in Matlab Thānā, in the Cholera Research Laboratory study area, literacy of females is increasing thus:

Age 10-14	31.7% literate
15-24	29.9%
25-44	16.6%
45+	4.6%

The Government hopes to ensure universal education during the 1980s. This will have a ripple effect on traditional values in time, but it will take a long time.

Elementary education of itself does not have much effect on parda. Table 46 shows that the practice of pardā begins to decline for females only with education beyond class 6-8. For men, its practice in the household actually may increase with a little schooling, as that is itself related to local status and position, and observance of it begins to decline only with education past secondary school. (It may be noted, correspondingly, that fertility also begins to decline with education only after Class 6-8 in Table 47.) At present most girls who attend school observe pardā from puberty and imbibe its values which they will transmit to their children.

However, a force that may operate against pardā is the mass poverty generated by the pro-fertility ethos of which pardā is a part. It has been shown (Jannuzi and Peach 1977:71) that 48% of all rural households are landless or have less than half an acre, and while this does not mean that all are in abject straits, it does indicate that in more and more families the woman will have to work at whatever she can get to help the family situation. A few women (mostly in especially designed situations) now work in construction, while more and more widows and destitute women are working in the fields, along with the tribal women who always did that work. However, women working outside the home is still recognized by almost all as a sign of economic distress.

The decline in standards of pardā is not viewed favorably by most rural

people, who argue that it is fated to decline until the day of judgment, but that people should strive to maintain religious ideals anyway. As long as this view prevails widely one cannot hope for relaxation of pardā quickly among the rural middle class.

4. Pardā and Family Planning

Quotations:

> Muslim women give birth to many children because they live in pardā. They don't have much information about the outside world. On the other hand, Hindu women do not live in strict pardā. (F:16, midwife)
>
> Pardā will have a sure effect against the acceptance of family planning methods. It is a religious instruction to every Muslim woman to observe pardā. But family planning methods are devised by human efforts. Women who observe pardā are not willing to accept it since it is not advocated by religion. (F:7,8)
>
> Female family planning workers are allowed to enter into a household observing pardā and they can talk about the methods, but the women who observe pardā are not interested in accepting these methods. They are not willing to hear of these methods, and the husband will object. It is a fact that many women do not accept family planning methods because they observe pardā. (F:7,8,9)
>
> In a family observing pardā discussions on family planning methods are not allowed. (F:7)
>
> Discussions on family planning methods may take place among women even in a family observing pardā, provided the workers are female. (M:15)
>
> Procreation is a private matter. It is shameful to discuss future pregnancies with family planning workers. This is the same as disregarding rules of pardā. Pardā is part of religion so people practicing pardā are reluctant to accept family planning methods. (M:10,14)

Pardā has become the object of many comments from people in different countries interested in human development and individual women's rights. Our interest here, however, is not that. We accept the premise that every social patterning has its own rewards and costs, but what might be suitable for one time seems unsuitable at another time in history. Our only concern in this book is the relationship of pardā with population growth, which these quotations clearly show.

Pardā and Fertility (*Table* 26). We find that it does not make much difference whether one practices moderate or complete pardā (3 through 7 on our scale). But those practicing pardā 2 on our scale have fewer children, and those practicing pardā 1, no pardā, have fewer yet. This is generally true in the

four age cohorts we have for men, and in the last three we have for women. The difference is quite noticeable for ages 45+, completed fertility. Of course, this difference is not strictly a factor of pardā, as urban people practice it less than rural, Hindus less than Muslims, the educated less than the uneducated, and so on. But pardā is clearly part of the bundle of pro-fertility traits prevailing over most of Bangladesh.

The serious effect of these restrictions on women's going out need not be belabored, except to cite Sastry and Muthiah (1977) who summarize twelve other empirical studies from different countries that show the relationship between women's employment and fertility; reduced fertility goes with longer duration of work, higher work status, and full-time work. These relationships are found to be stable and persistent when the wife's age and education and husband's education, employment, and income are held steady. Moreover, we believe that the various income-generating efforts for women based on home-bound crafts or food processing will have little effect on fertility decline. Higher status work and full time work, and the interest in work required to draw women's attention from the household, come with outside employment. For most rural Bangladesh women, that possibility is too far distant to be a matter of practical consideration.

Desire for no more children in relation to pardā is shown in Table 27. Women not in pardā want fewer children. Our figures do not show a relationship for males between pardā in the household and fertility, because of the predominant effect of economic and other factors.

Females who marry young tend to practice more pardā, as shown in Table 29. The general relationship between age of marriage and fertility is well known (Population Reports 1979) and appears clearly in this table also.

One of the most significant figures to come out of this study is found in the correlation matrix, Table 5. Pardā is negatively correlated with ever use of modern contraceptives at -.35. This is the *highest correlation* among all our religiosity variables excepting the correlation between pardā and holy days of sexual abstinence at .38. We also see that pardā is negatively correlated with ever use of all contraceptives combined at -.19, so that even the traditional contraceptives tend to be shunned in such households. The quotations above showing that modern contraceptives are just not welcome in homes having strict practice of pardā, are well founded.

The mechanisms by which pardā inhibits family planning, then, are several. Most often quoted by our informants is modesty. It is a violation of the principles of pardā to discuss future pregnancies with outsiders, and some consider it a sin. A family planning worker who gains entrance to the house may not be given a hearing, or the women may not consider acting upon it for this reason. Second, there is the isolation of women in pardā. They have access

to what their men folk choose to bring them. McCarthy (1977) emphasized the point that in the conservative area of Comilla District she observed that women hardly had any women friends outside the family; in such a situation diffusion of knowledge is slow. Third, the emphasis on religion in such homes leads to the feeling that family planning is an earthly scheme and interference in God's plans, and it is not part of the religious principles by which they claim to live. Such women have no access to any other philosophy of life. Fourth, the men emphasize strict pardā for both religious and social reasons, and are socially committed to a position of piety, and therefore to dependence on God for such matters as number of children. Even if women in pardā wish to adopt family planning, they are not usually willing to be sterilized by a male doctor, nor are many even willing to have an IUD inserted by a trained woman. They are more bothered by the perceived pollution from irregular menstruation caused by several of the methods. They can hardly keep literature on the methods, nor materials if men in the house object. And finally, their whole lives are committed to domesticity, and it is most unlikely they will be satisfied with only two children.

Thus, we believe that pardā is one of the most serious and intractable problems of Bangladesh. It will take much planning and effort, and a multitude of programs at all levels, to chip away at this hindrance to controlled fertility. But when pardā gets weakened the whole society will benefit in many other ways, such as more production by women, and women's acquiring greater worldly knowledge to pass on to their children. Because the custom is seem as part of basic religious commitment, pardā is perhaps the most difficult, and at the same time urgent, social situation Bangladesh faces.

CHAPTER V

BELIEFS ABOUT MARRIAGE

1. Religious Views on Marriage

Purpose of Marriage

God has created humans to perform both religious (*dharmiya*) and worldly (*sāngsārik*) duties. Among the worldly duties is marriage (*bibāha*) which creates a bond between man and woman. Through marriage one gets a 'life companion' (*jiban sāthi*), and both partners are equally important for family life. They are to beget children and undertake activities to achieve domestic prosperity. (M:3,6,7,8,10,11,12,15)

Islamic tradition teaches that one should marry and procreate. A Muslim is urged to have a family life and at the same time to perform compulsory (*faraj*) religious duties such as the five times a day prayers and the Ramzān fast. One cannot please Allah only through worship by abandoning the worldly life. By marriage one fulfils obligations mentioned in the Qur'ān and *Hādis*. (F:7,8,10)

The Prophet of Islam urged every Muslim to marry. The Prophet himself got married. (F: 7,8,11)

Marriage is the religious way to satisfy sexual urge. Without it there could be no regulated sexual life, and illicit sexual relations would continue in the society. People get married to maintain the order of society and to lead a religious life. Marriage keeps people from the path of sin. (M:1,2, 4,5,6,7,8,9,11,15,18,19)

The main purpose of marriage is to offer sexual satisfaction and to help get offspring. (F:1,2,3,4,6,7,9)

Through marriage conjugal partners 'ensure preservation of their lineage' (*tāder bangśa rakṣā kare*) and keep the parental name alive. This also fulfils God's desire to populate His earth. Without marriage there would be no fellow feeling and affection (*māyā*) in this world, and society would be in chaos. (M:3,6,7,8,10,15)

An important purpose of marriage is to increase members of one's

own lineage (*bangśa*) and keep the name of the parents alive. By this a couple finds mental satisfaction and gets security in old age. (F:1,2,3,4,5,6, 7,8,9)

God wishes to fill up this world to His satisfaction. To this end He has given youthfulness to every human. (M:11,15)

The Qur'ân states that women are a field for men to cultivate, and men are advised to cultivate them as often as they would. Men are cautioned, however, to seek out women "for honest wedlock, not debauchery." Thus, sexual intercourse has been considered a good religious deed for the Muslim male (Bullough 1974:140).

In Hindu tradition the objectives of marriage are said to be three: religion (*dharma*), progeny (*prajā*), and pleasure (*rati*). In this sexual pleasure is given third place but is still honored.

Islamic law is clear that the only legal and religious way to satisfy the sexual urge is through marriage, and any other sexual activity is sinful. In both religions procreation of offspring is urged. Both men and women in these quotations think it is important to perpetuate and extend their 'lineage segment' (*bangśa*) and this is seen almost in a religious sense. The parents will remain alive in the memory of their progeny (*santān-santati*). In practice also, we find that procreation outside marriage is not very common in Bangladesh, so that "marital fertility is almost the only source of population addition" (Aziz: 1978:29).

There is also a belief among some that God wishes to fill up this earth, with the view that more people will worship Him. It is doubtful if such beliefs affect fertility behavior in themselves, but they express the pro-fertility ethos of the culture.

Predetermination of Marital Partners

Allah has been determining marital partners since the days of Ādam. He determines it before their birth. Allah created Eve (Bibi Hāōyā) from the left side rib of Ādam, and sharing of the bone strengthened the conjugal bond. All subsequent conjugal pairings have been similarly predetermined by Allah. (M:11,13,14)

Pairing of marital partners is predetermined and man has no control over it. The wife is created from the left side rib bone of her husband. (F:8)

Pairing of marital partners is not predetermined. When a girl attains puberty marriage proposals come from different families, and one is selected. So the idea that partners are predetermined is not acceptable. (F:7,9)

While belief in predetermination of marital partners is not shared by all,

it has the function of symbolizing the permanence of marriage and inhibiting divorce. If there is a maladjustment in marriage, or differences in background or age, people strive to work these problems out and achieve stability. Whatever is done by Allah for humans is for their own good.

Hindus do not say marital partners are predetermined, but by tradition they seek to 'match horoscopes' (*rāśi milānō*) for such characteristics as longevity, earning capacity, health, temperament, and number of children expected. These are computed by an astrologer (*gaṇak*) based on time and place of birth. This practice is part of the ritual of betrothal, and has the function of enabling an impartial third party to put a religious seal of approval on the matching.

But Muslims think that foretelling (*bhabiṣyat bāṇī karā*) is contrary to 'high religion' (*dīn*); they state that if the future could be predicted by humans they would have less attraction to *dīn*, and consequently God has not endowed man with this capacity, and man is to rely on God.

Nature of the Marriage Bond

> The tie between the conjugal partners is the tie of love and religion. People marry so that religious and social impediments do not stand in the way of fulfilling sexual desires. (M:4,6,12,13,14)
>
> The bond between marital partners is a religious bond; a man and woman not acquainted begin conjugal life through the bond of religion. (M:16,17,18)
>
> At the time of marriage through recitation of Qur'ānic verses two unknown persons may become very close to each other. Marriage is viewed as a bond in the *Hādis* and the Qur'ān. Both rich and poor are put under the tie of marriage through religious rituals. This tie is compared with a garland made without a string. (M:2,3,11,12)
>
> Marriage partners are determined according to the wishes of Allah and the bond is established through recitation of verses from the sacred book. This places a man and a woman under a tie of love, and it is a social as well as a religious tie, and is essential to lead a domestic life. (F:7)

It is clear that Bangladeshis view both love and religion as equally supportive of the institution of marriage. As most marriages are arranged, the ideal is to marry, then love; "love marriages" are those in which people love, then marry. This is unusual in Bangladesh, but is known to be the custom in Western countries.

But Bangladeshi villagers are wrong in assuming that in Islamic law Muslim marriage is a religious ceremony. Whereas Hindu marriage is a sacrament, Muslim marriage is a contract. According to Islamic legal tradition the officiator must obtain the consent of the girl, and then agreement of marriage is made between her guardian and the groom in the presence of two witnesses, and

it is finished.

> "It will be seen that to constitute a marriage among Muslims, no particular ceremonies are required. The question of marriage is one of fact. The fact of marriage may be proved by direct evidence by calling witnesses present at the time, or by producing the *nikāhnāmā* signed by the parties... . Neither writing nor any religious ceremony is essential." (Jhabvala 1975:27)

The core of Islamic marriage is a stark agreement, now in contract form; if the bride's agreement is previously obtained she need not even be present at her wedding.

But the above quotations are correct in the observation that in Bangladesh Muslim marriage is in fact a religious ceremony, for the couple begin their conjugal life by formally raising their hands seeking Allah's blessings and by offering optional prayer (*nafal nāmāz*). Marriage has been made in effect into a sacrament because of the background of elaborate Hindu marriage, and because Bangladesh peasants have a view of the world in which all their principles of social organization and regulation of human behavior are part of a religious system.

Marriage as a Hindu ritual and as a sacrament developed so elaborately that it sometimes goes on for days. It is chock full of symbolism: permanence of the union, the union of two families, the home, new roles of bride and groom, relations with new relatives, and especially fertility. Among Muslim Bengalis much of this elaborate ceremony is retained, if families can afford it, with parts conducted at the natal homes of both parties but with the main ceremony at the bride's home. We cannot discuss details of the ceremony in this book. But the symbolic decorations, food giving, and social role playing have the effect of a sacrament in establishing the permanence of the union.

In Islamic textual tradition there is no dowry (*jautuk*) but the husband pledges an amount called *mahr*, sometimes referred to in English as dower, to the bride. This is pledged as security in case of divorce, and while there is no set amount, it may be substantial. Giving of dowry (which is wealth the bride brings to the marriage, not to be confused with dower) is the norm in practice, and is very important in facilitating family upward social mobility. It also has the effect of economically unifying the two concerned families, providing capital, and enabling the family of the girl to improve social status by getting its daughter married to a desirable groom in a desirable family.

Polygyny (*Table 28*). This table shows the incidence of polygyny. Under Islamic law a man may take up to four wives. Ordinary concubinage is not recognized in Muslim law. A form of temporary marriage called Mutaa is recognized in Shī'a law, but not in Sunnī (Jhabvala 1975:43; Husain 1976:170) and therefore is hardly practiced in Bangladesh. Hindu tradition also permits

more than one wife, at least among the lower castes. We found that 2.8% of respondents have more than one spouse.

Such an arrangement does tend to cause higher fertility for the male, for the table shows that polygynous respondents age 45+ have an average of 8.5 children ever born, in contrast with 7.0 for the population sample. Polygyny contributes to higher fertility for the concerned males but not for the females, and therefore is not significant as a factor affecting fertility in Bangladesh. Indeed, those who argue that polygyny is sanctioned in Islam to promote fertility are unaware that in the majority of societies in which this point has been studied (mostly in Africa) polygyny has an effect to reduce fertility, though in some it also makes no demonstrable difference (these studies are summarized by Nag, 1974:13-19).

Family Type: Table 29

We find that of our sample 83% of families are either nuclear, consisting of just parents and children, or are augmented by the addition of another relative or two. Only 14% are joint families, in the sense that two married brothers, or parents and their married child, share cooking facilities and live together. Only 2% of families are large extended families. The various terms used to classify family type in sociological literature are somewhat misleading, because many families remain joint for a time after marriage of the sons, then split up again. According to the system of Hindu inheritance law used in Bihār and Bengal, called *Dayābhāg*, sons do not get proprietary rights to the land until the death of the father. In spite of this, the proportion of joint families is not large. The table shows that in nearly half the joint families one party is over age 50. It also shows that joint and large extended families have more land, for keeping land or assets undivided is the main reason families remain joint. Pardā is not more strict in joint or extended families, according to these data.

Table 29 shows that fertility is somewhat higher in joint families as compared with nuclear families, but not in large extended families. Table 3, a correlation martix, shows that there is indeed a correlation between families being joint or extended, and the number of children ever born, and also that such families are correlated with being Muslim. But a number of studies in India have shown joint families to not be more fertile; in fact, they tend to have fewer children (Mandelbaum 1974:50) and this has been shown for West Bengal also (Nag 1967).

The idea among some educated people that the joint or extended family used to be universal and in these times has given way to nuclear families as part of modernization, is not well founded. Mukherjee (1977:129) in his detailed study of family types in West Bengal, and many other researchers

in India, have found that joint families are associated with holding of assets, land in the case of rural families, or businesses in the case of urban ones; moreover, they are not more common in rural areas, and they are not particularly declining as part of modernization. The average family size in the subcontinent has been shown in the various censuses to be around six. Most families in Bengal have always been essentially nuclear, and there is no religious ideal that family type should be extended or joint.

Divorce: Table 28

Our respondents view divorce unfavorably and those who think the morals of the country are degenerating because of relaxation of pardā cite divorce as one of the proofs.

Table 28 gives figures to show that 7.2% of ever married persons in our sample had been divorced and remarried, and the sample contains hardly any who are separated or divorced but not remarried. The *Bangladesh Fertility Survey* (1978:56) shows that 11.6% of first marriages were dissolved in divorce. Of Muslims, 23.2% of first marriages were dissolved either by divorce or by husband's death, while only 13.1% of Hindu marriages were. Cholera Research Laboratory data from 1976 show that in that year in its survey area there were 13.4 divorces per 100 marriages (Ruzicka and Chowdhury 1978:16); in that year out of 4734 marriages recorded, 18.7% had divorced grooms and 15.4% had divorced brides. Ellickson (1972:45) found that in the village she studied nearly one out of six marriages ended in divorce, and that in two thirds of these cases there were no children.

Our quotations also show that childlessness is a chief cause of divorce. Most divorce occurs in the first few years of marriage, and it is much more frequent among those girls marrying in their early teens then those marrying later (BFS 1978:56). This has been found true in Matlab also, and it has been found there too that childlessness is the frequent cause of divorce (Ruzicka and Chowdhury 1978:29).

Though Muslim men can repudiate their wives without assigning any reason, scholars can find many references having sentiment against it, and our respondents think divorce symptomatic of the immorality of the times. It is presumed that Muhammad permitted it only "if the parties fear they cannot keep within God's bounds" (Kapadia 1972:203). In original Islamic law a woman had no absolute right to divorce her husband but could do it in some cases by judicial decree (Jhabvala 1975:54). Under Islamic law as codified in British India, and again under the Muslim Family Laws Ordinance of 1961, she could do so on various grounds such as impotency or long non-support. Ellickson (1972:44) noted that people disdain the present Bangladesh law allowing a woman to divorce. Some of our interviewees accept this thinking it is part of religious

law, but others think it is a sin for women to initiate divorce:

> According to Islamic principles a wife has the right to divorce her husband. Such a right should be exercised only when the husband fails to provide the promised level of maintenance. (F:7)
>
> It is evil for a woman to divorce her husband. Is there any good woman who will do this? Only shameless women do this, those who do not observe pardā, for divorcing and remarrying is nothing to them. The laws that prevail nowadays have empowered a woman to divorce her husband. This is against Śharī'at law, like singing and dancing, and those who do it will be listed and punished in hell. (M:14)

In formal Hindu tradition there is no provision for divorce. But various studies in India show rates of divorce or separation between 10% and 20% or even more. The concept of marriage in Hinduism is a lofty one as husband and wife are expected to adjust their differences in taste, temper, and interests instead of parting from each other (Gupta 1970:43); in orthodox tradition a woman is to be loyal to her lord for life, and even after his death. Therefore divorce among higher caste Hindus is low; the elaborate ritual of marriage and the family network make it difficult. But among the lower castes divorce or separation and remarriage are more frequent.

There is a popular saying: *Pirit jakhan juṭe phuṭ kalai phuṭe; pirit jukhan chuṭe ḍhēkite phele kuṭe*, meaning, "when love appears it bursts like frying peas, but when it breaks, one is pounded under the fulcrum of the husking pedal."

2. Ideas on Remarriage

Quotations:

> The Prophet married a widow. Therefore it is a religious duty for Muslims to arrange the remarriage of widows. (M:13,16)
>
> If a woman becomes a widow at a young age it "looks odd in the eye of society" (*samājer cōkhe driṣṭi kaṭu dekhāy*) if she is not remarried. She may have sexual thoughts in her mind and the sin of this will be on her father and mother. If she has illicit sexual relations her parents, siblings, and relatives 'will be stigmatized' (*kalaṅgkita habe*). (M:11,12,13,14)
>
> If a young woman becomes a widow and she has babies left 'in her childbearing tube' (*santān haōyār nāṛe*) (placenta) how can they come out? By not arranging remarriage of a widow people commit sin. God is pleased when a baby is born to a widow following her remarriage; God may grant her a good offspring who may do many things for the benefit of society. So remarriage for a young widow should be quickly arranged. (M:11,12,14,15)

There are provisions for remarriage of widows in religion. If a widow remarries and has a child she will have someone left in the world to remember her. (M:14)

I do not like the remarriage of a widow because there is no peace in it; it destroys the unity of the family. It is better for the widow to endure pain and spend the time with the children in her arms. (F:7)

A widow who remarries will not be able to care properly for her earlier offspring; they will have a bleak prospect. But she may remarry if she loses her husband at a tender age or if there is none to look after her and her offspring. A widow who remarries may conceive and have complications in childbirth. (F:7,8,9)

Most people approve of widow (*bidhabā*) remarriage if she is young, but have different opinions about it if she is a little older or has growing children. The reason is that stepchildren may not be treated as well as own children by her new husband.

The traditional Hindu ideal is that marriage is an eternal bond; a wife is integrated into her husband's family by rituals, and any children belong to his lineage. Consequently the life of most Hindu widows is miserable. It is widely believed that something she did, or her *karma*, caused her husband's death. Upon the death of her husband she has to break or take off her bangles, take off all her ornaments, wear only a white *śāṛī*, and cease putting the red color in the part of the hair, which for Bengali Hindus is symbolic of fertility in marriage. A Hindu widow of respectable caste in Bengal also has to avoid meat, fish, and eggs, as these protein foods are deemed sexually exciting and she should eat only grains and vegetables. She has to perform monotonous tasks around the household, and sometimes the provision of her maintenance by her husband's family is resented. The ultimate cost of widowhood, in the past, was if one would become a *satī* and burn herself on her husband's funeral pyre. This practice received wide publicity before it was legally abolished by the British, but in fact there were never more than a few thousand cases.

Muslim widows in Bangladesh also suffer some of these disabilities, and only some of them remarry. One often sees destitute women begging in towns or working in fields for subsistence which respectable women will not do; they may wear a white *śāṛī* and be grudged their maintenance, or they may return to their natal homes. In India also Muslim widows are somewhat affected by the Hindu idea prohibiting their remarriage (Nag 1962:103).

The Hindu ideal of non-remarriageability of widows has affected Muslim women in India, as the Muslim ideal of pardā has affected Hindu women in Bangladesh. Both customs are related to status and piety, and are examples of how, in peasant societies, the onus of paying the price for status and pious appearance often falls on women. Our concern here, however, is not with deprivation of human rights, but about religious customs which promote or inhibit

fertility. It happens that pardā promotes fertility but prohibition of widow remarriage inhibits it, which is one of the reasons for higher Muslim fertility in the subcontinent.

Our quotations show a favorable attitude toward remarriage of young widows, by men more so than women. The first reason given is that a young widow may feel the need of sexual fulfilment; if her parents do not arrange her remarriage the matter might be regarded suspiciously by fellow villagers. It may even be felt that parents of a young widow living at home may face disaster for failing in their obligations, and such remarriage may be something of a religious obligation. But among Hindus if it is done at all it would only be a social obligation. Many of our female respondents did not favor remarriage of widows if they have children, as they are afraid of a stepfather's behavior. In fact, most widows who are in their 30s or older are not likely to get remarried.

From Table 28 it can be computed from our data that proportionately five times as many widowers as widows have remarried, even though widows lose their spouses at a much younger average age. The table also shows there are four times as many unmarried widows as widowers. The widowers and widows who do remarry have higher than average fertility, both present and completed. This suggests that such reluctance for widows to remarry as exists does have at least some effect on population growth.

The International Centre for Diarrhoeal Disease Research, Bangladesh has maintained regular registration of all marriages under the Matlab Demographic Surveillance System since 1975 (Ruzicka and Chowdhury 1978:22). In that year out of 2795 marriages, 1.8% involved widows and 6.3% widowers. In the following year out of 4734 marriages 1.7 involved widows and 4.2% widowers. Widows got remarried mostly if they were young, on an average up to 25 or 27 years. Widowers mostly married within two years of the death of their wives, and half of them did so within one year. Widows were generally older than divorcees, which affected their chance for remarriage, and those who remarried did so after an average of 2½ or 3 years (Ruzicka and Chowdhury 1978:25-26). There is still a significant difference in rates of remarriage between Muslims and Hindus, though more Hindus are remarrying now.

The restrictions on Hindu widow remarriage have been an important mechanism inhibiting fertility in India. Mandelbaum (1974:33-35), reviewing data on this, points to Kingsley Davis' estimate that in the period 1901-1941 this custom curtailed the Hindu birth rate by an average of 16.4%. But in fact most Hindu widows of lower castes in India, do remarry now, and in some areas the ban was never very widespread; the Khanna study from Panjāb shows that 60% of those widowed before age 35 remarried (Wyon and Gordon 1971:

164-65). The *Bangladesh Fertility Survey* (1978:57,67) shows that 63.7% of Muslim and 22.7% of Hindu widows and divorced women have remarried; the completed fertility of widows who did not remarry is over 9% less than of presently married women. Thus, if pardā and the Hindu ideal of widowhood relax sufficiently to allow more widows to remarry, this modernizing tendency will have, at least temporarily, a small but definite effect to increase fertility.

3. Ideas on Age of Marriage

Quotations favoring early marriage:

A girl should marry at 12 to 16 years; she usually attains puberty at 12. A girl remains chaste (*satī*) if she is 'married at her tender age' (*kam bayase biye hale*). It is better to arrange a girl's early marriage for the sake of protecting the honor (*izzat*) of her natal family. A female may be compared with fire (*āgun*), and if a young girl has 'illicit sex' (*zenā*) it brings disgrace (*kalaṅgka*) on her family. There is a saying, "when breasts develop in a girl the mother finds it difficult to understand her mind" *meyer uṭhle stan māy khūje nā pāy meyer man*). Youth is transitory (*kṣaṇasthāyī*) ; a woman cannot control her youthfulness for long. So if a daughter 'engages in illicit sex' (*ākām karle*) at the beginning of her pubertal period, the parents will be held responsible for not arranging her marriage. (M:2, 4,5,6,8,9,11,12,15)

If there is a pubertal (*sābālikā*) unmarried girl in anyone's house and if she curses (*abhiśāp dey*) her parents for not arranging her marriage even though she attained puberty, then Allah will send 'severe sufferings' (*gazab*) to such parents. (M:2,5,14)

A girl should be married before puberty, because if menstruation occurs in her parents' house the males for 7 generations will not reach heaven. I arranged my daughters' marriages before their puberty. (old Hindu man)

Boys and girls should be married before maturity. (M:22)

A boy should be married at age 16; by then he attains puberty. (M:2,3)

A girl should be married when she is 14. If she passes puberty the parents must make every effort to arrange her marriage. (M:19)

A girl should be married between 14 and 17 lest she develop illicit sexual relations and earn disgrace (*kalaṅgka*). Nowadays heavy dowry (*jautuk*) is required, so parents may have to delay a girl's marriage even though they want it earlier. (F:10,11,12,13)

Quotations favoring intermediate age of marriage:

A suitable age for marriage of a girl is 16 to 20. If a girl is not

married in this time her 'youth will be spoiled' (*jauban naṣṭa habe*). A girl can control the pressure of her youthfulness up to age 20, but after that if she has illicit sex the parents will be held responsible. (M:7,10,14)

A girl should be married when she is 17 or 18, and a boy at 25. It is better if they are given in marriage when they are mature enough to understand marital responsibilities. If a girl is married at tender age she cannot satisfy her husband sexually. After intercourse she may have bleeding from her female organ, and she may have white discharge during menstruation, which develops a burning sensation and menstrual disturbances. (F:2,5,7,8,9,15)

By 18 or 20 a girl has knowledge to lead a conjugal life and is aware of sex life. After this her youth takes a declining turn. She should be married at the high tide of her youth. (M:16,19,20)

A boy should be married within age 25; by then he becomes adult (*baṛa*) and becomes acquainted with worldly responsibilities. Marriage is a 'great responsibility' (*birāṭ dāyitta*) in life. During this age consciousness (*nijer sambandhe dhāranā*) develops in them. If not married by then he may have sexual relationships. There is a saying, "when the beard grows a boy moves from one homestead to another," and at this age 'he feels agitated' (*se ucāṭan bōdh kare*). (M:4,6,7,10,12,13,15; F:4,7,15)

If a young man is not married by age 24 or 25 he cannot properly rear his offspring, and parental objectives face obstacles. (F:11,12,13,14)

Quotations favoring late marriage:

A male reaches 'full youth' (*pūrṇa jauban*) by 25 or 27, and is an earning member of the family, and is aware of sexual life; after that he may have illicit sex and suffer moral degredation. (M:17,19,20)

A male reaches full youth by 25 or 30. If he marries then his offspring will have good health. He has understanding of 'household activities' (*sāngsārik kāj karma*) (M:1,5,14)

A male should get married by age 30. By that time he can complete his education and become self-supporting. (F:10)

A male should get married between age 30 and 35, when his education is complete and he earns. If he marries at age 30 to 35 his offspring will have good health. He will have fewer offspring. (M:16,17)

Most women prefer late marriages for both males and females. Late marriage helps in having fewer children. (F:7,8,9)

A girl should marry at age 25. If married around this age her offspring will have good health. (M:1)

A girl should marry around age 30. By then she can understand the sexual needs of her male partner. There will be fewer pregnancies. Off-

spring born to such a mother will have good health. (M:18)

We discussed age of marriage with 152 village professionals. We found that only 10% of them think girls should marry below age 15, and only 9% think boys should marry below age 20. Most favor an intermediate age of marriage, but as many as 10% favored girls getting married between ages 25 and 30; 4% favored males getting married after age 30. Most favored the late teens for girls and the early 20s for boys. The *kabirāj*, midwives and *purōhits* tended to favor early marriage of girls, while *maulavis* and *pirs* favored low-intermediate age.

In Bangladesh the minimum legal age of marriage is 18 for males and 16 for females. As there is no national system of vital events registration, and those who perform marriages cannot check the ages as stated by the guardians, this law in itself has little effect. The age of an eligible daughter is frequently underestimated. An older husband feels proud to have a younger wife. He knows that a younger wife can be an active and enjoyable sexual partner for a long time and will have the potentiality to bear as many children as he desires to have. Moreover, she is viewed as a useful domestic worker for a long time.

The traditional child marriage of North India and Bengal had certain functional features, apart from preventing illicit sex and illegitimate births. Most important, it enabled a girl to move to the house of her husband and be socialized in it before her tastes and ideas became very firmly set. A very young girl could be married off with less dowry and ornaments. Ideally, the husband of a pre-pubescent girl was supposed to wait for coitus until she became pubescent; in parts of North India there was a ceremony for this separate from marriage. Early marriage also enabled people to function sexually at the time the physical capacity to do so developed, thus avoiding the psychological costs of delayed sex. The sexual suppression and sublimation required now of youth who are expected to delay "legitimate" sexual experience for 10 or 15 years after puberty has a cost in the social behavior of students. On the other hand, child marriage also had its costs; girls could never get educated, and grew up always being dependent on somebody else; "the point to note is that being guided by others in all walks of life these women lost their independent idea and were unable to take any decision by themselves" (Gupta 1974:174).

Child marriage was most pronounced in central parts of North India and Rājasthān, where babies might be betrothed. But the ideal prevailed in Bengal too, and some of our Hindu informants in this study believe that if a girl is given in marriage by age 8 the parents will achieve virtue in this and the next life. A wedding at age 10 is called Rohinī wedding and also induces merit. As quoted above, some Hindus believe that it is a disgrace if a girl is still living in her parents' house when she has her first menstruation.

Early marriage of girls is thus based in Hindu tradition. In Islamic law, guardians of a pre-pubescent girl do not have the right to contract her in marriage (Jhabvala 1975:28). Most Bengali girls traditionally got married around the age of puberty, or shortly after in the case of Muslims. Nag (1962:47) found that three quarters of his female respondents in West Bengal claim to have been married between 10 and 14. The *Bangladesh Fertility Survey* (1978:65) shows that of living ever-married women, 16% claim to have been married under 10, 34% under 11, and 80% under 14. It is difficult to estimate the accuracy of these claims, for women are likely to understate the ages of both their puberty and their marriage. But the age of marriage is now rising, as we shall note below.

A related feature is the age difference between the spouses. In some Hindu scriptural tradition it was stated that a bride should be a third of the husband's age, an ideal that was seldom met or even advocated. In Bangladesh, CRL data (Ruzicka and Chowdhury 1978:16) have shown for Matlab that when the groom's age is 20-24 the bride's age is about 6 years younger; when the groom is 30-35, the bride is on the average 13 years younger; when the groom is 40-44, the bride is on the average 20 years younger; age differences are greater in cases of remarriage. The acceptability of such age differences is rooted in the traditional role of women and in the desirability of the wife being fecund, both of which are supported in Hindu and Muslim tradition. But among the educated and urbane, marriage for companionship is a growing ideal.

Age of Marriage, Pardā, Dependence on God, and Fertility: Table 29

This table shows that 44% of female respondents claimed they got married at age 13 or less, 58% by age 14, and 73% by age 15. The ages are higher than in the *Bangladesh Fertility Survey*. Most women do not know their ages; in the BFS women might have idealized their age of marriage more than was possible in our study, for in fact most girls do not marry before puberty. Our figures also show a wide range of age of first marriage; nearly 5% of females got married after age 20, and 68% of males got married after age 20.

Age of marriage for women is correlated with pardā in this table, as we have already noted. It is well correlated with dependence on God for number of children; of those women who married at or below age 13, 88% depend on God, but of women marrying after age 20, only 56%. Men also have less dependence on God with greater age of marriage.

This table shows a clear decline in number of children ever born to the respondents, both males and females, with rising age of marriage. As regards completed fertility, we see that men who married in their early teens have close to 8 children born each but those marrying at age 20-24 have 7.3, and those marrying at age 25-29 have 6.8 each. For females with completed fertility, our sample

size is too small, but the *Bangladesh Fertility Survey* (1978:65) shows that those who married at 12-14 have 6.8 children born, those who married at 15-17 have 7.3, and those who married at 18+ have fewer, 6.3. These data suggest that the big drop in dependence on God comes if men or women marry after age 20; the big drop in pardā and fertility comes with marriage of women after age 20, and with marriage of men after age 25.

Rising Age of Marriage

The Census of India 1891 through 1931 showed an average age of marriage for Hindu girls of 12.5 years, and of Muslim girls of 13.5 years (Visaria 1974: 369). The effective age of female marriage in India by now has risen to about 17 (Balasubramanian 1977:121). Minimum age of marriage for girls is 16, but the law in itself has little effect in villages. In some states of western and southern India age of marriage has risen more because of greater urbanization. In Calcutta too, it is going up; in 1951 29% of females age 15-19 remained unmarried but by 1971 this had risen to 45% (Raman 1974:282, 286). In the rural parts of West Bengal and in northern Bihār, however, age of marriage remains low, as in Bangladesh; ecological conditions are similar and the orientation of the great majority is toward traditional subsistence; fertility remains high in these regions.

In Bangladesh age of marriage has been rising noticeably, but not yet enough to affect fertility much. The BFS (1978:50, 53) shows that according to responses of the women interviewed, mean age of marriage was 10.9 for those who got married in 1927, and this rose steadily to 13 for those marrying in 1957. For women in the current age cohort 20-24, age of marriage for rural residence was 13.3 and for urban 13.9; for Muslims it was 13.3 and for Hindus 13.5. It is estimated age of marriage rose by as much as about 2.7 years betwen 1962 and 1975, and now stands at about age 15 (BFS:14).

The Cholera Research Laboratory data for Matlab Thānā showed in 1968 singulate mean age of marriage for males of 24.9; and females 15.9; females were usually married between 15 and 19 (Aziz 1978:35). Ruzicka and Chowdhury (1978:20) showed from 1974 data that it was even then 24.6 for males and 17.0 for females in that thānā. The Censuses of 1951, 1961, and 1974 found the singulate mean age of marriage for men to be 22.4, 22.9, and 24.0 years, for women it was 14.4, 13.9, and 15.9 years. All these figures which depend on women's statements of their own ages are unreliable as to exact age, but they all show a rising trend, and even if respondents think the trend is rising and color their answers accordingly, this itself is important.

Later marriage within the middle teen years does not by itself make much difference in lifetime fertility, partly because of sub-fecundity in the early teen years. The BFS (p.65) shows that number of live births in the first 5 years of

marriage increases with marriage up to age 18, then begins to decrease. In many societies, where youths are permitted sexual experimentation in their early teens, pregnancies are few because of sub-fecundity immediately after puberty.

Our quotations given above show a very wide range of opinion on this subject, which indicates that it is one about which people's opinions are undergoing flux and change. Those who favor marriage before or right after puberty mostly give religion-related reasons, particularly fears of "immorality," and state that parents are held responsible; none of them refer to the social reasons for which child marriage developed in South Asia in the first place (early socialization of the girl to husband's family, and forging of links between the two families concerned). It is believed that the high tide of a girl's youth is about age 18. Those who favor late marriage argue that in such cases children will have "good health," that the male can be an established earner, and that both partners are better aware of sexual life; several also state that this will lead to the couple's having fewer children.

Later marriage can have a great effect on fertility; if women have their first child after age 25 nearly a third of total births would be avoided, but Bangladesh has one of the lowest ages of marriage and one of the highest total fertility rates among countries in Asia (*Population Reports* 1979:108-114). The lengthening generation span is important in itself. In Bangladesh, if later marriage is to increase fast enough to really have an effect on population growth, the latter set of quotations we have given will have to become characteristic of the rural middle class, not just of urbane people. This implies a vast change in people's view of society and religion. It is nearly incompatible with pardā, for girls can hardly be confined within the homestead for a decade after puberty; later marriage is also related to independent thought and self-reliance in managing the events of life, and less dependence on God, as our tables show. Until women's education and literacy, and women's work outside the home become prevalent, the best we can expect is slow continued change of behavior on this point.

4. Husband-Wife Relations

Belief Wife's Behavior Affects Life Expectancy of Husband

> If a wife eats before her husband and feeds the husband the 'remains of the meal' (*ucchiṣṭa*) it will cut down the life expectancy of the husband. If a wife gets out of bed in the morning after her husband it will cut down his life expectancy. If a wife becomes indifferent to her husband it gives a shock to his mind, and if she is disobedient it causes him mental agony. As a result his life expectancy comes down. (M:6,10,15)
>
> If a wife engages in illicit sexual relationships it will affect the life expectancy of her husband, but if the wife is chaste and remains

devoted to religious activities it will enhance his life expectancy. The husband of a 'chaste woman' (*satī nārī*) does not die earlier than his wife. It is stated in the *pūthi* (religious narratives) that Allah granted 70 years of enhanced life expectancy to Hazrat Billāl because of the chastity of his wife. (M:3,4,11,12,13,14,17)

The husband of a chaste woman is like the top mast of a country-boat, but the husband of an unchaste woman is like the bottom of a broken country-boat. (a saying)

The wife is 'half the body' (*ardhāṅggini*), so the husband and wife complement each other. The wife's activities greatly affect the husband's health and life expectancy. If the wife has long hair down to the waist and eats from the same plate with her husband having her hair loosened up it will affect the husband's life expectancy. Women who eat their food this way eat the heads of their husbands. If a married woman goes out without a covering on her head and if strange men see her forehead, it will cut down her husband's life expectancy. (M:19)

The husband of a woman who has excessive interest in coitus does not live long. Such women are husband eaters because they compel the husband to engage in coitus when he does not wish to. (M:1,16)

It will cut down her husband's life expectancy if the wife sleeps on her husband's right side. (M:2; F:5)

If a wife performs religious activities it will enhance the life expectancy of her husband. The life expectancy of Hazrat Billāl increased 70 years because of the quality of his wife's devotion to him. There was a Hindu woman, Behulā, in India who brought back life in her dead husband by her devotion. So a wife's activities are related with the life expectancy of the husband. (M:16,17,18,19)

The activities of wives are not related with the life expectancy of the husbands. (M:20)

I think that the behavior and activities of a wife affect her husband's life expectancy. So a wife observes certain rituals to ensure his welfare. (F:7,8,9)

The women of this country are like a legendary Hindu woman, Behulā who sacrificed her own life to save the life of her husband. Like Behulā, women in the present day society are ready to undergo any suffering to ensure the welfare of their husbands. (F:9,15)

If a woman takes her meal before her husband it will cut down his life expectancy. If because of circumstances a husband returns home late for his meal the wife can take hers after keeping in reserve a portion for the husband. Otherwise it will affect his life expectancy. (F:7,8,9)

After marriage a woman has to be careful of her behavior. If she does not observe pardā, is sinful, has faults in behavior, or has illicit sexual

relationships or evil thoughts in the mind it will bring misfortune on the husband and cut down his life expectancy. (F:1,2,4,7,8,11,14)

These beliefs stem from the Hindu concept that a woman's karma affects her husband. Hindu windows continue to bear the stigma that something they did or did not do cause their husband's death. This belief has taken firm root in Islamic Bengali culture because it fits in with pardā. It has become legitimized by incorporation in legends of Muslims saints in the *pūthi* literature of Bangladesh. Because of this background of belief, widow remarriage is relatively low, even among Muslims in Bangladesh.

It is felt that women have great power, at least in the Hindu view of the sexes; their power is fearsome, as is the goddess Kālī, but this power must be controlled and released as appropriate by the woman's consort. It is because of woman's power that her deeds affect the life expectancy of her husband. A common Hindu image is of the deity Ardhāṅggini, who is portrayed as male on the right side and female on the left; the term is cited by a Muslim in these quotations, not as a deity, but as a symbol of the complementary status of male and female. For this reason a wife should sleep on the left side of her husband, as the quotations say, lest it cut down his life expectancy.

It is not said that a husband's deeds affect the life expectancy of his wife. But it is believed that a wife's welfare is dependent on that of her husband and his family; at marriage she left her own family and joined his. Thus, she is encouraged to submerse her own will in the interest of her husband and his family, and in the end she herself will gain satisfaction and merit.

Communication Between Spouses

Many couples do not discuss at all the number of children they may like to have. It is believed that the number of children to be born to a couple is predetermined. (M:4,5,12,13)

There is no particular communication between spouses regarding the number of children they should have. A mother with many children can be termed lucky provided they all get well established. But nowadays some consider more than four children to be many. (F:10,11,13)

The wife maintains communication with the husband, mother, and sisters, regarding the number of children she should have. These well-wishers advise the couple to control the birth of offspring. Sometimes the husbands prefer to have more children than their wives. (F:1,2,4,5,8,9)

The husband usually initiates sexual discussion because the wife is shy. (M:22; F:15)

In having sexual relations with the husband the woman does not take any initiative on her own. Women are ready to engage in sexual relationship on the demand of their husband. (M:18)

If the wife is lustful (*kāmuk*) then she may pursue her husband to engage in excessive coitus. Sometimes the husband in spite of his reluctance is compelled to engage in coitus to gratify the sexual urges of the female partner. Consequently the husband's life expectancy gets cut down. (M:16,17,18,19)

The Islamic viewpoint is that a wife must remain ever ready to satisfy the sexual needs of her husband on demand. (F:7,8)

Though the ideal of the husband's formal pre-eminence in the family has religious basis in both Hinduism and Islam, and though girls are brought up with shyness as a quality thought to be desirable, the different strengths of personality of both parties interact in an infinite variety of ways. Whereas a young wife is ideally pliable, in middle age and after her children are grown she may become a stronger personality than her husband, which is often the case in peasant societies. The husband tends to keep a distance from children to induce respect, but the wife tends to meet their emotional needs more, and her own sense of selfworth is thereby enhanced.

These quotations show that there are differing ideas about frank discussion of sex and number of children between husband and wife. Many women do not discuss these subjects unless the husband initiates the discussion. There is a feeling that a respectable and pious man may lose respect by frank discussion of sex, and this reticence may carry over into conjugal life as the wife also should respect the husband. It is definitely thought that it is a wife's duty to respond to the sexual needs of her husband, and some say a wife who does not will be answerable to Allah in the day of judgment, or if a husband remains dissatisfied with his wife she may not be granted a place in heaven.

In the Arab countries and Iran husband-wife communications about sexual matters are inhibited, but perhaps not as much as superficially appears, for there is a fair degree of husband-wife agreement when issues are raised with them separately (Gulick and Gulick 1975:240). The ideal of companionship in marriage is an ideal more of urban people than of agriculturalists, and this may account in part for the fact that people in urban or modern occupations in our sample have more frequency of coitus (Table 40) but use more contraceptives and so have fewer children. The matter of communication about sex within the family is more fully dealt with by the second author of this work (Aziz 1980).

5. Discussion and Education about Sex

Quotations:

A husband and wife can discuss sex matters. But discussion of sex with others is a sin. (F:16)

Islam does not permit open discussion of sex. People have a ready interest to discuss this, but it may have a bad effect on them. (M:22)

No couple initiates any discussion with others regarding their desired number of children. One should not discuss sex matters in public because it is strictly private. (M:11,15,21)

Both Hindus and Muslims want to keep secret the first menstruation of their girls. (F:15)

Usually a girl does not have any sex instruction before marriage. Most women get it from their husbands after marriage. (F:12,14)

A mother may discuss sex matters with the children, but the father does not; the mother may discuss it with her daughter. (M:22;F:15)

Grandmothers and grandfathers provide some sex information, and also advice about marriage. Boys also may get it from elder brother's wife. The elder brother's wife said that if a boy has coitus with a menstruating girl then conception may occur. (M:17,19,20)

With puberty, one automatically gets information about sex from friends. One can also learn about erotic sentiments and kissing from books, journals, and English movies. In the English movies many kinds of love activities are demonstrated. (M:17,18,19)

In the *maktab* and *mādrāsā* no education is given concerning birth or no birth of children. They do not teach about child care either. It is not suitable to discuss with women such things as child production and increase of children, so it is not discussed. (F:7)

Sex education should not be given. It may cause a decline in ethical standards of women and cause desire for indulging in sexual acts. (M:22)

Sex education should not be introduced in schools. The boys should not have any such instruction. (M:21)

There is no religious bar to introducing sex education in schools. Young boys and girls should not have it, but grown up boys and nubile daughters can be given some. I am afraid that it may have bad effects if young girls are given such training. (F:15)

We noted above that a significant bar to discussion of contraceptive techniques by family planning workers and others is the ideal of pardā, according to which women's discussion of these matters even with other women is disfavored, or considered sinful.

Bengalis consider the respect relationship that children should have for their parents to be broken if the latter talk about sex; that is something done between equals in a joking relationship. The father, in particular, must remain in a position of respect. A child may get some advice on sex from grandparents, or maybe from elder brother's wife, as these quotations show. But formal sex education is generally thought to be not necessary; teachers are due the respect of their students too. Most people believe that children learn enough about sex

from their peers or older children anyway, and more would stimulate "immoral" behavior and lead to premarital sexual relations. There is some cross-cultural evidence that such reticence is functional in terms of the stated ideals of pre-marital chastity; Spanier (1976) concluded from a study of 23 carefully controlled variables concerning American youth, that key predictors of premarital sex for males were exposure to eroticism, childhood sex play, and high school dating frequency; for females, sexual assault, and exposure from age 12 on. But he also found that formal sex education had hardly any relationship with premarital intercourse. Traditionally in Bangladesh the problem of premarital chastity has been alleviated by very early marriage.

But we found in the course of this research that most people are quite willing to talk about sexual matters, and children can often hear it. Our field investigators found it easier to get information on this subject than they had expected, because they thought that the more prudish attitude of the educated or urban Bangladeshis would prevail in villages. Reticence to discuss sexual matters is idealized in polite society and among those desiring to appear particularly respectable or pious. But in common village life there is an abundance of casual reference to the subject.

For example, people often use sexual terms in verbal abuse; the following are mentioned by Aziz (1979:120-26): penis (*chet*) used mainly by males; vagina (*sāuyā*) used by both males and females; 'I fuck your mother' (*tor māre chudi*), 'you drink my vaginal discharge' (*āmār lerḍi khā*), prostitute (*khānki*); many others are common. These can be generated in verbal exchange by trifling matters and do not always involve genuine personal attack. But if such verbal abuse becomes an issue of prestige, the local body of elders (*samāj*) may demand a formal apology, or a beating with a shoe, or a fine.

Islamic beliefs may not be as much a bar to sex education as is at first supposed. The matter of sex communication and education has been explored in detail in a further work by the second author of this volume (Aziz:1980).

6. Illicit Sexual Activities

Illicit Heterosexual Relations

If a young boy and girl engage in 'illicit sexual relationships' (*zenā*)and if it becomes public knowledge, the partners are disgraced in society. If the matter is exposed they are given punishment according to the *Shari'at*. Shame (*lajjā*) is part of faith (*imān*) in religion. Those who have shame avoid illicit sexual relations. Also thinking on these is a great sin. If a case of illicit sexual relations is exposed both partners are whipped (*durrā mārā hay*) according to the *Shari'at*. Influential members of the society

take the initiative to get the couple married, and if they do not agree to the marriage proposal they and their family members are boycotted from social events. Severe punishment may include clean shaving of the hair of the head, rubbing charcoal dust and lime on the face and head, and parading the couple through the village. Usually physical punishment is not awarded to the female partner, but she will be mentally tortured by neighbors and family members. If a poor young boy engages in illicit sexual relationships he is awarded more punishment than a boy from an influential family. (M:6,11,12,13,14)

Premarital sex is prohibited by religion. People think that young girls will indulge in sexual acts if they are not kept under strict control. (M:21,22)

Persons who engage in illicit sexual relations are boycotted from social events. They do not receive invitations to any traditional social event. (F:7,9)

Sometimes adolescent children engage in premarital sexual union. This is a sin, and brings disgrace (*kalaṅgka*) on self and family. Premarital sexual union is less common in 'prestigious families' (*marjyādāśil paribār*).(F:7,8,9)

Usually a girl does not have premarital sexual relationships. (F:1, 2,3,4,5,6)

Girls are rebuked and condemned by society for premarital sex. However, people do not bother much about such activities of young boys. (F:15)

Some people satisfy their sexual desire through involvement in joking relationships [with certain kin]. (F:1,2)

In [Hindu] society no woman is allowed to divorce her husband. If a husband develops illicit sexual relationships the wife cannot initiate divorce. (F:9)

Some men have the nature of sexual promiscuity (*bahu bhōg*). Extramarital coitus may cause venereal disease. A man who engages in it may suffer from 'seminal weakness' (*dhātu durbaillya*). (M:12,15)

If widows engage in sexual activities it is condemned by society. Sexual desire on their part is not good. But nowadays the moral standard of the society is going down and people think that if widows are not religious they can indulge in sexual activities secretly. (M:21,22; F:15)

Overt norms of behavior are strongly expressed by occasional public condemnation of illicit sexual relationships. Traditional Islamic law advocated whipping with the *durrā*, or metal-studded strap, as well as public disgrace by parading, and social boycott. These things are still done in Bangladesh villages, but less commonly than before. Beating with a shoe is more common. Norms of sexual behavior, and social order in general, are maintained by the *para* head-

man, who is known variously as *sardār*, *prāmāṇik*, or *mātabbar*, and by the council of elders, the *samāj*. In a public situation they have to act and make decisions as if they are upholding strict Islamic law; implications are discussed later (Chapter XIII).

However, probably about half Bangladesh rural youths do have premarital sexual relations, including a fair number of girls. Premarital sex may be known to parents or relatives and even condoned to the extent that people do not make an issue of it. The main point is to prevent it from becoming a public issue or a challenge to personal pride (*izzat*) for then local elders are bound to take a strong public stand against it.

Low caste Hindus are thought to be more lax about sex than higher caste Hindus. Muslims suppose that their moral code is of a higher order, and is supported by the practice of pardā. Traditionally in South Asia low caste people provided many services to middle and higher caste people, and among these were sexual services; low caste women were available for boys and men for a small sum, which provided them with income and allowed the boys to get experience. This is a major rationale for considering such castes as low. In South Asia Anglo-Indians are popularly thought to be descended from foreign men and low caste women, and therefore their ritual status in the traditional scheme was not high.

Extra marital sex is also as common as it is in most rural societies. It is difficult to hide such behavior, but at the same time many women do not wish to use this as an issue to alienate their husbands, and the husbands do not wish to use it to break up their families. But the extreme public constraints on 'illicit sex' (*zenā*) are common to most Asian peasant societies, and form a highly important part of the texture of village life.

If a girl gets pregnant without being married she may get an abortion; if the matter becomes public knowledge her parents or brothers try to arrange a marriage with the man who made her pregnant, or with someone else in a distant place who does not know of the matter. But such marriages have many problems. If the man who made her pregnant marries her, the couple may suffer boycott for a year. If the man is a stranger from a distant place and later finds out about the pregnancy he may divorce her. The groom may be, young and unemployed, and will have to be found a job. If the man who made the girl pregnant is already married the parents of the girl may insist that he divorce and marry their girl. A girl who became pregnant would have to bring a larger dowry to marry a relatively prestigious person even if he had made her pregnant. Because of all these problems, such marriages often end in separation, even though arranged through social compulsion. These problems are common to Muslims and Hindus of all classes.

Prostitution was a highly developed art in ancient India (*Vatsyāyana's Kāma Sūtra*, Chs. 29-35) and is a well-established trade in Indian cities (Kapur 1978).

Cities in Bangladesh and North India tend to have 130 or 140 men per 100 women, because of migration for work. The prostitutes are usually divorced or separated women, some with small children, who sleep on verandas of schools or offices in towns over the country and are available after midnight to rickshaw pullers, students, or other urban males; in Dacca prostitutes frequent the parks and affluent suburbs. Religious and political leaders feel this practice is an affront to Islam and "spoils" the youth but despite occasional effort they cannot eradicate it. Several of our interviewees warned that men and young men who frequent prostitutes are likely to suffer from seminal weakness and will have fewer children because of it.

Other Disapproved Sexual Activities

> When boys and boys, or girls and girls, have sexual union it is 'illicit sex' (*zenā*). The country is becoming full of sexual madness and these deeds are done by boys and girls. 'Masturbation by hand' (*hāt mārā*) is also sin. If one wastes semen he will answer to God. If such things are done it causes loss of health. My father was a *pīr* and I always hated such bad deeds, and wish that they not appear in my family or among my offspring. (M:13)
>
> Adolescent boys and girls get sexual pleasure through various means. Young boys discharge their semen in different ways. Most boys practice masturbation (*hāt mārā, hasta maithun*). (M:11,12,14)
>
> Many boys and girls discharge their semen through sexual gratification with partners of the same sex; those who have promiscuous nature get satisfaction this way with many, though actually coitus with women gives the same pleasure. Boys and girls who have sex with a partner of the same sex do great harm to their health. Such practices cause wastage of semen which is the 'essence of the body' (*tāder deher sār bastu*). According to religious principles these homosexual relationships are sinful. (M:11,12,13,14,15)

We should distinguish between homosexual activity, in which a pattern and a preference is established, and isosexual activity, such as many youth engage in before marriage. The latter involves exploratory play, mutual masturbation, and sometimes sodomy, but is not a matter of life-style preference. Probably homosexuality is more common in the West and isosexual activity more common in Bangladesh.

There is no scientific evidence that masturbation or any other activity causing semen loss to males has any ill effect on health whatever, nor do such activities affect the health of females. Indeed, the opposite is probably true, and studies in the West show that girls who enter marriage having had a restrictive sexual background are less able to adjust in marriage and are less

likely to experience orgasm (Riess 1962); some counselors in this field (Stokes 1962) warmly endorse autoerotic pleasure. The attitudes expressed in the above quotations do not, therefore, arise from actual health considerations but are culturally imputed.

Sleeping Arrangements: Table 56

Few people sleep alone, except older ones. All the teen-age boys of a *bāṛī* usually sleep together. Males and females accept, and demand, much more physical contact with others of their own sex than is accepted in the West, and most of it does not involve isosexual activity, though that also sometimes occurs. In the West it is unacceptable for two young men or two young women to be seen holding hands in a college hall or on a street; in Bangladesh it is just as unacceptable for a young man and a young woman to be seen holding hands in public.

In principle, Muslims, and especially religious leaders, denounce any sort of premarital or extramarital sexual activity as wrong, but in practice most adults remember their own youth. Apart from moral issues, we may assume that these severe overt strictures on sexual behavior are one of the important traditional means by which human fertility is constrained at least a little, for there are proportionately few illegitimate births in Bangladesh.

CHAPTER VI

THOUGHTS ON HAVING CHILDREN, AND SOCIO-ECONOMIC FACTORS

1. Childbearing as a Duty

Childbearing a Moral Duty

Childbearing is a 'compulsory duty' (*faraj kāj*) for all parents. Procreation is the main objective of conjugal life, and develops the conjugal bond. (M:3,6,7,8,10,12,13,14,15,21)

Parents rear their children as a religious duty. Children are the plants in the garden of God. If parents do not perform their parental duties they will have to account to God for it. (M:11,12)

Children are considered by their parents as entrusted (*āmānat*) objects of God. The world (*duniyā*) has become populated as a result. Proper rearing is a parental responsibility. (M:13,15)

The important 'parental duties' (*bāp māyer kartyabya*) include naming children by Islamic tradition, circumcision of the male, proper rearing, expression of 'love and affection' (*ādar ō sōhāg*), and arrangements for education and marriage. (M:11.12)

If one has many sons it is expected that they will pray to God and thus glorify Him. (M:21)

It is in the scripture, that if one has more than one child he will earn God's approval more as Allah's name is raised in voices. (village professionals)

We Muslims have a belief that if a father has several children he can train one or more in religious education, as *munsī*, *hāfez*, *pīr*, or *darbeś*. He will perform religious rites and pray for the spiritual uplift of his parents after their death. (village professionals)

If there are several sons there is no guarantee that through them more praises will be raised to Allah. But if a son is given religious education he can perform more religious tasks. (F:7)

> It is the moral duty of every human to beget a child. Man is superior to all the creatures, but if children are not born humans will not continue to exist. Everyone must leave behind a child as his representative for the human race and to publicize the greatness of God. (village professionals)

Having children is a moral duty in Islam on several grounds, according to these quotations. It is believed that Allah wishes to keep up the continuity of the world through human actions, but if humans cared only for religious activities they would not procreate. Therefore, from a religious point of view while procreation is a worldly duty, it is also a compulsory (*faraj*) duty. Child raising is also a religious duty, for if the children are not raised well for undertaking worldly and religious responsibilities the parents will be answerable to Allah. For this reason parents take the initiative to support the system of *maktab* education (Islamic primary education) without government help.

In Hindu tradition also childbearing is a duty. The lawgiver Manu said: "To be mother women were created, and to be father men." He also stated in the *Laws* that "The teacher is ten times more venerable than the subteacher, the father a hundred times more than the teacher, but the mother is a thousand times more than the father" (Kakar 1978:77). In both Muslim and Hindu traditions, therefore, the mother's role as parent is more valued than the father's. As parents do their duties in raising children, so the children are expected to do their duties later toward their parents.

Childbearing as a Duty to Name and Lineage

> Through childbearing the 'father's name continues to exist' (*bāper nām jāri thāke*). A couple's name and memory will be kept alive after death. Humans thus continue to add to the numbers of their future lineage (*bangśa*). (M:19,20; F:7,8,9)
>
> Offspring are the 'light of the lineage' (*bangśer bāti*). (M:2,3,4,6, 7,8,10,12,13,19,20)
>
> All couples enter into conjugal life with the dream of having children. Following death of the parents the children will inherit and protect the parental property. (M:2,4,8,16)
>
> The main objective of marriage is to ensure continuity of one's lineage through procreation. The offspring will keep alive the name and identity of the parents. (M:19,20)
>
> The elders wish that their lineage should increase from generation to generation. They say that a couple should have both wealth (*dhan*) and offspring (*jan*). (F:7,8,9)
>
> No one holds that an increasing number of children will 'increase the

prestige' (*marjyādā bāṛābe*) of the lineage. The main objective of procreation is the continuity of the lineage. (F:7,9)

If a large number of children are born to a couple it helps enhance the honor (*gaurab*) of the family. (M:11,12,15)

A greater number of people is a source of strength in the village. He who has many sons is more powerful. Because of this belief many people desire many sons. (M:21; F:15)

The sense that greater numbers of family members mean strength of the kinship group is known to be true especially by the males, who deal every day with the factionalism and alignments of village politics. There have been a number of anthropological studies of village politics in Bangladesh (Bertocci 1970; Aminul Islam 1973, 1974; Zaman 1977; S.H. Khan 1977; Anwarullah Chowdhury 1978; Shairul Mashreque 1981), and it is clear that those 'residential kinship groups' (*guṣṭhī*) that are larger tend to accumulate more power and economic resources. This was expressed by a Jāṭ farmer in the Khanna study in Panjāb, where kinship-based factionalism is endemic, saying, "In these villages we have faction fights, and you win fights not with contraceptives but with men" (Mamdani 1972:135). A *guṣṭhī* or *bangśa* that loses many many contests will decline in economic position as well as in prestige (*gaurab*) as the quotations say. Thus, strengthening of one's kin group is cast in terms of a moral duty.

Some people quoted above (and in Chapter I.4) also believe that increasing the number of Muslims is a moral duty, but this may not be a conscious belief affecting fertility behavior in many cases. The desire found in all cultures to achieve something of immortality through continuity of lineage and remembrance of one's name, is also cast as a moral responsibility.

Performance of Rituals after Parents' Death

The children will help their parents after their death. They will arrange burial and recitation of the Qur'ān for the peace of the departed souls, will give to charity (*dān-khairāt*), and arrange special recitations (*khatm-i-Qur'ān/milād māhfil*) for the dead parents. (F:1,2,4,5)

If one's offspring are good, they will benefit the parents in their graves. The children arrange the funeral prayer and burial of the parents. (M:11,12,14)

One's offspring will arrange occasional recitations of the Holy Qur'ān after one's death, and pray to Allah for the peace and salvation of the departed souls following their regular compulsory prayers. If the children are good then such prayers may be granted by God. If the sons do good deeds following the death of their parents, the parents will receive a one-eighth portion of merit from the good activities of the children. The children should feed the orphans, the distressed, and the destitute,

and contribute to charity (*dān-khairāt*) for the salvation of the departed souls of the parents. (M:2,3,4,5,6,7,8,10,12,13, 14; F:10,11,14)

Parents do not expect to receive earthly things from their children after their death. But their souls (*ruhguli*) expect prayers for their salvation. If the children make donations (*dān*) to the poor and feed the orphans (*etim*) and destitutes (*miskin*) from the inherited parental property, then the deceased parents will receive a half portion of the merit (*saōyāb*). (M:11,12)

If a baby dies during the lifetime of the parents, then in the day of judgment it comes to the help of the parents. If the baby dies innocent (*māsum*) it will plead with Allah for the salvation of the souls of its parents. In the day of judgment Allah will order innocent babies to enter heaven, and the babies will plead that they will not enter without their parents. Then Allah will be sympathetic to their request and will order the parents also to enter heaven (*beheśt*) with their babies even though those parents might have been destined to go to hell. (M:11,12,14)

After the death of [Hindu] parents the children with their relatives carry the dead body to the 'buring *ghāṭ*' (*śmaśān ghāṭ*). If there is a son he will perform the ceremony of 'putting fire to the mouth' (*mukhāgni karbe*) for cremation of the corpse. A son will lie on a mat of grass for one month following the death of a parent. A month after the death the children will perform the funeral (*śrāddha*) ceremony. The daughters also perform a '*śrāddha* of the third night' (*te rātrir śrāddha*). The children feed the distressed (*kāṅggālī*) and the men who carried the corpse to the burning *ghāṭ*. This brings benefit to the departed souls. (M:15; F:12,13)

We [Hindus] are concerned about the welfare of a person's soul after death. A male child has to perform *śrāddha* and offer 'rice balls' (*piṇḍa*) for the departed father. A female is not entitled to do this, but if the deceased has a daughter who has a male child, he can perform *śrāddha* and offer *piṇḍa* for his grandfather. Release (*mukti*) is attained by a departed soul after his son or grandson offer this. (*purōhits*)

Funeral ceremonies in general symbolize continuity of the values of the passing generation; that is one of the reasons for the stability of some peasant cultural systems, such as in traditional China or traditional North India, which lasted for a thousand and more years. These ceremonies also symbolize the worth of each person's life, as he expires and his essence is transmitted to his descendants. This sense of geneaological and cultural continuity are part of the pro-fertility ethos of most established peasant societies.

By religious tradition every Hindu, at least among higher castes where rituals are more fully performed, should have a son to light his cremation and offer up *piṇḍas*. It could be done by another related male, but a son is regarded as essential for the best welfare of the departed ghost. Hindu

funeral ceremonies abound with symbolism about life, death, and continuity.

Muslims technically have no requirement that a child arrange the deceased parent's funeral and the scripture recitations and charitable donations that follow, but as a practical matter a child would have the interest to do this best. Muslims put great store by having a proper funeral, with the corpse wrapped in a shroud, and having a child makes it more likely that one will get a proper burial, even if money is scarce. In tradition, there are the added factors quoted above, concerning the special benefit to the souls of deceased parents if their children perform rituals and give to charity. Muslim funeral rituals have been affected by the important role given to offspring in Hindu rituals.

However, we cannot assume that these beliefs and practices are a factor that can be isolated in explaining high fertility. Table 35 shows that of the respondents giving reasons for wanting more children, only .2% cited performance of funeral ceremonies as the main reason.

2. Children for Old Age Support

Quotations:

> The children who do not take care of their parents in their old age are 'wicked children' (*kusantān*). They do not have peace of mind in this world and a terrible torture awaits them in the world hereafter. They will be treated in the same way by their children. Children who do not care for their parents in their old age are beasts (*paśu*). (M:1, 2,3,4,5,6,7,8,9,10,12,14,15)
>
> Offspring who do not care for their old parents are not considered to be human. Such offspring are hated by all. The parents undergo much hardship in rearing children 'up to their maturity' (*seānā haōyā parjyanta*). After all this, if any child does not take care of his parents he will be answerable to God for not performing the compulsory duties toward parents. (F:7,8,9)
>
> Children are meant for old age security. Parents rear children with certain expectations. Children are the most reliable source of old age security to parents. An offspring who does not care for his old parents is wicked, and his own offspring will not care for him in his old age. (M:1,10,16,19,20)
>
> According to Islam the parents are next to Allah for their offspring, and it is the duty of the offspring to keep the parents satisfied. They will care for the parents in old age, and after death perform the prayers and religious work on behalf of their souls. (M:16,17,18,20)
>
> Children who do not care for their old parents will later receive

the same treatment from their own children; then they will realize their fault for not doing their duties to their parents. (F:7,9)

Human life is a cursed (*abhiśapta*) life. Today the young boys after marriage forget their responsibilities toward their parents. They pass their time in mirth and merriment with their conjugal partners. But the future of such children is dark. (M:15)

Parents should not expect old age support from their children. Parents should count on their own resources. (urban M:17,19)

Quotations on number of children needed for old age support:

If worthy, one son is sufficient for old age security to the parents, but even ten sons who are unworthy are not sufficient. (M:11,13,18,19)

A couple cannot tell exactly the number of children necessary. I believe that one son is enough if he is a good one; even ten sons, if they are wicked, cannot ensure parents' support. (F:7,8,9)

One or two sons are sufficient for old age security. But if there is no willingness to provide maintenance then having even a hundred children is futile. (M:1,7,8,10,15)

Some parents do not expect old age support from their children. But those who want it cannot tell the number needed. One good son may be sufficient, but if seven sons are wicked it will not be any use. Some parents do not like to have a large number of children for old age security. (F:2,4,6,7,8,9)

More than one son is appropriate for old age security; if there is only one he might die or be unwilling to provide it. (M:17,22)

Two offspring are sufficient for old age of the parents. (F:8)

Three children are sufficient to care for their old parents, for a single offspring might be unable to meet all their demands. If a couple has three children, one will provide them with food, and the other two with clothes and medicine in time of need. (F:1,3,5)

It is better to have three sons for old age security; the more sons, the more income. (M:21)

Many couples prefer to have many children; if there are five or six and one is not willing to provide support, the others may. Under no circumstances is it safe to have only one son because of risk of death. (M: 2,4,6,11,12,14)

Some people expect many children to care for them in old age. They will earn more income, and will make the hands of the parents strong and secure. (M:2,4,5,9,12)

Offspring are viewed as the center of the 'hopes and expectations' (*āśā ō bharasā*) of one's life. These can be divided into two phases: services to the

parents in old age in this life, and arrangements for burial or cremation and various religious duties for parents after this life.

These quotations are abundant evidence of the moral duty of children to support their parents, and some parents cite this as the main reason for having children. But others, especially those in urban environments or having salaried income, say parents should not depend on their children for income in old age. The ethos of the society is strong, however, that a child who helps his parents when they are old is dutiful (*kartabya parāyaṇ*), and one who does not is despised, is a beast, will be answerable to Allah for it, and will receive the same treatment from his children.

Most of those who express opinions about the need for children for old age support qualify them with some statement about the nature of the child. Many say that one dutiful child or son is enough; others say that under no circumstances should parents rely on only one. Even ten or a hundred would not be enough if they are wicked. This displays the general sentiment that support of parents is indeed a moral duty.

We may calculate that if two sons are required for this, four children should be alive, and five children would have to be born. This sort of calculation is not overtly made. But it does highlight the difficulty of achievement of population stability in a peasant society with widespread marginal subsistence, landlessness, and no social security system.

Life expectancy in Matlab Thānā, calculated from Cholera Research Laboratory vital records in 1976, is 52.8 for males and 51.4 for females at birth. But because of infant and child mortality, that is not the peak life expectancy; a male aged 4 can expect to live for an additional 61 years, to be 65; a female aged 5 can expect to live for an additional 60.9 years, to be about 65 (Ruzicka and Chowdhury 1978:5). In the past, death occurred to many people on short notice and while still active in economic pursuits; when life expectancy was in the 30s and 40s fewer parents lived to retire from work and remain senescent or dependent, and the felt need for old age security may not have been altogether justified. But now most people are living to enjoy some years or even decades of life after retiring from full-time economic pursuits, while at the same time farms are growing smaller and landlessness is increasing. It is not likely that under these conditions the felt need for several children for old age security is going to decline; rather, it may increase.

3. Why More Children Are Desired

Love and Affection for Children, and Resemblance to Ancestors

Children are the most endearing objects to their parents. A child is procreated from the blood of the parents, and nothing under the sky is

more favorite to them. Parents love their children like their own lives, and may starve but will not let their babies go unfed. The affection of parents towards children 'cannot be measured' (*ōjan karā jāy nō*). (M:11,13,14)

Parents make the greatest efforts to get their children well established in life. They forget all the afflictions of child raising when they see their smiling children's faces. They always give priority to the comforts of their children. (M:13,14)

All parents rear their children with a lot of hopes and aspirations. Children are not reared with all the hardships involved just for obtaining mental pleasure. All worldly affairs are directed toward fulfillment of hopes, and all parents expect that their children will be of great use in old age until death, and following death. (M:1,2,3,4,5,6,7,8,9,10,12,14,15)

It is found in the *Hādis* that heaven for a child lies under the foot of its mother. (M:13)

It is not possible to explain the attraction of a mother toward her children. Every mother has great love and affection for her children, but still, there are certain differences in the intensity of expression of love to different children. If a baby resembles certain dead near relatives it receives more attention and affection. But even then no difference is made in inheritance. Every mother tries to provide amenities to her children, even at the cost of her own comfort. (F:2,7,8,9)

One is attracted especially if the appearance of a baby represents the face of a dead relative, and if one recollects the memory of the dead relative when he looks at the baby. But distribution of property is not based on resemblance of a baby with dead ancestors. (M:1,2,3,4,6,8,10, 11,13,14,15)

Human life in Bangladesh is not valued less than in other societies. The psychological satisfaction children provide to the parents is recognized as a great value in its own right. This feeling is compounded by the parents' projection of their own hopes and aspirations on their children. Males especially are conscious of the great assistance that children can be in old age.

The idea that if a baby resembles dead relatives it holds a special attraction for its parents, is found in these quotations to be held by Muslims as well as Hindus. This arose from the very old and deeply entrenched ancestor cults of the protohistoric tribal religions of eastern South Asia, and gave rise to the practice of burying a dead baby in a pot near the house. These ideas came into Buddhism and Hinduism, and jelled in the 'doctrine of rebirth' (*pūnarjanma*). The ghost of a baby who died was thought to be reborn in the same family, and the same was sometimes thought to be true of an adult. For this reason in parts of India a child may be given its grandparent's name, if the grandperent

is dead. But among most Bangladeshis now this belief has been reduced to simply looking for a physical resemblance as symbolic of the coutinuity of the family.

Sex Preference

A male child is favored. If the males in a family are few then the size of the 'lineage segment' (*bangśa*) becomes small. Males are future earners, but females are economically unproductive. Parents have to spend a lot on arranging marriages of daughters. So for economic reasons a male child is preferred. (M:2,3,12,22)

Nowadays a girl is viewed as a problem in the family. If parents could control the sex of children born then every couple would decide to have a male child first. A son is essential for continuity of the lineage and old age security. The dowry system has turned the females into a sort of commodity, and a couple feels frustrated if they have three daughters in succession. (M:12,13,14,15)

I have five daughters and two sons. If all seven children were sons there would be no complaint. My daughters create problems because for the arrangement of their marriages a huge amount of money is needed. (M:15)

A daughter is preferable to a son. A female can be compared with the soil; as crops grow, the child is conceived and grows in its mother's womb. A woman may be compared with flowers, for flowers are very dear to all males. Through childbearing a woman increases the servants of Allah. According to the Islamic law a man can have four wives at a time, and to fulfil this objective more women are needed. (M:11)

There is no religious ground for desiring a male child. (M:22)

Though a male child gets more attention than a female child from family members, a mother cannot make any distinction in matters of love and affection. (F:7,8,9)

Midwives naturally get more remuneration when a son is born. A few families who have only sons give more if a daughter is born. But safe birth of a child, whether boy or girl, is a source of happiness to all, and midwives are paid for assisting in making the delivery easy. But with few exceptions most people prefer to have a male baby. (M:22; F:15; several midwives)

Every couple feels the need of a male child, and sometimes the number of children is increased with the hope of getting one. The quotations above show the moral, economic, and practical reasons why a son is often preferred.

Whereas a male will inherit the property and produce income in futue, even the expense of raising a girl is not recovered because she is given away in

marriage, and her children belong to her husband's family. Practically all interviewees cite the burden of dowry, which is very heavy if the parents of a girl wish to marry her to an "educated" groom or have middle-class values, in addition to dowry the groom's family often demands such things as a watch, bicycle, or radio. On the other hand, *mahr* is usually only pledged by the groom as surety against divorce.

Moreover, it is troublesome to raise girls because they need to be escorted and protected.

Nevertheless, some people put aside these practical considerations and desire a girl baby because a "woman is like a flower." A mother looks forward to a girl's help in housework. Some say that a girl is even more loved because they know that she is with them only for a while, than will have to be sent away to another house.

In Hindu legal tradition there is provision for adoption of sons but not for daughters. In Islamic legal tradition there is no provision for adoption. Nevertheless cases of adoption of both sexes are known.

In the above statements some women claim there is no distinction between male and female children as regards love and affection toward them. The women may feel there should be no difference. But Aziz and Hossain (1974:27) noted that in their vital statistics survey area in Matlab Thānā that among children aged 1-4 there was excess female mortality of 41% (and for ages 15-24 excess female mortality was 94%, which would be partly because of death in childbirth). Ruzicka and Chowdhury (1978:6,9) showed from the same research area that sex ratio at birth was 104.6 boys to 100 girls (which is close to the world average), that slightly more boys died in the first year of life, and that proportionately many more girls died in each year after that, especially in the late teen years. In all the South Asian countries there is an excess of males, whereas in economically developed countries there is an excess of females. The sex ratio in Bangladesh by the 1961 and 1974 censuses was 109 males to 100 females. There are several reasons for this, such as underenumeration of females, relative neglect of girls, and deaths in childbirth. If there is a real shortage of food, females may get less.

However, our Tables 4, 36, and 37, show that not only are more boys than girls born, but that in absolute numbers more sons than daughters have died, which in fact would be expected in a developed economy. These figures may be incorrect, arising from respondents' wishful remembrance of boy births (suggested by Table 68), and/or it may actually indicate that in our sample relative neglect of girls is not very significant.

preferred Sex (Tables 31,33). Table 31 shows that of all reasons volunteered for wanting more children, sex preference is stated most commonly, and

more so by females than males; the last column also shows that having no living son is twice as strong a motivation for wanting more as having no living daughter. Table 33 shows the number and sex of children desired, according to the number of living sons and daughters. We notice that if there are no living sons, more people want more children than if there are no living daughters. If there is one son and one daughter, the difference narrows, but there is still a preference for a second son over a second daughter. If there are two or more living sons the sex of all the existing children makes little difference in respondents' desire for more children.

Economic Reasons

Many people are in favor of having a large family. Allah Himself likes many children. If a couple has many male children their family is likely to have higher income. When there are many sons each one will take up a different occupation according to his taste and capacity. Then there will be an increase in the level of happiness and convenience. (M:5, 11,12,14)

If one does not have children then possession of property by him is meaningless. (M:12,13)

It is very difficult to provide maintenance for many children. Members of the society look down on a couple if they have too many children. (M:11,15)

One can easily procreate many children, but it is difficult to provide them with proper food and clothing; if there are too many children there is want in the family. And if a couple fail to properly maintain their offspring, God becomes displeased with them. But it is not viewed unfovorably by members of the society if a couple has many children and can afford proper maintenance. (M:1,4,5,12,15)

I think that prosperity in life is not possible if a couple has a large number of children. (F:1,5,7,8,9)

Formerly a mother of many children was considered a lucky woman. But nowadays she is no longer considered lucky; many children increase the chances of disorder within the family. (M:1,3,6,7,8,10)

I think that a couple should procreate according to their economic ability. A couple can determine the number of offspring according to their own choice, and easily control it by using modern family planning methods. (F:1,2,3,4,5,6,7,8,9)

These statements show that parents have much hope in the economic benefits their children will bring when they become adults. As a farmer in the Khanna study in Panjāb put it, "In farming, there is no money if you don't have sons to help you" (Mamdani 1972:80). Agriculturalists are usually aligned

in factions, as we have mentioned, and the "rich" farmers almost invariably have an extensive network of kinship support. Our interviewees also feel that more sons mean diversified family income. In South Asia parents in rural areas often have great hope that by education their children will gain a secure salaried job, called "service" (*cākurī*).

However, these comments do not touch on the question of the economic benefit or cost of keeping growing children, a point sometimes raised now in population studies. For Bangladesh, the most thorough work on this is by Mead Cain (1977:217, 223-24) who calculated that children aged 4-6 work a fifth as long as adults, those aged 7-9 work half as long, those aged 10-12 work three quarters as long, and those 13 and over work as long as adults each day. Cain concludes that by age 15 boys produced enough to compensate for their earlier dependence. Girls do not produce enough to compensate for their consumption before leaving home for marriage even though they work long hours. But if it is assumed that a girl leaves for marriage at age 15, one brother will produce enough to compensate for her consumption by age 22. In another study, McIntosh (1979) finds fertility related to "the structure of production functions within the faimly unit."

But most of our interviewees refer rather to the economic cost of raising children, and not at all to the income they might produce as children. The growing pressures of middle class values make this feeling more acute. In poor families the parents view the demands of food and clothing by many children as a source of 'vexation and suffering' (*jālā-jantraṇā*). Our informants themselves seem to feel there is a shift of values about the trouble and cost of raising children. Apparently hardly any of them wilfully have more children because they think they might benefit from the productivity of growing children, and computation of any such benefits is done by sociologists more than by villagers. The following analyses of our tables do suggest that people consciously cite the economic cost of children in stating why they *do not* want more, but not when they state why they *do* want more. In population studies there have been attempts to assess all the economic benefits of children (Ridker 1976) to parents, as well as other benefits (Simmons 1977; Berelson 1973) such as social, emotional, psychological, and religious ones. It may be that the *psychological* benefits of children to parents are more of a stimulus to high fertility than the economic benefits anticipated when the children become adults, (Fawcett 1970, 1973), as many of these quotations suggest. We are too prone to search for economic or social reasons for behavior that is essentially instinctual.

Reasons Given Why People Want More: Tables 31, 73

Table 31 shows the reasons people volunteered as to why they want more children. First is sex preference (see also Table 33). Sex preference operates as

a relatively stronger reason for wanting more children among females than among males, which is not surprising since proportionately more men give answers such as dependence on God. About a quarter of the men and women who want more are unable to state a particular reason. Next is dependence on God's will for the number of children, given by 20% of men but only 8% of women. Among respondents who already have children, the next important reasons given are continuity of lineage, by 6% of men and 3% of women, then old age security, by 5% of men and 3% of women. Small fractions offered other reasons, such as family size norm, desire for child after remarriage, or performance of the funeral ceremony.

Practically no respondents offered reasons such as that children contribute to family labor, or earn their own food by puberty, as advanced by advocates of the "economic value of children" hypothesis. The next column in Table 31 shows that the breakdown of answers is nearly the same for those earning under 4000 taka per annum as for those earning over that amount, again thwarting the economic value hypothesis, even for old age security. But education does make a difference in people's responses, as the next column shows. We are not able to see much difference between those with no education and those with primary education, but those educated past 9th class are markedly less dependent on God for the number of their children, and fewer of them are "unable to answer;" consequently more of them cite reasons such as sex preference and continuity of lineage, but still only 4% cite old age security first. Having a joint or extended family does not make much difference in reasons why more children are wanted. In the last column, it is clear that having no son is a much stronger reason than having no daughter.

In our discussions with 152 village professionals we also raised this point. Table 73 shows the reasons given by 97 of them as to why several children in a family are desirable. The answers differ from those discussed above because sex of any existing children is not a factor. Here we find that old age security is most commonly mentioned; one reason is that these village professionals are older than our main sample of respondents. The second reason given is for religious purposes; 31 of these people out of 97 wanted a multi-child family so that the numbers in God's kingdom would be increased and so that some sons could be sent for religious training. These answers are mostly given by the religious professionals, and it is part of their social role to answer such questions in this way. The other answers refer to family strength, and to social and national prosperity hoped for by diversities of occupations.

Why No More Are Desired (*Table 32*). Here we see economic considerations expressed; of those who want no more, 34% cite economic problems as the reason, and the number is greater in the middle range of the fertile years. Most of the rest don't want more simply because they feel like they have

enough children, or are too old, or have no spouse; a few cite health reasons or fear of decreased standard of living.

We conclude that it is unrealistic to expect people to reduce their feelings about such a complex subject as wanting children to one "reason." Many couples, perhaps most, do not discuss how many children they want, much less the reasons. Those in favor of a large family are commonly those who say they depend on God for this, meaning that in their life experience this is not a matter about which an individual can or should exercise control. Those who give answers that they want few children often do cite economic reasons. But we feel that most people want several children for undefined personal fulfilment, which is couched in terms of moral duty, family prosperity, or future support. The unspecified desire for children may be more powerful as a pronatalist urge than many of these "rational" factors, for reproduction is probably the deepest *instinctual* drive after life itself and food, that man has, and it is also highly amenable to expression in philosophical, moral, or religious terms.

4. Desired Number of Children

Quotations:

> Sometimes the husband wants to have more children while the wife prefers fewer, or sometimes it is the other way. However, the authority of determining the number lies with Allah. (M:6,11,13,14)
>
> Between myself and my wife there is no difference of opinion on number of children desired; we are in favor of a small number. (M:1,10,11)
>
> Most women prefer a small number of children. It is better for the health of the female, but a large number will hinder development of the family. The husbands who prefer more children believe that a certain number will be invariably born which is indicated by God in the child-bearing tube (*nāṛ*) of a woman. A woman considers three to be sufficient, and a man often considers four or more to be sufficient. (F:8)
>
> Two children are sufficient in view of the need to provide them with proper maintenance. A mother of many children gets irritated with her husband and feels tired of life. (F:7,9)
>
> It is better to have two or three children; nowadays four is considered as many children. If the economic situation of a couple is poor even three is considered many, but if income is available to maintain ten even this number may not be considered as many. A mother with many children is lucky if they all become well established. (F:10,11,12,13)
>
> People in the society consider five children as many children. A couple having too many children is despised (*heya mane kare*) by people of the

society. (F:1,5,6,7,8,9)

These varied sentiments show that despite the inbuilt pro-fertility bias in traditional Bangladesh culture, most people do really want to limit the number of their children to a manageable number; the preferred number women give is often between two and four, but many say it depends on the economic situation; others say it depends on God or on the number predetermined in the woman's child-bearing tube, which is in fact the placenta, which a midwife is sometimes supposed to be able to read to predict how many more children a woman will have. But because long-range planning of such matters as number of children is new to many people, questions on desired number strike many villagers as somewhat unreal.

Number Desired: Tables 34, 72

We see in Table 34 that a surprising number desire to have no more children; this is the response of 53.9% of all males and 59.8% of all females while a good proportion say they don't know. Fewer than a quarter say they want more. Even of those below age 25, 34% of males and 30% of females say they want no more, and this rises with each age cohort.

This kind of finding has been turned up in other studies also. Akbar (1979:11) found that 55 to 60% of all responding parents want no more. The BFS (1978:87) shows that 60.8% of all currently married and presumably fecund women want no more (68.2% urban and 60.8% rural). Bhatia and Ruzicka (1979:17) show that one third of the women in their research area aged 20-24 want no more, and nearly three quarters of those 25-29 want no more.

Table 34 also shows how many more are desired by those who do want more; about half say they want one more, and very few indeed say they want four more. These findings put in better perspective the pro-fertility ethos expressed in previous chapters in this book.

In our discussion with 152 village professionals we asked about desired number of children; the collated results are shown in Table 72. Of those who give a figure, the mean desired number is 2.4. This does not represent the whole village population, but those with specialized professions or occupations. Most teachers and many others in modern type jobs say they want only two or three. Many in traditional occupations also state that they want three, but many also leave the matter "up to God" which suggests they would like a larger number. Very few of any occupation say they want as many as five.

It is important to understand that all these studies showing few children are desired, or that most respondents desire no more, do not necessarily reflect behavior. This was clearly shown in the Khanna study in Panjāb (Mamdani 1972 :19). Kar (1978) showed in a study in Venezuela that among several variables the "general fertility norm" is the lowest predictor of current use of

contraceptives, and "ideal number of children" is also low. The important factors were social support for contraceptive use, and secondly, subjective availability.

Children Born and Desire for More (Table 35). Among males, the majority who have four or more children say they want no more; this is true in all age cohorts. On the other hand, only 60% of those aged 35-44 who have as many as eight children want no more, which shows the considerable divergence of opinion that exists in the society on this matter.

Among females, the majority of those who have three children by age 25-34 say they want no more. However, we should note that of those who have as many as nine, 20% still would like more or don't have an answer.

Replacement of Dead Children and Fatalism: Tables 36, 37

We can compute from Table 36 that 40% of respondents have at least one son dead, 16% have at least two, 6.3% have at least three, and 2.5% have at least four sons dead. In addition, there is a slightly smaller proportion of daughters dead. Thus, a majority have experienced the sorrow of losing a child, either in infancy or later.

This table was prepared in order to test the hypothesis that those who have experienced death of children will want a large number of children to be born as "replacement insurance." We find no evidence for this hypothesis, as the percentage of respondents who desire no more children *increases* with the number dead, both male and female children, for male and female respondents. This is not to say that the hypothesis may not have some validity, at least among those who desire only one or two children, but it probably does not hold up in those households where there are many children. Stoeckel and Chowdhury (1972:116-118) found in Matlab Thānā that neonatal deaths (in the first month) and post-neonatal deaths (2nd to 12th month) are respectively 75.5 and 49.1 per thousand live births; total infant mortality is 124.6, which is not as high some suppose. Those researchers found that both kinds of child death *decline* among women with larger parity. This finding is surprising, and negates the hypothesis that people have more children as they feel they need more insurance against death.

Table 36 also shows that the majority of males with two sons or more desire no more children, and the majority of females with even one son desire no more. The majority of males and females with one daughter alive desire no more. There is some evidence of sex preference here, but not much. There is no evidence that a great number desire many sons as death insurance.

Table 37 shows a regular increase in dependence on God for number of children with greater number of sons and daughters dead; about 95% of respondents with 3 or 4 sons or 3 or 4 daughters dead, have a fatalistic attitude about

the number of children they should have. It also suggests that those who are least able to care for their children have such a fatalistic attitude.

As regards the hypothesis that reduction of infant mortality is a prerequisite to lower fertility, we may note some general findings. Helen Ware (1977:208, 222) cites many studies of factors in fertility decline in Europe, and concludes that it is "difficult to produce an example of a European country where a prior improvement in child survival was the major factor obliging parents to restrict their fertility within marriage," and "it was only as children became rarer that European societies began to show an intense interest in reducing infant mortality rates." She concludes that there is no evidence that change of a single factor, even one so important as child mortality, is sufficient to set fertility decline in motion. Singarimbun and Hull (1977) cite the example of Jāvā in which fertility in rural areas has rapidly declined but in which child mortality has not declined since 1940, but rather in some areas has risen, and conclude that "poor women will reach old age with less than three living children on average, or over one child less than their stated ideal." This situation has caused adaptation of attitude, so that there is fatalism, stoicism, and lack of overt emotion over such misfortune as child death.

On the same subject, Friedlander (1977) concludes that "any proposition to the effect that child mortality may be reduced as a policy to induce a decline in fertility is simply unfounded." The experience on this point gathered from other countries thus suggests that there can be optimism that infant and child mortality levels do not have to be reduced precipitiously as a precondition to fertility decline.

Desirability of Planning

> I think that it is not right for humans to breed like a 'pack of dogs' (*kuttār pāl*). A couple should arrange the necessary food, clothing, and education for their children to build up their career. If a couple fails to provide proper care to their children they become an object of criticism by members of society. (F:1,5,7)
>
> There is no special instruction from elders or religious leaders in favor of small size families, but for the parents there is a personal responsibility for building a planned family. (F:8)
>
> If a couple controls birth through their own initiatives, they will be answerable to Allah in the day of judgment. Yet, many couples are willing to accept family planning. A couple with many children cannot have a happy and prosperous life. (F:8)
>
> If a baby dies, the parents and grandmother become concerned because they cannot predict what might happen to future babies. (M:11,13)
>
> The number of children to be born is determined by the wishes of Allah

and indicated in the woman's 'child-bearing tube' (*santān haōyār nāṛ*) [prediction based on the number of knots in the placenta]. But there is eagerness to adopt family planning methods. (F:7,8)

The world is overpopulated and human suffering will increase. This can be controlled by family planning. (F:3,8)

We should obey Government's order regarding birth control. People's attitude toward Government's order is good. However, most people are not satisfied with two children. (M:15)

The pro-fertility cultural ethos discussed so far in this book should be seen as balanced by the above statements and tabular data. At the same time, of those who say they want no more children, or that the world is overpopulated, or that fertility should be controlled, only a small percentage take action accordingly. No special action is usually required to have a large family, but rather, intentional action is required to have a small family.

5. Having Children in Different Stages of life

Ideas on Having Children Soon After Marriage

A couple should not willingly make any delay in having the first baby. Procreation is preferred in the youth of the couple so that the child becomes fit (*upajukta*) to provide old age assistance to the parents, for this is the main purpose of procreation. A child born in the old age of the parents can do nothing for them, but one born in their youth will provide care (*khedmat*) for them. (M:11,13,14,15)

If a couple has a baby soon after marriage it is clear that they can procreate; when they cross youth they will fail to procreate. Yet, some couples think that they will get better employment if they delay the first baby, but I observed some cases of this where childlessness followed. (M:12,15)

People believe that after a birth or two the mother's body no longer remains tight (*ṭānṭān*). If the female's body remains tight the couple will enjoy each other more, and for this reason some couples delay having their first baby. (M:15)

Some elderly people do not like to see an empty lap of couples. They believe that a woman without a child in her lap is unfortunate. (M: 1,2,6,7,14,15)

Some couples want to have undisturbed conjugal life for some time after marriage. A couple is not concerned if a baby is not born in the first few years, but five to seven years after marriage if there is none they get concerned. Elders consider children as the beauty (*śobhā*) of a

family. (F:7,8,9)

With rising age of marriage, early post-pubertal sub-fecundity will not be important, and social expectations about how soon a couple ought to have children will have more potential importance in delaying births. Just a couple of years average delay in the first birth will increase the inter-generational time and significantly affect population growth. The above quotations show that many men like to have children soon after marriage, but some women at least don't mind waiting a few years.

Opinions on Timing of First Child (*Table 74*). We asked our village professionals to discuss this subject, and have distilled their answers in this table. We see that of 138 persons responding as many as 36.2% think it suitable if the first child comes in the second year, and 18% in the third year, 4.4% in the fourth year, and 13% in or after the fiifth year. A further 11% of respondents, mostly religious figures, would not give an opinion because the matter is up to God. Most of the religious figures prefer the first birth to be in the second year, and more of those with modern type occupations are willing to delay until the third year. This suggests that a program to popularize delayed pregnancy will have some possibility of success, as it is not against religion, and some villagers already approve it.

Avoidance of Pregnancy in Middle Age

It is a matter of shame (*lajjā*) if a couple continues to procreate in spite of having their own grown children and grandchildren. It is a matter of ridicule to members of society. (M:1,2,3,4,5,6,7,8,9,10,11,13,15,21)

It is better to see the lap of an aged couple empty. In old age one does not feel physically strong, and a woman may feel burdened by child rearing. (M:1,2,6 7,9,11,13,14,15)

If parents die leaving a child it becomes an orphan (*etim*). Couples should not have a child in their old age if they cannot rear it to maturity. Nobody can replace the parents, and in the absence of parental care such a child may get inadequate training for future responsibilities. (M:11,12, 13,14)

It is shameful (*lajjājanak*) for parents to have a child when their own offspring have their children. It looks odd if children are born to the mother and the daughter-in-law at the same time, or if a woman has a baby in her lap in the presence of her son-in-law. It is a matter of criticism and ridicule. (F:1,2,3,4,5,6,7,8,9,10,11,12,13)

A couple cannot take care of their grandchildren if they have their own breastfeeding baby. Grandparents have a responsibility to the grandchildren. So it is better to control birth at the late age. (F: 2,4,6,7,8,9)

A mother should have two or three offspring at short intervals before

any of her children attain puberty. It is better for a mother to have an empty lap when her own children are grown up. (F:3,4,5,7,8,9)

This feeling of shame at pregnancy when one has grown children is a widespread one in India also, and is not of Muslim origin. The fundamental reason for this seems to be that by the time one is a grandparent it is thought his/her sexual urge should be tapering off. If one has a baby at that age it publicizes to one's children and others that there is intercourse. In the traditional Hindu scheme of the life cycle, one was successively a child, a celibate student, and then a householder and man of affairs, after which one turned to meditation, and finally took up the life of a recluse.

This sentiment is rationalized in various ways given in these quotations; some say that after age 40 or so blood loses its spirit, semen gets weak, body strength and memory fail, and the like, and some also believe these qualities are transmitted to children conceived in that age.

However, this is an ideal more verbalized than practiced, it seems. Only 74% of those aged 45+ are sure they want no more children (Table 32). Fertility increases through age 55 for men and age 45 for women (Table 4). We see that for females fertility increases with each 5-year cohort to 40-44, at which it is 7.5 children ever born; then it decreases in successive cohorts to 7.3, 6.8, and 6.2. Such a decrease is not shown for males. The *Bangladesh Fertility Survey* (1968: 63) also shows a declining completed fertility of women past age 45 and cannot find an explanation. The 1974 *Retrospective Survey* shows a similar trend. This seems to indicate that completed fertility a decade or two earlier was lower than at present, or else that older women omitted to report some of their children, which is unlikely.

But given the low age of marriage, the fact that fertility increases significantly through the 30s and into the 40s for women, and beyond for men, suggests that the sentiment against late pregnancies is not as much a deterrent to high fertility as one might suppose by hearing people's opinions. It has no backing in Islam and little in Hinduism in Bangladesh. Whether this widespread sentiment could be worked into a population policy is a matter that might be considered.

6. Consequences and Causes of Childlessness

Quotations on Consequences:

If conjugal partners have the misfortune (*durbhāigya*) not to procreate any offspring, they become a subject of ridicule in society. The male may get identified as a eunuch (*khājā*) and the female as a barren (*bandhyā*) woman. (M:4,5,9,11,12,13,14,15)

If a man fails to have offspring he may take a second wife. His mother may encourage him to, or he may make the decision. An infertile woman is ridiculed by the husband's brothers and their wives and his younger brothers and mother. If a couple are infertile the blame goes to the wife. If the male fails to procreate even after marrying again the blame is shifted to him. Some people believe that infertile couples do not have any allotment of offspring from God. (M:11,12,13,14,15; F:10,12,13)

A childless woman gradually realizes that her life is a cursed (*abhiśapta*) life. She finds that her husband is indifferent to her, and she may find difficulty in life if the husband takes a second wife. (F:7,8,9)

A childless couple is unlucky (*hatabhāigya*). If anyone sees either partner of a childless couple in the morning it is an 'unfortunate event' (*kuśāit*) for the whole day. The sight of a childless couple is ominous (*amaṅggal sūcak*) when beginning a journey. So many avoid the sight of a childless couple. (F:1,2,3,4,5,9,10,12,13)

Quotation on Causes:

If a couple does not have offspring the fault of infertility goes on the shoulder of the female. A woman is compared with land; if land does not give a good harvest the blame is attributed to the unproductive land. (M:11,13,14; F:16,18,19)

If either party suffers from some disease causing infertility they will not be able to procreate. (M:11,12,15; F:10,12)

If a woman is influenced by the evil eye of an evil spirit (*jin/bhūt*) during her menstrual period and thus suffers from menstrual disturbances, she will lose the capacity to conceive. (M:5,11,14,15)

If any woman goes out of her dwelling prior to the call (*āzān*) of 'morning prayer' (*fazarer nāmāz*) of Muslims and the bird *saiṣyā caṛā* flies overhead, this may lead to infertility. (F:7)

If any couple does not observe the restrictions on times of coitus this may lead to infertility. If a couple has coitus on the last night of the lunar month and conception follows and a male child is born, then he will suffer from infertility. (F:7,8,9)

Childlessness may be caused by a fault 'in the child producing tube' (*santān haōyār nāṛe*) (placenta). An unhealthy woman may have barreness. Accumulation of excess fat in the uterus may be a cause, or casting of evil eyes by spirits. Any fault (*dōṣ*) of the husband or wife may lead to infertility. (F:7,8,9)

Placing the onus of infertility on women is well established in Muslim and Hindu traditions. Shanawany (1970:200) notes: "Sheik Abu Zohra cites the following. It was related that a man went seeking Prophet Mohamed's advice

three times about a woman whom he loved and wanted to marry. He told Prophet Mohamed that the woman was reputed for her good origin and beauty, but was infertile. The first time Prophet Mohamed simply answered, 'No.' The second time, he reprimanded the man. And the third time Mohamed answered him, "Marry a fecund woman for I would boast by the offspring" (Zohra 1965:2).

Infertility is attributed to the wife, as these quotations say, and she is compared with the land. This analogy is a fundamental one in the peasant world view in Bangladesh. If a crop is not forthcoming it is because of the conditions of the land and its moisture, rather than because of the seed. A woman should be in a fecund state after getting rid of bad humors in her menstruation so her juices (*ras*) can properly nourish the seed. But sometimes external agents, as quoted above, might cause her to suffer from menstrual disturbance so she will not conceive. There is also a rationale held in India but less so among Bangladeshi Muslims, that the male body is more constantly hotter by nature, while the female body fluctuates in body humors, and is colder and therefore infertile at certain times of the month; this rationalizes women's infertility in terms of traditional philosophy of human physiology.

A barren woman must pay a heavy price socially, such as leading a completely subordinate life in her husband's father's household. But if her husband takes a second wife and still has no offspring, the blame is likely to be shifted to him.

One of the most common reasons for use of a *tābiz* (Table 12) is "for getting a child," or "barrenness." People may also seek both magical and herbal help from a *kabirāj*, and he may manipulate people so afflicted for his own profit. Muslims may undertake extra fasting, or *mānasī* at the tomb of a *ptr*. Hindu women may do special *pūjās* to the goddess Ṣaṣṭhī who controls fertility (Table 15) and the sincerity of their prostrations, year after year, is pitiful to behold.

The causes of childlessness vary in different regions of the world, and apparently its causes are complex and difficult to diagnose, and it is likely that up to half of all couples are infertile at times (WHO Chronicle 1978:229). Bangladesh villagers do recognize that diseases can cause infertility, and they frequently refer to gonorrhea. Nag (1962:120-29) showed that in West Bengal venereal disease, especially gonorrhea, was the most singificant single factor causing differential fertility. He found that in his sample among Muslims, only 2.4% of Śekh women were childless but 12% of non-Śekh women were, apparently because their spouses frequented prostitutes. The WHO Chronicle (1978:230) notes that in women, gonorrhea and post-abortal or post-partum sepsis are considered to be the two conditions most directly related to infertility. These two diseases cause infections in the fallopian tubes and consequent partial or total tubal occlusion. In the male, gonorrhea begins with urethritis. Sexually

transmitted diseases are mainly propagated through unstable marital unions and prostitution.

In Bangladesh the opportunity of having different sexual partners arises with seasonal migration of men to urban or other rural areas and their subsequent return home. The risk of genital tract infection or injury is increased by local birth and post-partum practices and by use of indigenous contraceptives and abortion-inducing agents.

Ruzicka and Chowdhury (1978:29) noted that in 1975 at Matlab two thirds of all divorced males who remarried had no living child, and another 20% had only one child. They found that all divorced men who remarried in their sample under age 25 were childless, 92% of divorced men who remarried in ages 25-29 were childless, and most of the rest had only one child. The instinctive urge to beget progeny is strong enough to cause people to subordinate other values and conditions to this human need, and it is not likely that childlessness will be more readily acceptable as long as the majority of Bangladeshis retain the world view adaptive to peasant subsistence.

7. Social and Economic Factors and Fertility

Caste: Table 38

Hindu castes and other sub-ethnic groups differ in fertility, as this table shows. The meaning of "caste" in English is the endogamous (intramarrying) category, though for some castes the name may also imply specific occupation, sect, region, and the like. Sociologists prefer this clear distinction among castes, but the Indian and Bengali term *jāti* means this and much more (Chapter 1.4) and can imply any sort of fundamental distinction among humans. Some of our respondents, therefore, when asked about *jāti*, gave their *varṇa* rank; castes tend to be groups into classes of castes according to this system, and some people prefer to be known as *Kṣatriya* or *Śūdra* rather than by their caste name. There is always flux and dynamics among the groups of the caste system.

Generally speaking, we see that lower castes of rural Hindus have lower fertility, while those of traditional upper-middle status have higher fertility, though there are some exceptions. Kāyasthas, traditionally writers, are generally professionals of one sort or another and are prosperous enough to support large families. As for Karmakārs (blacksmiths), we note below (Table 40) that Hindu artisans tend to have high fertility and also to maintain a degree of religious orthodoxy. Business groups or townsmen, such as Sāhā, Kuṇḍu, and Baiśya, also have higher than average fertility. The cultivator castes, Māhisya and Hāluyāi, and the Namaśūdras, a widespread caste of small cultivators and field laborers, have lower than average fertility. Those claiming "Śūdra" rank, and probably

many of those claiming "Kṣatriya" rank, are in fact low-caste persons. Their fertility is lower. Our data show in several respects that those in marginal economic conditions have fewer children.

However, the fertility of the urbanized upper Hindu castes is also likely to be lower. In Calcutta it has been shown that Brāhmaṇs, Baidyas, and Kāyasthas, the three dominant upper caste-clusters there, have lower fertility, and the difference is greater in the main city areas than in the slum areas (Raman 1974: 284-85). In non-slum areas marital fertility rate of upper caste Hindus was found to be 85.3 per thousand, but of other Hindus 114.6. Of course, these differences arise from the whole set of socio-economic circumstances.

Padabī: Table 39

In this table we attempt to see the extent of differential fertility among Muslims; the table also includes the Hindus in our sample. *Padabī* is what Bengalis call "title." It is actually a lineage or family name, but that implication is misleading because not many Bengalis know much lineage depth. Titles are taken according to historical or present circumstances, and may indicate that some ancestor was a *munsī* (scholar), *mullā*, *pradhān* or *prāmāṇik* (village political leader), *maṇḍal* (traditionally, ruler of a region), and the like. Islamic social hierarchy also enters into this; those having important or urban positions traditionally would try to claim "foreign ancestry" of Arab origin and take the title Saiyad. The most common title in our sample, and in Bangladesh, is Śekh, which was adopted by Muslim converts who assumed that the Sūfī or other preachers who converted them were indeed of Śekh (Sheikh) origin from Arabia. Hindus in Bengal have also taken such titles; Dās ("servant") is applied to a number of castes, especially to fishermen. Some Hindus give their caste name as their *padabī*. Some Muslims and Hindus, especially the poor and those of low social origin, have no *padabī*.

The pattern of fertility seen in this table is that Muslims have more children ever-born than Hindus (more Hindu *padabī* names appear in the second column); moreover, Muslims with the title Maṇḍal and Prāmāṇik have more children than do Hindus with the same title. Muslims who gave no response and perhaps have no *padabī* have slightly fewer children than most other Muslims. In addition, the titles more common to the traditional landed rural elite, such as Caudhurī, Bepārī, Maṇḍal, and Mullā, are associated with higher fertility than the titles more common to the urban elite.

Occupation: Table 40

This table shows the major categories of occupations of our 2825 households, ranked according to dependence on God for number of children, and shown

with degree of pardā, fertility, and frequency of coitus.

Artisans rank highest in dependence on God, 96%, in contrast with 83% for the population sample. Their completed fertility, an average of eight children, is also higher than that of any other occupational category. This may seem anomalous since most artisans are Hindus, and we have already seen that Hindus have both lower dependence on God and lower fertility. However, these artisans show a very low observance of pardā, as would be expected of Hindus. The artisans in our sample are potters, carpenters, blacksmiths, goldsmiths, weavers and oil pressers, among whom only the weavers are likely to include many Muslims. Artisans tend to be conservative in South Asia, and in traditional Hindu society they sought to increase status by Brāhmaṇical imitation (Sanskritization) and by the purity, food rules, and rituals that go with it, rather than by the alternative route of political or military power. Traditional artisans were very much part of the peasant culture, and imbibed all its values concerning fertility and piety.

Day laborers are next in dependence on God, but their fertility is lower than average because of poverty, and their practice of pardā is also less than that of cultivators because their women may have to work. They can enhance their self-esteem by voicing pieties such as dependence on God.

Cultivators form the largest group in our sample, and are mostly Muslims. Their dependence on God, pardā, and fertility are above average; their observance of pardā, in fact, is highest of all these occupational categories. They do relate land fertility to human fertility in myth, and both are seen as moral matters (Chapter 1, 3 and 4). Alauddin (1979: 285-86, 299) noted in his quantitative analysis of determinants of fertility in Bangladesh, that "the proportion of the male population employed in agricultural activities . . . is the most important single predictor of knowledge of non-clinical contraceptive methods."

Traditional low occupations (barbers, washermen, cobblers, boatmen) rank next, and they are also mostly Hindus. Their pardā, fertility, and frequency of coitus rank less than average.

Those in common jobs, such as ricksha pulling and woodcutting, also maintain a self-image of religiosity, through stated dependence on God and pardā: their fertility is average.

Those in traditional professions such as healers and religious functionaries observe higher than average pardā; their frequency of coitus is the lowest of all our groups but their fertility is high, suggesting that these might not be much related.

Fishermen have the least practice of pardā among these, and their fertility is low. Most of them are poor, and their women may work.

Business and trade is highly represented in our sample. Many of these people are probably in petty trade or might be otherwise classed as unemployed.

This category has average characteristics as shown in the table, but probably professional businessmen would have more practice of pardā and greater fertility than those engaged in petty or marginal trade.

The remaining occupations shown are modern ones (except servant). All of them rank low in dependence on God. Having a modern semi-skilled job such as driver/conductor, contractor, or mechanic, does not cause a reduction in observance of pardā. But those in "service" jobs (salaried employees) and teachers observe less pardā; fertility of most people in modern-type occupations is lower. It is interesting to see that frequency of coitus is much greater than average among those in service and modern occupations, and teachers. Probably modernity of outlook is associated with more coitus because of dropping restrictions on days and times and also dropping the inhibition that too much sex is unreligious; this does not cause greater fertility because their use of contraceptives is more.

Land Ownership: Tables 41, 42

Table 41 shows that owning land is related to higher fertility. Those who have more land have the greatest number of children born, in all four age cohorts. Of those who have completed fertility, persons having between 5 and 10 acres have an average of 8.5 children, compared with 7.0 for the population sample, 6.7 for the landless, and 6.3 for those with ½ to 1 acre, many of whom struggle for existence.

We found that 50% have no agricultural land; 54% have less than half an acre, as compared with an average of 48% for Bangladesh (Jannuzi and Peach 1977). But we should not assume that these all are destitute or unemployed; they may have good jobs. This table shows that the landless have higher completed fertility than those with between ½ and 1 acre.

Type of land tenure (Table 42) is also related to fertility. Those who both own and lease land have the most children, and this holds true in all four age cohorts.

Income: Tables 43, 44

Income is related to all these factors we have been discussing that affect fertility. Table 43 shows that those of the rural middle class who earn 4000 to 6000 taka a year (1977 prices) have the strictest observances of pardā according to both men's and women's responses, and also have the greatest dependence on God for number of children. It is the higher income group, according to Table 44, that has the greatest frequency of coitus, by men's responses. Women's statements on frequency of coitus are inflated (Chapter VIII.1), and we note that it is those in the middle income group who feel the most need to over-

state their frequency of coitus; why this should be so is not clear.

As for fertility, Table 44 shows that the higher income group has more children ever born. This is true in all four age cohorts, and despite the possible relation between income and age, we note that completed fertility for the poorest is 5.5 children ever born, rising for those with good income to 7.8. This clear tendency is seen also in the *Bangladesh Fertility Survey* (1968:71), which shows that landless laborers have the lowest fertility, and those with some visible assets in the household have higher fertility.

As regards desire for no more children, we find that better off rural people more frequently say they have had enough; of those with good income, 50% of the cohort 24-35 desire no more. There may be some change of values operating here; Zaidi (1961: 39-40) found in Comilla District two decades ago that the rural people wanting more children have half again as much land as those not wanting more.

These figures give some reason for expecting moderate fertility decline from two sides; the relentless increase in rural poverty for millions may cause it, and the widening awareness of the rural and urban people who are moderately well off may cause it.

Number of Bedrooms: Table 45

The number of bedrooms in the house is an economic indicator. More Muslims than Hindus have multi-bedroom houses, for more of them are middle class rural agriculturalists.

We see that for men, pardā, or at least the image of pardā, is progressively greater with more bedrooms, but for women we find the reverse, and those with only one bedroom claim the strictest pardā. The meaning of this is not clear, but women of more prosperous families usually have some education. The same table shows that 3/4 of women in one-bedroom homes are illiterate, but only 1/4 of them in four-bedroom homes are.

People having more bedrooms have more children; this is partly a matter of economics and partly a matter of need for space. It is quite clear from the table that more people from multi-bedroom homes desire to have no more children. This table parallels the previous tables on land and income.

Education; Tables 46, 47

Education is very significant when cross-tabulated with all the variables we have been discussing. Table 46 shows that for males, Hindus have a little more education than Muslims through Class 5, but after that a greater proportion of Muslims stay in school; proportionately twice as many Muslims as Hindus get a bachelor's degree. For females, we are surprised to see that Muslims out-

strip Hindus in all grade levels, particularly in high school. Pardā must not be so much a factor as income, life style, and urbane attitudes.

As regards pardā, men who completed primary or secondary school claim more strict observance of it than men with no education, and those with bachelor's or post-graduate degrees claim the least. So education by itself is not going to affect men's ideal of pardā much unless very large numbers go in for higher education. But as for women, our figures show that with education there is a regular decline in claims of strict observance of pardā; this parallels the finding in Table 45 discussed above, in which women's estimate of pardā declines regularly with increase in number of bedrooms. This finding highlights the importance of women's education in the population control program.

Dependence on God for number of children declines regularly with education; for men it is 93% among illiterates and 67% among BAs; for women it is 85% among illiterates and near 54% among BAs. The percentage who say they don't know about dependence on God for number of children also drops off after primary schooling. It is clear that education enables people to be willing to make decisions affecting fertility for themselves.

Desire for no more children, shown in Table 47, is greatest among those men and women who have studied 9 or 10 years in school, and this holds up more or less in all the four age cohorts. Desire for children is not much affected by primary education.

Fertility, as shown in Table 47, is hardly affected by primary education; indeed, it increases. The table shows that number of children ever born increases with schooling up to class 9 or 10 for males, and to class 6 or 8 for females, and this holds up more or less in the four age cohorts. The main reason is probably that those with no schooling or just a few years are more often from the economically depressed group. The BFS (1968:67, A94) reports that primary education makes no difference in fertility, but women with "higher education" have a much lower level of fertility (the study does not isolate middle level education). Mandelbaum (1974:51) discusses studies in India showing that women with only a little education have more children than illiterate women do. However, some of the Indian National Sample Surveys show a regular decline of fertility moving from illiteracy through primary, middle, and secondary schooling, for both men and women; fertility in the group with secondary schooling gets cut in half (Balasubramanian 1977:127).

These studies all say it is not clear exactly through what mechanism this fertility decline occurs. We have shown here that it is clearly associated with decline in practice of pardā, and decline in dependence on God for number of children; high school education causes a break in the pro-fertility world view that evolved with traditional peasant culture, and leads to greater willingness to depend on one's own choice in these matrers. While the Government of Bangladesh aims to make primary education universal during the 1980s,

and this in itself may not have much effect on fertility, the larger number of people proceeding to middle and high school will have a dampening effect on fertility.

Opinions on Girls' Education (Table 75). We asked our village professionals how much education they thought girls should have. Of 155 respondents, 11.6% (mostly religious leaders) thought that religious education would be sufficient. But as many as 63.2% thought it would be good if girls were educated to 10th class or above; those favoring higher secondary or college education were almost entirely in modern-type professions or were village political leaders, though 6 out of 16 *maulavis* responding also thought that education to class 10 would be good. The fact that opinion is so diversified indicates that it is in a state of flux.

Alauddin (1979:286) found that among determinants of fertility, women's education was the single most inportant one as regards knowledge of clinical methods of contraception. Rafiqul Huda Chaudhury (1978) also found that education was the best predictor of fertility behavior; even education to grades 6 or 9 has a significant effect. We also believe that girrls' education will have a great effect in relaxation of pardâ and that it is one of the most urgent matters for implementation in Bangladesh.

Socio-Economic and Religious Factors and Fertility; Table 3, Correlation Matrix

The 17 communities in which these quantitative data were collected are shown in Table 1, and the socio-economic and fertility characteristics of each of these is shown in Table 2. Table 3 is a correlation matrix of the data in Table 2. Correlation of .24, is significant for this table at $p.<05$. What we refer to here as "fertility" is actually the number of children ever born to each respondent; because age is not considered it is only a very rough measure of fertility, but in the tables in which we give completed fertility it is shown to have some relevance as a measure.

Education is the most significant of these socio-economic factors. Average number of children ever born correlates negatively at −.61 with education to secondary level or above. Fertility is also correlated in this table with 1 to 5 years of education, at .47, and slightly with illiteracy at .27. As stated elsewhere, a little education does not help in fertility reduction. Greater dependence on God is also correlated with having little or no education.

As regards economic factors, the negative correlation shown between relatively high income and fertility in this table seems anomalous. Fertility is correlated with ownership of land over three acres, and more so in rural areas, but it is correlated negatively with ownership of under two acres, which supports the statements that the peasant middle class is the most fertile.

This table also shows some correlation between joint or extended family

and fertility, though that association is not clear in our other data. As expected, however, larger household size is correlated with higher fertility. These two factors, and having a larger number of bedrooms, is correlated with being Muslim.

This table does not show statistical correlation between higher fertility and being a Muslim, though that is shown in Table 8. But this table does show that the number of children dead is negatively correlated with being a Muslim.

The three most interesting correlations shown in this table are fertility with dependence on God for number of children at .35, fertility with pardā at .32, and pardā with dependence on God at .61 (males only), which is the highest correlation in the table. This three-way correlation summarizes much of what we have written in this book.

CHAPTER VII

BELIEFS ABOUT SEXUALITY AND HEALTH

1. Beliefs about Foods and Sexuality

Quotations;

If a couple takes plenty of good foods such as fish, meat, eggs, milk, and honey, they will develop their strength and sexual excitement, and will have ability to have more coitus. (M:11,12,13,14,15,22; F:15)

Coitus consumes physical strength. To get more mileage a motor car requires more petrol; similarly taking of high quality diet by a male will develop more power in having coitus. Also, if a woman adorns herself with ornaments and gold it creates sexual excitement in the male and helps in having more coitus. (M:12,13,15)

There is a saying that flesh promotes flesh, *ghi* promotes strength, milk promotes semen, and vegetables promote stools. Simple foods such as vegetables decrease sexual excitement, but rich foods such as meat and eggs increase it. If ability increases sexual intercourse will also increase, and the number of children depends on having a good amount of intercourse, so it is connected with food. (M:14,22)

Sexual urge in the body differs according to availability of hot or cold foods. Hot foods are those with 'animal protein' (*āmiṣ*) such as meat, eggs, hot milk, fish, and fat, bananas, and onions. These foods make the body excited; if one can eat two eggs, four bananas, and meat or fish every day the frequency of coitus is more than the normal once a day, and the body does not decay. But if one takes cold foods such as tiny fish, sexual excitement goes down. Some religious Muslim leaders do not agree and say the sex urge depends on physical fitness, and God keeps people fit; such leaders opine that pious people never indulge in bad deeds and never waste semen unnecessarily. Also, some modern townspeople say that if one is pre-occupied with economic and other earthly thoughts, protein or hot foods will not increase the sex urge, but if a man is relieved of

economic anxieties he may have increased sexual impulse even if he eats cold foods or becomes a vegetarian. (allopaths, homeopaths, and other village professionals)

Hot foods such as meat, eggs, milk, and *ghi* should be taken by those who are impotent as it will help revive the sex urge. (village professionals)

It is compulsory for Hindu widows to take only cold foods, for then excitement as well as the sex urge is decreased, for they do not remarry. Foods and customs which do not increase the physical urge have been fixed for them. Hindu widows may take 'sunned rice' (*ātap cāul*) and fingerling fishes to weaken their sex urge. (village professionals; M:11,12,13)

It is widely believed that foods have many kinds of subtle qualities. One set of qualities is determined by the soil in which the foods are grown (Thorp 1978; 28-29) and even by the identity of the cultivator. Some subtle qualities of foods are called "vitamins," a word now current in Bengali. Foods affect one's total being. The beliefs described in this section have most ancient roots in South Asia, for in the *Dharmaśāstra* foods and their qualities are the subject occupying more space than any other subject except marriage.

It is believed that good sexuality depends on good general health. There are several sets of dichotomized qualities in food which affect health. Most foods are classified as hot (*garam*) or cold (*ṭhāṇḍā*) or sometimes neutral. The hot foods are generally those thought to increase sexuality because they improve the quality of the blood, whereas cold foods suppress sexuality. Another set of qualities is *āmiṣ* and *nirāmiṣ*, roughly equivalent to 'animal protein foods' and 'vegetable foods'; the former are generally hot and promote sexuality, and the latter are cold, but some vegetable foods are also hot. A third set of qualities is wet (*bhijā*) and dry (*śukhā/śuknā*), which are also related to body qualities, especially at time of childbirth. A fourth set is sweet (*miṣṭi*) and sour (*ṭak*) which are more contrastive in Bengal than in the rest of South Asia; foods having these qualities affect the body, especially sourness, which is believed to inhibit sexuality. A fifth set of qualities is non-pollutable or pure (*pāk*) and pollutable or impure (*nāpāk*). This is particularly a Hindu idea; foods cooked in 'butter oil' (*ghi*) or with some added do not carry pollution and can be given by middle castes to upper castes, but foods cooked in water are capable of transmitting pollution, as water itself can; the raw foods one buys in the market such as grains can also be given without transmitting pollution. But *pāk* and *nāpāk* is a matter of ritual status, not physical qualities.

Foods, Body Humors, Sexuality, and Health

The ancient Greeks believed that the body had four humors which had to be kept in balance. The Āyurvedic medical texts speak of three primary 'defective elements' (*dōṣa*) which have to be kept in balance: bile or gall, gas or wind,

and phlegm or mucus; these are similar to the humors the ancient Greeks defined. Both the Greek and the Indian systems emphasize the need for balance between hot and cold, wet and dry. In Chinese ethnomedicine there are two substances which have to be kept in balance, yin and yang, or female and male, which are somewhat analogous to cold and hot. The belief in the hot and cold attributes of food is found throughout the Mediterranean and over the world in areas of Spanish influence, and through the Near East, South Asia, and Southeast Asia (Leslie 1976; Mani 1978). (Even in northern Europe remnants of this persist, i.e., the English terms hot-blooded and cold-blooded, and the idea that one catches cold through wet feet.) In South Asia the hot-cold dichotomy is associated with sexuality, for it is believed that hot foods make good blood which produces good and powerful semen. Greek medical ideas came into Muslim medicine, Iunānī, but the basic concepts of segmentation and harmony among these qualities are similar in both the Āyurvedic and Iunānī systems. The belief in "hot" and "cold" foods is less strong in Bangladesh than in most of India, and not all Bangladeshis clearly conceptualize it.

The foods which are thought in Bangladesh to promote sexuality and are hot are, first of all, beef (for Muslims), and to a less extent any other red meat, eggs, and especially duck eggs, duck, goose, and chicken less so. Among fish, the big fish or ocean fish have this quality: these include *rui*, *ilish*, *kātlā*, *kāṛāl*, and *pānggāś* fish. But shrimp and fingerlings are cold foods. Oils tend to be hot, especially animal fats, butter, *ghi*, and mustard oil (which is especially eaten or rubbed on the chest in case of cold or flu). Coconut and peanut oils are neutral. Sesame oil is cold; hence in India people take oil baths with it regularly. Honey is very hot.

Among fruits, jackfruit is hot, for it is said to make diarrhea. Bananas are hot or tend to be neutral, Pumelo is especially cold so should not be eaten if there is cold or flu. The *kul* (Bengali "plum") is cold because it is sour.

Among vegetables, pumpkin, onions, garlic, ginger, and chillis are hot. Eggplant and spinach are neutral or cold. Many other vegetables are cold, especially gourd and cucumber. Grains tend to be neutral, especially rice, but millets may be considered as somewhat hot. The left-over 'rice soaked overnight in water' (*pāntā bhāt*) is cold. Barley water is very cold, hence the fixation on it for children when they have a fever. Cooked potatoes and rice are neutral.

Only certain foods are classified as wet or dry. Dry foods are the various puffed or flattened rice snacks, *cāpātis*, bread, and biscuits. These foods are given to a woman after childbirth to "dry" her body. But the soaked left-over rice is very wet as well as cooling. Hot or lukewarm water when drunk is thought to have less wetting and cooling effect than plain water, and some Bengalis think this is the reason Europeans like to drink boiled water.

There is occasional inconsistency in classification of particular foods, with different qualities attributed in different regions, or even at different times by the same individual. This inconsistency is found elsewhere where the hot-cold system exists, as in Latin America (Foster 1976). One reason is because the whole system is without scientific foundation.

Vegetables are *nirāmiṣ* and are not considered preferable foods for men, and therefore are hardly available in public eating places in Bangladesh; men do not prefer to be seen eating vegetables, and it is thought they dilute or spoil the meat if served with it. Vegetables are eaten widely at home in private, and by women, and they are considered as poor people's food, for it is assumed that those who can afford the 'animal protein' (*āmiṣ*) foods are better off. A strong and healthy male is considered necessary as head of the family, and it is a woman's duty to give him such foods as he needs for strength, sexuality, and production of good semen, and the woman herself benefits thereby. Bangladeshis do not realize that they get most of their protein (in the scientific sense) from vegetable foods.

Hindu widows should not eat meat, nor big fish, nor eggs, as our quotations say. The ideology of this is that widows should do nothing to induce a sex urge (and an important effect of this belief is that it is cheaper to maintain widows). The belief that men particularly need meat justifies their eating more of it than other family members at home, and their purchase of meat meals in restaurants such as the whole family could not afford.

In Bengal these ideas are reinforced because of their use as symbols of Hindu or Muslim ideology and identity. Muslims suppose that Hindus in general are vegetarians, and Muslims believe that Muslims eat more meat and 'animal protein' (*āmiṣ*) foods, and that beef is particularly a hot food, in contrast with Hindu prohibition of eating it. Muslims believe they are more fertile because they eat these foods. But at the same time Muslims and high caste Hindus are supposed to avoid liquor, which is thought of as very hot.

Among Hindus there is a bifurcation between those who eat non-vegetarian (*śakta*) food and worship gods like Kālī with animal sacrifice, and those who eat vegetarian (*baiṣṇab*) diet and worship high gods with fruit and flower *pūjā*; the former is associated with an individual's virility and physical and political power, and the latter with self control and subtle power. It is believed that the lower Hindu castes who eat meat have uncontrolled sex, and in fact low-caste women tend to have a social role to play in this regard. It is expected that Brāhmaṇs who eat vegetarian foods should control themselves and their environment, but in Bengal many Brāhmaṇs do not maintain this orthodoxy in food matters. The present insistence on meat and especially beef on the part of Bengali Muslims is part of their insistence on identity opposite to that of Hindus.

It is peculiar to Bengal that sour things are strongly believed to inhibit sexuality. The roots of this are there in India also, but the "pickles" (*ācār*) so favored in western and southern parts of India are never served publicly to men in Bengal; they are regarded as women's food because they are sour. Contrastingly, there is a great fondness for sweets; even the curds are invariably sweetened in Bengal. It is not said that sweets promote sexuality, but rather they neutralize the sour quality, and in addition, in Muslim tradition, sweets are symbolic as guests' food.

In traditional Indian physiology (Jaggi 1973) the logic of the hot-cold system is carried further. A "hot" body is one that is excitable and fecund. A barren woman is believed to be too cold and should eat hot foods. A male is thought to be by nature more constantly hot than a woman, and the variation in women's hot-cold humors is rationalization for blaming her in case a couple is infertile. But a woman who has too many children close together may be encouraged to eat cold foods. Though coitus is more in the cool season (Chapter VIII:2) some interviewees say it is more in hot weather, or during the full moon, because this affects the hot quality of the body. A woman's menstruation is said to occur when her body gets hot, and after the discharge of menstrual blood and the purifying bath it is believed ready for fertilization; hence many believe the most fertile period is from the end of menstruation onward. Not all Bengalis, however, relate all these beliefs to the hot-cold system.

Actually, the main effect of this set of beliefs is not on sexuality, but on nutritional levels. There is widespread vitamin deficiency because vegetables are not given due recognition, especially for small children. Many good foods are shunned because there is a constricted view of what are good foods; ideological restrictions on foods are probably greater in South Asia than any other major world area, in contrast with Southeast Asia where virtually anything that grows or moves can be eaten.

The general relationship between sustenance and fertility is recognized by Bangladeshi villagers, but the scientific reasons are not. It has been shown that under conditions of real starvation (not just sub-optimal food intake) men lose libido, have lower sperm count, have loss of sperm motility, and eventually cease sperm production. Women lose libido and have amenorrhea (Mosley 1977:8). There are several other mechanisms by which very poor nutrition affects fertility, such as later sexual maturation in boys and girls, lactational amenorrhea, and probably earlier menopause. There are behavioral reasons too, such as lower frequency of coitus, more induced abortion, and especially migration for work (Mosley 1977:9,16). Births declined by a third following the flood and famine of 1974 in Matlab Thānā, followed by a rebound (Alauddin Chowdhury and Chen 1977).

Despite the false and unscientific nature of almost all these ideas about food qualities, they are among the most entrenched and widely accepted ideas in South

Asia and in Bangladesh. There is a certain consistency in the system (Leslie 1975, 1976), and it is psychologically necessary to believe that one has some control over the events of life, as through food intake, and to explain in culturally acceptable terms how this affects disease and mortality. These ideas prevail throughout South Asia, as in Tamil Nadu (Mani 1979) and Sri Lanka (Obeyesekere 1976), in a systematic way.

These ideas of sexuality and foods should be culturally interpreted. The "underlying value orientations that shape the world view of the villagers and influence their social relations in every day life also affect their cognitive system underlying the ethnomedical scene" (Mani 1979:30). In this sense, "health" and "illness" are cultural features, as distinguished from disease, which is medical. Sexuality in Bengali culture is given place as the key body function, and is seen as symptomatic of the whole state of the individual. It is believed to be affected by, and to affect diet, behavior, and moral principles, as our quotations show.

2. Beliefs about Sexual Activity and Health

"Excessive" Coitus

The health of a couple is deeply related to their frequency of coitus. If a couple have coitus too often it will affect the health of the male. A male in coitus discharges semen which is the essence (*sār*) of his body; it is prepared from his blood. If there is excessive discharge of semen it takes a long time to compensate for this loss. Those who have excess coitus get thin semen and cannot have much duration of intercourse. (M:11,12, 13,14,15,16,17,18,19)

If a couple have excess coitus they suffer from ill health; men have a decrease in life expectancy, lose their eyesight, lose their teeth, get gray hair and beard, and lose body strength. It causes giddiness, pains in the waist, and exhaustion over the body. Such a man will be attacked by urinary infection, and will have spontaneous discharge of semen at the time of urination. Excessive coitus may also cause impotency and gonorrhea. (M:11,13,14,15,21)

Excessive coitus may lead to impotency in the male. Such a man is viewed as a worthless (*akarmaṇya*) being. (M:15; F:22)

There will be loss of health if a couple engages in frequent coitus. The whole body strength goes down. (F:3,5,6,16)

If a woman has excessive coitus she will develop giddiness and a black shadow will appear under her eyes. If a man engages in excessive coitus his semen will become thin. If it is thin, the man may discharge it before the orgasm of the female partner, and the couple will not get real pleasure. If

semen is free from defect a single drop may cause a conception, but if a man has excessive coitus he will suffer from spontaneous discharge of semen during his old age. (F:7,8,9)

A wife becomes sick if she has too much coitus. Such sickness includes irregular menstruation, increase in the white vaginal discharge, complication in the uterus, and weakness of the body. (F:5,8)

Frequency of Coitus and Health (*Table 76*). This table shows the opinions of village professionals on this question. About half of them believe that having less coitus than average is good for health, another quarter are not sure about cause and effect but think frequency of coitus should be restrained, and a quarter do not think it is connected with health. Most of the religious functionaries and the *kabirāj* think it is related to health, and the doctors and others are divided on the question.

In Indian traditional physiology over-indulgence in sex is said to be a root cause of physical and mental weakness. During coitus the blood is said to "boil" and churn, and semen is then distilled from it. If this happens twice in succession, or too frequently, the lungs and the whole body are said to be affected (Jaggi 1973:180).

The idea that little coitus is good for health is rooted in the old South Asian tendency toward asceticism as an ideal (which has always been balanced, however, by vibrant sexuality as an opposing and legitimate ideal). Nag (1962:57) reported for West Bengal that "excessive" coitus was said more often by Hindus than by Muslims to be shameful. The strength and psychic ability of *sādhus* and monks is attributed to continence. (This idea spread from India to the Near East where it gave rise to monasticism, and then to the Catholic Church in Europe where it lead to celibacy for the priesthood and nunhood.)

But Islam has rejected the ascetic ideal. Some Sūfīs are popularly regarded as having spiritual power because of asceticism, but this is one reason why Sūfī Islam is rejected by orthodox Sunnī Islam. Bangladesh village Muslims still have a residual feeling that asceticism leads to spiritual and psychic powers.

There is something of a paradox in this, for the Islamic ethos is pronatal; the Prophet Muhammad is quoted as saying, "The best of thy women is the tender and the fecund" (Shanawany 1970:200) and marital coitus is said to be good for health. But if semen is discharged in an "unnatural" (*asvābhābik*) way by youth it damages health, leads to 'seminal weakness' (*dhātu durbaillya*), and leads to production of weak offspring. The same arguments are given as regards girls. Abstinence before marriage is regarded in Muslim teaching as desirable and any sexual activity outside marriage is "unnatural." At the same time, total abstinence within marriage is sometimes said to be sinful. Some religious-minded villagers resolve this by stating that "a couple should have coitus 12 times in 12 months; it is better if they can be satisfied with even less."

All these above-quoted dire predictions about the effects of "unnatural" and "excessive" coitus should not be taken as necessarily determining behavior, and violation of these ideals is much more common than pious-minded people might admit. Nevertheless, this is one of the most important means of social control. The sentiment of the pious-minded that frequency of coitus should be kept to a minimum for "health" may be utilized effectively in fertility control programs managed by the local political and religious leadership.

Concepts of Coitus and Human Physiology

During the peak time of excitement during coitus, if the semen of the husband and the semen of the wife are discharged jointly, sperms of both get together. If the uterus of the female remains open then, conception is a possibility. (village professionals)

Some people believe that there are thousands of female eggs in a woman's child-bearing tube. Out of these, only one blossoms and brings forth a baby. The potential number of children to be born varies from woman to woman. (F:7,9)

A couple should not have coitus following the man's hard work because he feels physically weak. One requires energy to have intercourse, but if one does it in such a circumstance it creates a pressure on the body. But it does not have any effect on the female partner. (M:11,12,13,14,15)

If a couple have coitus immediately after dinner having 'full stomach' (*bharā peṭe*) it will affect the health of both partners. A lamp does not get kindled without oil; so a healthy father having good semen will procreate a healthy child. (M:7,8,9,10; homeopath doctor)

Women have more sexual appetite than men. (M:21,22)

Men desire more sex than women, but women have more endurance. (F:16)

Semen discharged by the male and received by the female is good for her health. (M:12,14,15,21)

I learned that in a women's hostel there was some lesbianism, and because of this the women's health deteriorated. (M:21)

Masturbation will seriously affect one's health. (M:13,14; F:7)

If a man has 'illicit sex' (*zenā*) it will affect his health. If the woman has any infectious disease it will be transmitted to the man, who will then transmit it to his wife. (M:11,12,13,14,15)

If a couple engage in coitus in the day time the husband's eye-sight will be affected. It is better not to engage in it in the day light. (F:7,8)

If a man completely abstains from coitus it will affect his health; various symptoms will appear and his work will be affected, and he will not have sound mind nor body. If a couple has regulated coitus it

develops their health and adds glamor to their complexions. (M:11,12, 13,14,15)

Many acts of coitus are required to produce a conception. Even though some young people have coitus before marriage they seldom get pregnant. (F:6)

Sexual intercourse causes physical pollution (*aśuci*) for a short time. For this reason husband and wife avoid doing it on the bed on which they sleep with their children. (*purōhits*)

The idea that male semen (*bīrjya*) and female semen (*ras*) mix to cause a conception is widespread in South Asia. Classical Indian sex books also advise that both partners should attempt to reach orgasm together for this reason. Nowadays some people have heard that women produce eggs, but as these quotations show, knowledge of human physiology is still faulty; it is still believed by many that the number of children a woman should bear is determined by the number in her child-bearing tube, which refers to the placenta whose knots are counted after a birth to forecast the number.

It is interesting that we encounter the idea that many acts of coitus are necessary for fertilization. In Matlab Thānā this is found to be a prevalent idea. We may suggest that this is indeed a most ancient concept which is surprisingly retained in Bengal peasent society; it is also the belief of the Australian Aboriginals that many acts of coitus are required for conception, that succesive coitus is required for conception, that successive coitus contributes different limbs or members of the body, and that the soul is added later. In this and other beliefs about the body and birth, we suspect that Bangladesh has prehistoric cultural affinity with Southeast Asia.

The traditional Hindu view was that anything cast off or coming out of the body is polluting (*aśuci*); therefore semen is polluting to a man, but it may be edifying for a woman. Because of belief in pollution, it has been required that Hindus take a bath in the morning before doing *pūjā*. The requirement of a post-coital bath before saying prayers is one of the fundamental rules of Islam. It is rationalized, not in terms of ritual pollution as Hindus might, but in terms of the natural desirability of taking a bath in the morning, and it has the force of moral law in Islam.

The feeling expressed in some quotations that sexual activity in fact is good for health, does seem to have growing scientific support, for females as well as males. Sex arousal in the male raises the level of testosterone, which increases strength, body weight, oxygen intake, and protein production, and improves immunity response (Brecher 1977). There is some folk-level realization of this, especially among Muslims, and therefore asceticism is rejected. Marriage is virtually universal in Bangladesh, and early marriage has been the norm in tacit recognition of the physical importance of sexual activity. But

because of both the Hindu background of asceticism and the Islamic emphasis on piety, this acceptance of the benefits of sex is balanced by pervasive warnings against "excessive" sex, which in fact have no scientific basis whatever.

3. Ideas about Semen Loss

Quotations:

> Semen is a gift of God. If a man discharges it excessively he will have to account for it to God. A drop of semen is prepared out of 80 drops of blood, and wastage of this valuable substance will surely have an effect on the body, and the hair and beard will grow gray at a premature age. (M: 12,14,15)
>
> Many times it is observed that excessive coitus leads to excessive drainage of semen which creates a lot of problems. One of the problems is early ejaculation by the male before orgasm by the female. (F:7,8,9)
>
> Many boys almost destroy their health by continuous masturbation. They become impotent, and their semen becomes watery and light; then they get gonorrhea and urinary infection. God will pardon them for these misdeeds because they do them in youthful excitement. But wastage of semen is detrimental to health because it is the energy of the body. If wasted too much the head will spin and one will see flashes before the eyes, knees will knock, there will be pain in the "waist," and steam will come out of the head. One will feel lazy and always be wanting to lie down. If too much is wasted one cannot continue in bed [quick ejaculation], and in some cases it become so light that as soon as a girl is seen it comes out, which is impotency. (M:15)
>
> All believe that if semen is conserved physical strength increases and one can have coitus with optimum satisfaction. Some males wish to have intercourse twice in a night, but no female except a highly sexed one will want it more than once; a man whose semen is discharged less gets more pleasure from intercourse, and his wife too. But if semen is discharged artificially the health becomes weak. (village professionals)
>
> A man with a promiscuous nature suffers from a shortage of semen and impotency (*puruṣattahīnatā*). (M:15,22; F:15)
>
> A person who suffers from 'seminal weakness' (*dhātu durbaillya*) does not get real pleasure of coitus with his wife. If he makes excessive discharge of semen it becomes thin. If one has excessive coitus it may result in 'non-function of the sexual organ' (*dhaja bhaṅgga*). If such a man does have intercourse and gets offspring, they will be weak and susceptible to disease. (M:11,12,13,14,15)
>
> The sperm of an impotent male member remains dead. An impotent

husband cannot cause a conception, but if by chance his sperm is alive, it becomes inactive and weak; if it does by chance cause conception the child remains weak and permanently sick. The stronger a male is the more his sperm remains active, and possibility of a conception becomes brighter. But if a man engages in intercourse regularly without taking hot or *āmiṣ* foods, his health is bound to break and he might lose energy and become impotent. (village professionals)

These and the previous quotations are commonly voiced rationalizations concerning the moral norms as laid down in Islam. They have hardly anything to do with health in the scientific sense, as there is no evidence that any amount of coitus or masturbation has these stated effects. But these are central issues culturally because they are related to ordering social behavior.

Most of the Muslim interviewees believe that male's semen or sperm (*śukra*) is the essence of blood (*rakta*) and therefore should not be wasted. This applies to females also, in reference to vaginal discharge (*ras*). There is another idea held more by Hindus, which is commonly accepted in traditional Indian medicine, that semen is produced in the head and travels down the spinal cord; the brain and the sex organ are the two nodes of the spinal cord. A principal aim of yoga is to cause semen to be pushed back up to the head to be conserved, and there it is thought to promote enhancement of mental and psychic power. This is the physiological rationale of asceticism.

There is a tendency in Islam to refer to all sexual activity outside marriage as 'sinful acts' (*pāpjanak kāj*). Masturbation is therefore condemned on moral grounds. Hindus, however, condemn it more on physical grounds, saying the semen should not be wasted. Boys are told that if they waste their semen before marriage they will have less of it after marriage; if they waste it every day they will soon no longer desire coitus; it will become thin and weak, and gonorrhea might result; it will cause mental impotency, failure, and melancholy; it will make the penis flabby; it will cause early ejaculation; it will cause general loss of health and of facial charm; the semen may not be able to impregnate a woman later, but if it does the child may be deformed or emaciated or short-lived (as stated in the quotations).

Even nocturnal emission is so categorized, and sex dreams are said to come from Satan; health is affected; impotency might follow.

Boys are told sometimes that those who never had sex before marriage will desire it more after marriage; their semen will be thick and produce good offspring. But young men who waste their semen will use up its stock and their poor quality semen will produce poor quality offspring.

It is also said that a husband who wastes his semen will get venereal disease; he will have fewer children, and these will be unhealthy or short-lived.

It is believed that all such loss of semen and virility can be made up only

by eating hot or animal protein foods. It is in the wife's interest to see that her husband has enough such foods.

As regards females, it is believed that if they waste their semen (vaginal discharge), their strength will go down. Some girls masturbate with a candle, eggplant, cucumber, or the fingers, and lose their "semen." Others have intimate contact with other girls, which affects their character and feeling; those who dream of potential partners and have nocturnal emission will lose their charm and have less interest in sex; women who have illicit sex will fail to satisfy their husbands, but will have many children, and then will suffer in various ways from this.

All these ideas about the evils and physical cost of sexual activity outside marriage do have an effect on young people; many go through their youth without any heterosexual activity. These attitudes dampen and inhibit the florescence of sexuality among some youth, which probably contributes to the social behavior patterns of college students; it doubtless is a factor in their volatility.

But as a factual matter, practically all village boys and many girls do masturbate, despite these views about "health" and consequences. Most young men and many women also have exploratory isosexual contact, for hardly any of them sleep alone. We may estimate that half the village young people have premarital coitus, which includes a good number of girls. Some of the youth say their elders wink at this. But if the piety of a parent or elder is put on the spot he must forcefully denounce such behavior and inflict punishment, especially in the case of a girl. Muslim religious functionaries frequently denounce prostitution, and even attendance at cinemas, which they say "spoil" the youth and cause moral and health degeneration.

We may conclude, however, that these traditional attitudes restricting sexual activity among the young have some importance in fertility control and in postponing of childbearing among the urban and educated classes, whose age of marriage is rising to the mid-twenties. In this sense, these attitudes are functional and society is not yet ready to discard them.

CHAPTER VIII

BELIEFS CONCERNING COITUS

1. Frequency of Coitus

Quotations:

> At the beginning of marriage sexual union remains high; at that stage we did it two or three times a night. (M:14; F:7,8,9)
>
> In our middle age coitus continues once a week or once in 15 days. The husband-wife relationship is disturbed if there is any interruption in their coital relationship. Though there may not be high attraction for it, it continues to occur. (F:1,2,4,7,8,9)
>
> A couple with three or four offspring have less coitus, about four or five times a month. This rate of coitus continues till old age. They do not have the same sexual urge they had in the beginning of married life, and they become older with babies; in the initial stages they abstain from coitus only two or three days a month, but this goes down with passage of time and with birth of children. (M:11,12,13,14,15)
>
> The sexual relationship a couple has continues till their old age. After the initial years of marriage when they get a few children their attention is diverted to child care and as a result coital frequency goes down. The relationship remains easy and natural in spite of having too many children, but it is sometimes hindered by the presence of children. (F:1,3,8)
>
> A woman reaches menopause at age 50 and loses her fertile capacity. A male partner is never completely exhausted of his youthful vigor. Coitus continues even at old age if the partners maintain good health; loss of health does not arise if they continue to have coitus even after menopause of the female. (M:11,12,13,14; F:2,3)

Bangladeshis like to compare the youth of a person with 'high tide' (*bharā jōyār*). The peak time is called 'full youth' (*bharā jauban*). During this time the frequency of coitus reaches its peak. Youth does not last long, for it is 'like the drop of water on the leaf of a taro plant' (*kacu pātār pānir mata*).

For this reason delayed marriages for boys and girls are not favored by

elder members of society (Chapter V.3). A popular saying states that the 'youth of a Bengal woman gets exhausted by twenty' (*Bānglār nārī kuṛite buṛī*). With increase in age the 'youth starts receding' (*jaubane bhātā paṛe*) and with that the frequency of coitus is also thought to gradually go down.

Frequency of Coitus by Age and Sex: Table 48

This table shows respondents' stated number of times they had coitus in the week preceding the interview on this question. A quarter of the men below age 35 did not have it, and half the men over age 45 did not have it the preceding week. This also suggests that most people do continue it past menopause.

Of the men who claimed to have had it the preceding week; those below age 24 had it 3.3 times, age 25-34 3.0 times, age 35-44 2.3 times, and age 45+ 2.0 times, an average of 2.5 times.

Women claim to have more coitus than men do. But women claim a little more abstinence than men, and much more abstinence in the age group 35-44. This latter point has no ready explanation. The peculiar point to note is that of those who had coitus in the preceding week, more men claim it was 1, 2, or 3 times, but more women claim it was 4, 5, 6, 7, or 8 times. Coitus 8+ times is claimed by 12.3% of women under age 24, 7.9% of those aged 25-34, and 3.1% of those aged 35-44.

The average for women who had it during the week was 3.6 times. This is much higher than men's claims of an average of 2.5 times. It is also higher than what Nag (1962, 1972) found in West Bengal state; there women who did not abstain claimed, if they were non-Śekh Muslims 2.0 times, if they were Śekh Muslims 1.8 times, and if they were Hindu women 1.4 times, Nag found the highest frequency for women among those aged 25-29; for non-Śekhs 2.7 times, for Śekhs 2.4 times, and for Hindus 1.8 times. However, these figures on frequency of coitus are low compared with such data from other countries (Nag 1977).

The question now to be answered is why women claim so much more coitus than men. We believe that women state that they have it more often than they do because they wish to be seen as sexually satisfying their husbands, and it is a duty to satisfy them. Also, many women feel that if it is known that the couple has fairly frequent coitus the husband cannot so easily divorce his wife, and certainly not in saying that the reason is lack of sex. Moreover, the men have some motivation to understate their actual frequency, because religious teachers urge that it be infrequent, and there is some feeling that admission of sensuous pleasure is contrary to piety and the best of formal religion. Table 49 shows that those who depend on God are more likely to claim to have coitus only once a week.

We may estimate that fecund couples have coitus about 2.5 times a week, excluding abstinence for menstruation or other reasons, and taking into consi-

deration women's over-statement of frequency and men's reduced frequency after age 45.

Frequency of Coitus and Other Factors

Frequency of Coitus and Fertility (*Table 49*). This table shows that frequency does not have much clear relationship with number of children ever born, when looked at according to age cohorts. Zero frequency implies that there was menstruation, or that a spouse was absent in the particular week concerned, or that the respondent was single.

Frequency of Coitus and Desire for No More Children (*Table 50*). This table shows that there is a clear relationship between these two factors. Of those who have coitus three, four, five or more times a week, an increasing number want more children. The pattern is regular for the men, but also exists for the women, in all three fecund age cohorts. But there is not much difference in desire for more children between those who had coitus the preceding week and those who did not. Of course, this does not provide information to state that desire for more children itself is a cause of more frequent coitus, for the quotations given above emphasize greater frequency in the period right after marriage. The subtable shows that men who want no more children have coitus 2.2 times a week.

If we exclude women's exaggerated claims, and days of menstrual or other abstinence, we can compute that contraceptive materials for those who want no more children are needed only for about eight, or possibly nine times a month.

Frequency of Coitus and Occupation (*Table 40*). This table shows considerable variation in frequency according to occupational category. The highest frequency (excluding abstinence) is among those in "service," 3.4 times a week, those in modern occupations 3.2 times, teachers 3.2 times, and businessmen 3.0 times. However, day laborers, servants, fishers, and artisans do it 2.8 to 3.0 times. Cultivators have middling rank, 2.4 times. Those in traditionally low occupations do it only 2 times; they are poorer, and also most of them are Hindus. Those in traditional professions do it only 1.6 times; this group includes the religious functionaries and might have average older age. All the figures here are lower than would be if women's answers were considered too, as women report higher frequency. This table is ranked according to percent claiming dependence on God for number of children, and also pardā is shown. It is clear from this configuration that those with conservative values who depend more on God have less coitus and those who give up their traditional restraints and outlook have more. However, when we look in the same table at fertility, we find that those having more coitus have fewer children. We conclude, therefore, that high fertility is promoted by traditional values but this is not offset very much by the traditional constraints on frequency of coitus.

Frequency of Coitus and Income (*Table 44*). Men reporting the highest

category of income, taka 6000 a year and over, have the most frequency, and females reporting the next level of income have the most frequency. The poorest people seem to have less coitus, but the table shows this more clearly for women than for men.

Frequency of Coitus and Pardā (*Table 51*). From this table we see that males and females practicing an intermediate degree of pardā in their households have more coital abstinence. Males whose households observe no pardā have the highest frequency of coitus. Females who observe no pardā or only a little have the most frequency of coitus. But males whose households observe considerable or full pardā, and females who observe full pardā, also have more coitus than those observing just some pardā. This is amplified by consideration of occupational category too, in Table 40. We conclude that a modern outlook promotes more frequency of coitus, and conservatism in pardā also promotes it some.

Frequency of Coitus and Dependence on God (*Table 49*). It is seen from this table that men who have coitus once a week are more dependent on God than those who have it three times a week; the same pattern holds up slightly for women. Men who are pious tend to have, or to say they have, less frequent coitus as this is considered desirable in the teachings.

Frequency of Coitus and Religious Affiliation (*Table 52*). We find from this table that more Hindu than Muslim males claim abstinence in the preceding week, but not females. This may be coincidental, or it may be because Hindus observe more days of abstinence scattered throughout the year, though Muslims observe a greater number of holy days of abstinence in a year because of Ramzān. Muslims claim higher frequency than Hindus, both males and females, but the difference is not large. People of other religions have lower frequency of coitus. The differences between Muslims and Hindus in this are small, and it is difficult to say if this might be a factor in the lower Hindu fertility in Bangladesh, shown in Table 8.

Frequency of Coitus and Menopause (*Table 53*). This table shows that the majority of women continue to have coitus after menopause, as our quotations also show, but it falls off greatly 10 years after menopause. And whereas women below menopause tend to inflate their frequency of coitus, as we have noted, these claims drop off after menopause. In Bangladesh and in South Asia generally it is regarded as unseemly for a couple to be publicly known as having sexual urges after their own children are grown and married, but at this time of life they should begin to withdraw from mundane and family matters in the interest of religious pursuits. This is a Hindu rather than a Muslim ideal, but there is nevertheless a feeling in support of this as expressed in our quotations. But as with many aspects of sex, the stated ideal is not at all observed, and we find that women several years past menopause continue to have coitus once or twice a week. Some

of our women respondents state that menopause occurs at 50, which is too high. Wyon *et al.* (1966:328) noted in rural Panjāb that women claimed their last menstruation on an average at age 42.6. It is not clear whether the age of menopause is increasing in Bangladesh. However, as long as women marry at a very early age, most of their childbearing will remain at the lower end of their fecund time.

2. Seasonality of Coitus, and Bathing Requirments

Opinions on More Coitus in Winter:

> A couple is more inclined to have coitus in winter than in summer. In winter there is more opportunity to sleep together, and sleeping together under the quilt creates excitement in the body of the conjugal partners, and the sexual urge intensifies. A couple has less inclination for coitus during the summer, for then the body remains restless because of excessive heat. Coitus in summer brings exhaustion to the body and it affects the health of the conjugal partners. So frequency of coitus varies according to seasons and the tastes of the conjugal partners. (M:1,3,4,8,11,12, 13,14,15)
>
> In place of seven occasions of coitus in winter I have five in summer. A couple cannot abstain completely during any season. The rule requiring bathing after coitus affects its frequency in winter, for it is a religious custom in Islam that a couple must bathe afterwards. In spite of this requirement, a couple in their youth do not have less coitus in winter. (M:14)
>
> In winter because of cold a couple finds pleasure in sharing the bed, and they remain together for a longer time. In summer they remain apart, and frequency of coitus is less. (M:16,17,20)
>
> Coitus is more in winter because the couple sleep together. In summer often the males lie on the veranda or outisde while the females remain inside, so it is hardly possible for them to get any opportunity for sexual union. (village professionals)
>
> A compulsory bath (*faraj gōsal*) is required following coitus. This may cause variation in frequency of coitus. But nowadays some couples do not undergo this bath following coitus; such couples just change their clothes before undertaking daily activities. (F:7,8)
>
> I am going to get married in early March. This is according to our religion (Islam). If it is later the hot season will be upon us. (urban journalist)

Other Opinions:

> Frequency of coitus is affected because of the feeling of shame (*lajjā*) in having the compulsory bath that is seen or heard by others. (F:7,8,16)

Following coitus at night a couple that bathes prefers to do so before daybreak, and they do not spread their clothes for drying in a place where they may be easily visible to senior people. (F:7,8)

A bath after every occasion of coitus is inconvenient but required for the performance of religious rites. Performance of religious rites may cause reduction in the frequency of coitus. (M:22)

Frequency of coitus is reduced by the custom of taking a bath before *pūjā*. So one may abstain from sexual intercourse if he is required to perform *pūjā*. (F:15, Hindu)

Coitus is more frequent in summer and rainy season than in winter because of easier compulsory bathing. (F:1,3,4,6)

Coitus is more frequent in summer because sexual desire is more intense, but it does not remain so strong in winter. In winter, bathing before daybreak is not a comfortable experience, so coitus is more frequent in summer. (M:18,19)

The frequency of coitus remains the same in all seasons, summer, witnter, and rainy season. (M:21; F:2)

Frequency of coitus depends on one's desire, body strength, and 'sex power' (*kām śakti*); he who has more sex power will have more coitus. A couple has to remove impurities (*nāpākī*) of coitus by taking a bath afterwards, but this will not affect its frequency. One who has less body strength will have less coitus. (M:11,12,13,14)

We discussed this matter with 152 village professionals; their responses are tabulated in Table 77. A third of them thought the bathing requirement caused less coital frequency, nearly another third thought the post-coital bath was a naturally desired activity rather than just a religious rule and that it might affect coital frequency; over a third thought it did not affect coital frequency. We can see that all the Muslim religious functionaries thought of the post-coital bath as a religious activity but only a few of the other Muslims saw it that way, but as a natural activity, and half thought it did not affect coital frequency. Hindu priests also tended to see the bath as a religious requirement.

It is a firm rule in Islam that a bath is required after coitus even if there is only partial penetration, and after every ejaculation, before saying prayers. The bath must be a complete one, which in South Asia is always a pouring bath, or a bath in a pond, canal, or river. Hindus also hold that a bath is absolutely required in the morning before worship, *pūjā*, which cleanses one from both the pollution of intercourse and from the morning defecation; after a bath and putting on clean clothes, *pūjā* may be performed. Of course, this rule can be observed mostly by upper castes, and lower castes may not perform morning *pūjā*, and cannot afford the leisure of a bath before going out to work.

Most of these quotations support the view that coitus is more frequent in winter. The reasons are that men tend to sleep inside rather than on the veranda

or in the courtyard, and couples snuggle under the quilt, and stay in bed longer. A few say there is more coitus in summer because sexual urge is greater; some others say there is more in the rainy season because the couple remains indoors much; others say there is more in months when agricultural work tapers off and people are less tired.

Some of our respondents admit that not all people take the required bath, but just change clothes in the morning. In fact, a bath is not required unless one says prayers. This is one reason for sparse attendance everywhere at the early morning call to prayer. Usually in winter people bathe at noon when the sun has warmed the surface water sources like ponds, canals, or rivers. Some of our interviewees say that a newly married couple has coitus all year round regardless of bathing rules, but when they get older the idea of a cold bath is less inviting and so sex is less in winter.

But more than the discomfort of bathing in the cold, for some, is the embarrassment of having a morning bath heard by elders, or having one's clothes washed after coitus drying where they may be seen. A young couple may hesitate to indicate by these signs their frequency of coitus. There is more to privacy than the matter of who is sleeping in what room; in a common village hut every sound is heard.

Seasonality of Births

There is marked seasonal fluctuation of births in Bangladesh, equalled by few countries in the world. Data from Matlab show that January through May the number of births is less than half what it is in the last five months of the year. Fertility increases markedly in September, reaches a peak in November, and remains high in December (Ruzicka and Chowdhury 1978:10). This means that conceptions are most frequent December through March.

Becker (1980), studying the same population, found not only this pattern of seasonality, but that it differed by age of the mother. Women aged 15-19 have their peak of births in October and into November; those aged 20-24 have their peak in November, with later peaks in successive cohorts; women aged 40-45 have their peak of births from mid-December to mid-January.

What could cause so many more conceptions December through April? The following eight points may be considered, of which numbers 3, 4, 5, 6, and 7 are supported by the above interviewees' quotations and comments:

1). Husbands may be seasonally absent for work. But when this factor was held constant there was still a seasonal pattern in births (Chen *et al.* 1974; Becker 1980:7).

2). Resumption of menstruation increases in the fall months. Huffman *et al.* (1978:253) found that women who had given birth and resumed menstruation in the months September to December did so after a shorter than

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2). Resumption of menstruation increases in the fall months. Huffman *et al.* (1978:253) found that women who had given birth and resumed menstruation in the months September to December did so after a shorter than

average interval.

3). Coitus is more frequent in winter because the couple snuggle under quilts. This is supported by the majority of our quotations.

4). Couples sleep together inside in winter, but in summer males often sleep on a veranda or in an open and breezy place, so they have to make special effort to arrange coitus in the summer.

5). Winter nights are longer, as our interviewees point out.

6). Cool weather may physiologically stimulate more coitus; some quotations say it is preferred in cool weather but is exhausting in hot weather (a few informants hold the opposite opinion).

7). Coitus is more when agricultural work is less; in fact, conceptions are more January through April when there is little field work.

8). In winter after the harvest there is more food available, and possibly nutrition is also better because of availability of winter vegetables.

Frequency of coitus may vary considerably by seasons, but it is impossible with these data to determine the importance of that factor; currently research on the subject is going on at ICDDR,B. But there is the further question of the reason for younger women having a seasonal peak of births earlier than older women. The peak of conceptions for the youngest women is in January and for the oldest women in March-April (Becker 1980:Table 7). The following may be suggested:

1). Younger women are not deterred from coitus in winter by the bathing requirement, as suggested by a quotation. Older women may become more assiduous about the bathing requirement and may prefer less coitus in the coldest season and more in spring time when water is warmer.

2). Resumption of menstruation after childbirth may not be as seasonal for older as for younger women (a suggestion only; Becker 1980:8).

3). Women with growing or middle-aged children may prefer to sleep uninterruptedly with them in the cold months for lack of enough quilts, so may find greater frequency of coitus more convenient after the coldest season has passed (suggestion only).

4). Older women may be biologically less affected by the seasons or they may prefer coitus in warmer weather (as some interviewees do). But we should note that even among older women conceptions peak in the dry season, or spring, when field work is less.

Bangladeshis recognize the analogy between fertility of the land, phases of the tides and the moon, and human fertility (Chapter 1.2). There may be mechanisms by which humans have biologically adapted to the fertility rhythm of the environment that we are not aware of, and this is suggested by the finding that post-partum menstruation resumes earlier when the weather gets cooler.

The fundamental question here concerns instinct. What features that evolved in complex culture block instinctual seasonality of breeding? This

can only be answered by careful research cross-culturally involving relatively simple cultures, as well as peasant and urban cultures. This may be a factor to consider in the present high fertility of Bangladesh.

While it is likely that seasonality of births will decrease as modern trends continue, we may point out that if the rate of conceptions prevailing in late summer could be maintained all year the problem of population growth in Bangladesh would be half solved.

3. Menstrual Pollution

Prohibition of Coitus During Menstruation

Coitus is prohibited during the 'menstrual period' (*māsik*) of the female partner. In religion it is sinful to have coitus during the time of 'menstrual discharge' (*rakta srāb*). One has a feeling of aversion toward coitus at that time. (M:3,4,8,10,11,12,15).

During the menstrual period a couple cannot sleep in the same bed. If a couple has coitus then it will cut down the life expectancy of the male, and it is also sinful. A menstruating woman remains polluted. Coitus at that time is harmful for the health of both partners. (M:1,4,9,11,12,13,14,15)

A menstruating woman remains unclean for about seven days. It will be harmful to the husband if he sleeps with her then. At this time the breath of a woman is also harmful. (M:11,13,14,15)

On health grounds a couple should avoid coitus during the menstrual period. In case there is a conception at that time it may result in miscarriage. Moreover, if there is a conception then it 'may have some ill consequences' (*pariṇām khārāp hate pāre*). (F:1,3,4,5,6,7,8,9)

Coitus during menstruation is forbidden by religion. During this time a woman cannot share the bed of her husband. (F:8,15)

Muslim women maintain secrecy about their menstruation. But they do not observe any ritual for this. (M:21; F:10)

It is a great sin to have coitus when a woman has her menstrual period, according to Islam. A woman who does may get sexual diseases. (*maulavī*; *kabirāj*)

If anybody engages in coitus during menstruation it will be a sin comparable to the breaking of a mosque, according to the *Hādis*. (a *pīr*)

The pollutability of women through menstruation is highly symbolic of their social and ritual position, and this concept is found in practically all traditional societies in the Near East and in South Asia, and beyond. Whereas some writers (Gupta 1970:44) feel that because of menstruation women are considered weak, impure, and low in status, in reality it is the other way around; their actual

perceived status in those respects is symbolized in the fact of menstrual pollution. Hindus recognize all such forms of pollution more than Muslims, but among Muslims too menstruation is a special situation according to religious law, and coitus is to be avoided then.

Many of our 152 village professionals also believe that if a woman when menstruating has coitus she commits a great sin; we have quoted one above who equated it to the sin of breaking a mosque, which is nearly the greatest sin possible. The midwives say that a woman cannot conceive at that time because the flow of blood impedes the passage of the sperm, and women are thought to have less sexual excitement then. Others opine that during this period chance conception is possible if the semen is powerful, if the "mouth of the uterus" remains open, and if the couple otherwise has good health, but such a baby is born in "impure blood."

Our village specialists and the above quotations agree that many people (especially Hindus) believe that a menstruating woman should not sleep on the same bed with her husband, nor even sit on his bed. The smell of a menstruating woman is said to be offensive. Several interviewees said her breath affects her husband then, and for that reason she is advised to wear noserings of purifying gold. Coitus with a menstruating woman is believed to shorten the life span of the man.

Many also rationalize this prohibition by saying that if it is violated the woman will get a female disease, or have excessive blood discharge; it may cause gonorrhea, or itch on the head of the penis.

Muslims and Hindus believe that menstrual pollution must be removed by a complete bath and change of clothes. Then the woman is free again to take up normal work, perform prayers, and have intercourse.

Frequency of Coitus and Menstrual Status (*Table 54*). Despite these beliefs in the dire consequences of coitus during menstruation, this table suggests that it does occur. Of women respondents, 20.1% said they were in menstruation in the preceding week, but of men respondents only 4.3% said their wives were, and 12.7% said they didn't know. If so few men are willing to know exactly when their wives are in menstruation, it suggests that management of menstruation is entirely a female affair. This table also shows that nearly 40% of females who were in menstruation the preceding week had coitus; of course, most of them must not have been in the menstrual state the whole week. But we also see that 12% of women who said they were in the menstrual state the previous week had coitus five to eight or more times in the week, so they must have had it during menstruation, if at all they had it that many times. Men respondents, true to their greater need to project piety, gave answers that did not acknowledge much possibility of coitus when they knew their wives were menstruating.

There is no physiological reason why coitus during menstruation should

be avoided,' apart from tradition and sentiment about it. Nevertheless this avoidance will probably remain firmly embedded in the culture for a long time, and may in fact have some effect in retarding frequency of pregnancy because some women extend the prohibition against intercourse well into the post-menstrual period (Chapter X.2).

Other Restrictions During Menstruation

A menstruating woman cannot touch the Qur'ân or other religious scriptures. At that time she is not allowed to visit the houses of others. If she visits a sick person then he may turn worse. During menstruation a woman cannot go to the cowshed, for the cow may die from the unclean touch. During menstruation a woman cannot go to a field; crops will not grow if menstrual blood drops there. A menstruating woman is restricted from cooking. (M:11,12,13,14,21)

During menstruation a woman is forbidden to touch or read religious books. She cannot visit a sick person having cholera, pox, or eye disease, because her touch may be harmful to the ailing person. A menstruating woman cannot enter the room where grain is stored, nor touch paddy seeds. She does not enter the cow shed, and she does not even boil the milk of a cow. (village professionals)

A menstruating woman cannot offer food to her husband. She cannot move from house to house during midday or at sunset having her hair loosened up. (F:10,14)

A Hindu woman during menstruation cannot worship. She cannot touch a pitcher of water; if she touches it the elders cannot drink water from it. (F:10,15)

A menstruating woman can go to the kitchen if nobody else is available to do the cooking. (F:7,8,9,15)

Regulated 'menstrual discharge' (*ritu srāb*) is good for health; it does not occur during pregnancy. (F:7,8,9)

Nowadays observation of restrictions during the menstrual period are much less than in the early days. A woman during menstruation cannot perform any religious activity. She cannot visit a temple or go near any holy tree. (F:9,12,13, Hindus)

It is a rule in Islam that a menstruating woman cannot read holy books, pray, fast, nor go near a mosque. If she has to break her fast because of it, she should make up the days later. Some believe that if she touches a *tābiz* the power will be lost. Hindu women also cannot perform any religious activity then. Thus, menstruation is an important symbol of women's status; a woman cannot be a priest or formal religious functionary.

In Hindu families of respectable caste a woman will avoid doing kitchen work or touching any utensil or water used by the family during menstruation days; she will sleep on the veranda or in some separate place. Muslims hold some sentiment about this also. But as our female informants say, if there is nobody else available to do the kitchen work a woman will do that even when menstruating. In fact, most of them do continue cooking, and we have already shown that most men seem to be ignorant of just when their wives are menstruating.

A menstruating woman should not enter a cowshed, nor touch cows nor milk them, nor enter a field lest menstrual blood drop there. This is observed more by Hindus than by Muslims. The menstrual state is the antithesis of fecundity and the blood is the most ritually polluting object of all.

At the same time, it is thought 'menstrual blood' (*māsiker rakta*) has to be let out for purification; if it is retained in the body there will be bad consequences. Regular menstruation is thus favored, but irregular bleeding is a matter of concern. After menstruation both Muslims and Hindus must take a purifying bath and change clothes.

These beliefs affect the family planning effort. The IUD, injections, and pill may cause menstrual irregularity. Excessive menstruation causes disruption of daily activities; if a woman cannot enter the cowshed or do certain work because of irregular bleeding caused by contraceptives, the mother-in-law or others may persuade her to drop the contraceptive. If the contraceptive causes her to menstruate less it is thought that the internal pollution is not all being let out. Such cases are known. For these reasons many people complain about the side effects of several presently available contraceptives.

4. Abstinence on Inauspicious and Holy Days

Auspicious and Inauspicious Times

Conjugal partners avoid coitus during the time of new moon, full moon, and solar and lunar eclipses. These are restricted times. During the days of new moon and full moon there are high and low tides in rivers, and at these times certain changes occur in the human body also. It is harmful if a couple has coitus at those times; the health of both is affected. If conception occurs during a solar or lunar eclipse the offspring will be deformed, blind, mamed, a thief, or a scoundrel. (M:1,2,3,4,5,6,7,8,9, 10,11,12,13,14,15,16,17,18,19)

The prohibitions on coitus at certain times are observed by many couples. But it is a fact that no couple has coitus by consulting an almanac (*panjikā*). The restrictions on days of coitus are observed as a traditional

practice. A couple does not have coitus on the last night of the lunar month, or during the time of full moon, new moon, or solar or lunar eclipse. (F:1,4,5,6,8,9,15)

Coitus is prohibited during times of natural calamities such as storms or cyclones. During these times the mental condition of the conjugal partners remains in a state of tension. If a couple has coitus at such times and conception follows, the offspring will be a coward or timid. (M:11,14)

One should not have coitus on a Saturday or Wednesday. An offspring conceived on these days will be born wicked. A child conceived on Saturday is bound to suffer the influence of Saturn. A child conceived on such a day, or on nights of the full moon or new moon will have an evil character and be weak. (M:1,4,8,13; F:1,5; village professionals)

One should not have coitus on Fridays and Mondays. (F:7,8)

The timing of coitus has effect on the health of the conjugal couple as well as on the offspring to be born. If the couple has coitus during the last quarter of the night and there is conception, the quality will be good. But if there is coitus in the first quarter of the night and there is a conception, the offspring will be wicked. During the first quarter of the night 'evil spirits' (*jin, bhūt*) freely move in the environment and remain active. If a couple has coitus at such a time these spirits come to see it and participate with the couple in their coital activities. If a child is conceived because of coitus in the day time, it will have an evil nature. (M:1, 2,4,5,6,7,8,9)

If a couple has coitus at midnight and conception follows, the offspring is likely to have an evil nature. At this hour the evil spirits move at large. They will come and see the couple's coital activities and have evil influence on the conception. So a couple should not have coitus at midnight. (M:10,13)

A couple gets a 'good child' (*susantān*) or 'wicked child' (*kusantān*) depending on the time of coitus. A couple should observe the restricted timings of coitus such as new moon, full moon, time of eclipses, time of 'bright fortnight' (*śukla pakṣa*) and 'dark fortnight' (*kṛṣṇa pakṣa*). The offspring conceived in restricted times will be lascivious (*lampaṭ*), a rogue (*guṇḍā*), or will have an evil nature (*kusvabhāb*). If a female child is conceived on a night of the full moon she will develop the nature of a coquette (*chināl*). (F:3,4,5,6,16)

It is harmful for one's health as well as for one's offspring's health to have coitus during the new moon or the full moon. (M:15)

Illiterate people are not always careful to observe the restrictions on coitus. (F:8,9)

In previous times couples adhered to the restrictions on times of coitus. Nowadays many couples use family planning materials and have coitus ignoring the restricted days and hours of coitus. If a couple has coitus 'during the forbidden times' (*niṣiddha samaygulite*) by adopting modern family planning methods they will not suffer evil consequences. (F:7,8)

These ideas about astrologically auspicious (*śubha*) and inauspicious (*aśubha*) days and times come from deep within Indian tradition, and have roots in the ancient Mesopotamian system of astrology. It is believed that nowadays people are not so careful as before in setting forth on a new undertaking or a journey in an auspicious moment. But in two areas of life astrology has remained symbolically important: marriages, and conceptions and births. Muslimsin theory do not practice forecasting, and in fact they do not usually 'match horoscopes' (*rāśi milāno*) in fixing marital engagements as Hindus do. But they may observe the phases of the moon which they do not recognize as part of astrology. Most of the respondents who gave the above quotations are Muslims. The relation of the phases of the moon to life itself is recognized in women's menstruation, and in the ocean and river tides, so it is not unreasonable that they believe that the phases of the moon affect the auspiciousness of marriage and the conception of life.

Abstinence on Special Days (*Table 55*). This table shows that 612 out of 1671 respondents, or 37%, say they abstain on various moon days. Probably very few have ever really observed all these restrictions. As some of the quotations say, people do not consult an almanac before they have coitus; the illiterates do not usually compute the lunar cycle, and moreover these days people ignore these conventions, especially if they take modern contraceptives.

The principle behind these prohibitions is that a child should not be conceived in a liminal state, or in transition times, as forces of the universe are likely to become unleashed and be dangerous. Conception and marriage are transition times for man. But the lunar phases, dusk, midnight, and times of natural calamities, are transition times for the powers that affect man, and evil spirits might attack during those times. As with all universal forces, these forces also affect the whole environment, so that it is said that coitus at disapproved times could result in bad health or shortened life expectancy.

Beliefs on Time of Coitus and Complexion of Child

If a conception occurs during full moon (*pūrṇimā*) the offspring will be fair complexioned. If the conception occurs during nights of the new moon (*amābasyā*) the offspring will have a dark complexion. (M:3, 6,9,10,11,15)

A couple can determine the complexion of a child to be born according to their own choice. The moon gives more light during the time of

full moon. If a couple has coitus and that results in a conception, the offspring will have fair complexion. There is darkness during the time of the new moon, and a child conceived then will have dark complexion. (M:16,17,18; F:15,16)

A child conceived in the dark fortnight will be black and ugly. There is also a belief that the dark fortnight can be divided into three equal parts; if pregnancy is attained in the first part the offspring will be extremely black, if in the second part light black, and if in the third part whitish black, and a child conceived in this fortnight will be of evil character and physically weak. The light fortnight likewise may be divided into three parts; this will determine whether the child is extremely white, almost white, or blackish white. (midwives and village professionals)

If a couple have coitus in a lighted room and conception follows, the offspring born will be a fair complexioned one. (F:1)

The possibility remains that if either of the conjugal partners has fair complexion, their child may have it also. (M:11,15; F:1)

Abstinence on Holy Days

Many people abstain from coitus on nights which are important in religion. A couple has less coitus during the month of Ramzān. It is troublesome to have it then, after fasting all day. From the religious viewpoint it is not forbidden to have coitus during Ramzān nights before taking the last meal (*sehrī*) at the close of the night. Muslim couples do not engage in coitus on the nights of Śab-i-Barāt, Śab-i-Qadar, Śab-i-Merāz, Id-ul-Fitr, and Id-ul-Āzhā. These times are considered to have Allah's special blessings, and one should be devoted in prayers to Allah. (M:2, 3,4,5,6,7,8,10,11,12,13,14)

During Ramzān after fasting all day, when in bed sex does not come to mind, I think of Allah a little more in this month, and I think it is better not to do it, though religion does not impose a prohibition. But if one does, he must do it and have a bath before *sehrī*. Who goes to all that trouble? The wife will not allow me to even if I want to. (M:19)

It is natural (*svābhābik*) for a couple to observe the restrictions on timings of coitus, on the prohibited days of the lunar month, and on religious days. A Muslim couple fasting in Ramzān keeps engaged in reciting the Qur'ān and in prayers. Fasting reduces excitement in the body. So after fasting a couple does not like to have coitus in the night. Also, the nights of Śab-i-Barāt and Śab-i-Qadar are forbidden times. (F:7,8)

If a couple has coitus druing the month of Ramzān, or during Muharram, Śab-i-Barāt, or Śab-i-Qadar, and the forbidden days of the moon, if there is a conception the offspring may be deformed. (M:16,19,20)

One should preferably abstain from coitus during Ramzān; one should even abstain following a day of 'optional fasting' (*nafal rōzā*). (F:7)

During the month of Ramzān sexual intercourse is forbidden [not true]. If any Muslim does it he will get punishment at the place of judgment at *hāsar* according to Islamic law. (an *imām*)

Fasting is marred if one has intercourse at night. But there are *maulānās* who argue that one may have intercourse with his wife even during Ramzān provided it is done after the fast is broken and before eating *sehrī*. (village religious professionals)

One should not engage in coitus during the night of a festival at home, or on the death date of a near relative. (F:7,8,9)

A [Hindu] couple should not cohabit on feast days or *pūjā* days, or fasting times, or during new moon, full moon, or eclipse times. (F:9,15)

Among Hindus sexual intercourse is prohibited if one becomes unholy because of the death of his father, mother, child, sister, brother, or anyone related on his father's side. The departed souls of the deceased have difficulty in attaining release (*mukti*) if anyone from his family enjoys intercourse during such a period of pollution (*aśuci*). (Hindu *purōhits*, midwives)

Abstinence on Holy Days (*Table 55*). This table gives us an idea of the extent to which these statements about coital abstinence on holy days are related to behavior. We find that out of 1671 respondents, 62% say they abstain on some holy or inauspicious days. Actually this table may exaggerate abstention on inauspicious days and may not show the full extent of abstention for menstruation, for answers were volunteered, not suggested, and some respondents may not have classed menstrual days with these other days of abstention. We can calculate that out of 1671 persons 632 claim to abstain on religious days, apart from the lunar days. While the table shows 62% abstaining on some days for one or more of these reasons, actually almost all do, because the table does not exclude those in the sample who are unmarried, or do not have coitus now, or did not answer the question, and does not include all who abstain during menstruation.

Table 16 shows the extent of fasting; among Muslims 80% of males and 86% of females claim to fast more than 10 days a year; for Hindus the percentage is lower. Roughly two fifths of all respondents claim to fast 30 or more days a year, which is probably an inflated figure but it gives us an idea of the maximum possibility of sexual abstention because of fasting. Apparently few Muslims strictly observe more than three or four other holy days in the year. Those who observe Muharram may abstain for seven days, but they are few in Bangladesh as this is a Shi'ā festival. Cumulatively, we may presume that such coital abstinence is at least a small factor in restraining fertility.

Abstinence at Ramzān and other special Muslim days is not required in Islamic law. In some Muslim lands such as the Maldives (Maloney 1980) coitus is more frequent on Ramzān nights, for night time is thought to be for feasting and merrymaking in contrast with the day time austerities. In this as in so many other respects, the pre-Islamic background of Bangladesh Muslims has affected thier perception of what is Islamic.

Hindus have more holy days throughout the year when they are enjoined to be continent, but Table 16 shows that the actual number of fasting days they claim to observe is less than for Muslims, for Muslim fasting rules are stricter. But among orthodox Hindus, and also some Buddhists, coitus is thought improper on a large number of special days. Mandelbaum (1974:64-67) quotes a number of studies of sexual abstention in India; in one place in Uttar Pradesh low caste Hindus observe only three fast days a year while wealthy landowners observe 40. In a Delhi neighborhood the median was found to be 19 days per year. In Bengal the number of tabued days has been estimated at 70, or alternatively according to Nag at 100 (Mandelbaum 1974:65). While such a large number could be observed only by orthodox and leisured people, this does indeed suggest that abstinence on holy and tabued days is a significant factor; Mandelbaum concludes that in India sexual abstinence may well be the most significant traditional means of restraining fertility.

5. Beliefs on Conditions of Coitus

Privacy and Quiet Desired

Humans cannot have sexual relations like animals. An animal can have coitus anywhere and at any time. Those who have a sense of shame (*lajjā*) will not have coitus during the day time or without a suitable environment. It must be performed privately and beyond the knowledge of anybody else. If there are others in the surroundings the couple does not get real satisfaction. One needs mental preparation and a quiet environment for coitus. (M:1,3,5,8,10,11,14)

It is shameful (*lajjājanak*) to have coitus if others at the time are nearby or hear or know of it. This is also a hindrance in having coitus. (M:3,6,10,14,15)

If there is lack of privacy a couple cannot take their compulsory bath following coitus. (M:3,14,19)

A couple should engage in coitus willingly and at night time so that privacy is maintained. There must be a calm and quiet environment, otherwise there will be no real pleasure in coitus. If the environment is suitable it will promote the health of the conjugal partners and if there is a

conception, the offspring will be born with a 'good nature' (*susvabāb*). (F:4,6,7,8,9)

If a couple has many children it is a disturbance around them in having coitus, so such a couple has less coitus. If one cohabits in the presence of minor children it may cause the children's character to degenerate. (F:1,3,5,6,15)

The times of coitus are related to the happiness and sorrows of parents and their offspring. Coitus cannot be done in a hurry. If there is hurry it cannot provide satisfaction to either partner. (M:16,20)

A couple should not have coitus if either of them is ill, or if either of the parents-in-law or any of the children suffer from sickness. (M:16,17,18; F:8,9)

A sense of shame (*lajjā*) is considered a desirable quality for young people, especially girls, to acquire, as it is said to distinguish human from animal behavior, and is thought to be advocated in religion in order to avoid illicit sexual activity. Shame plays a major role in male-famale relations, and keeps the conjugal partners apart from each other in the presence of other people. This separation between them in public is thought to be essential because they are socially recognized as sexual partners. Even when the married partners are in a private environment they are eager to be sure that no other person can have the slightest knowledge of their sexual relationship.

The living arrangements in rural areas enable married couples, for the most part, to have privacy within the main room of their house, while separate houses of kin surround the central courtyard. A married couple living in a house with others is concerned lest the sound of their sexual activity be heard. But for many people a more important source of embarrassment, according to some of our quotations elsewhere, is that one might not be able tc take the required bath after coitus without being seen or the splashing being heard. It is also thought necessary to change clothes after coitus, and spreading them out to dry is a great embarrassment, according to some of our interviewees.

This feeling of shame greatly contributes to keeping the society free of what are considered sexual abuses. It is also a very important traditional mechanism of fertility inhibition. There are so many occasions when a couple might not find suitable quiet or privacy, even within their own home, that fertility might be affected.

The mood of the conjugal couple is thought to affect the quality of the child conceived. There should not be coitus if they are in an angry mood. They should also abstain on a day when the husband plans to leave the house for a period of a night or more, because it is believed that by ejaculation he will lose body strength and cannot then meet the challenges of his journey or work, and moreover, conception then with the partners in a restless mood will affect the mental condition of the child conceived. Similarly, it is believed a couple should

abstain from coites if one is sick, or there is a sick child or parent, or there is a natural calamity such as an epidemic or storm, as all these may affect the nature of the child conceived.

The reluctance to have coitus when there are several children around is cited, and it is a problem for many people. But by this the couples who already have a good number of children are constrained in their coital frequency.

Preference for Coitus at Night Time

It is indecent (*abhadra*) if a couple has coitus in the day time. Coitus at night is more enjoyable. Observation of the restricted times of coitus is dependent on the wishes of the husband. (F:8,9)

It is not good to have coitus during day time. There may not be the required privacy, and the couple will fear that someone may see it. (M:1, 2,4,6,7,9,10,11,14)

It is not prohibited to cohabit in day time, but one should close the doors and windows tightly. It is better to do it at night. (M:21; F:15)

If a couple has coitus in the day time and conception follows the offspring will be born with an 'evil nature' (*kusvabhāb*). Such children may be fickle minded, and even lunatics. (M:4,14,16,20)

There are several reasons one should not have intercourse in the day time. It will cause a breakdown in health because people do not get the opportunity for full rest, which is essential after intercourse, whereas at night people can rest afterwards. Intercourse in day time causes decrease of life expectancy, but at night body and mind are fresh, and there is more pleasure. Intercourse in day time might cause financial predicament because work is postponed for rest before and after intercourse. If it is done in the day time there is no control over whether the child to be conceived will be a boy or a girl, but at night there is possibility of at least some conjecture about it. (village professionals, midwives)

A couple should not cohabit naked. (M:15)

Intercourse should be performed keeping the whole body covered with a cloth. If either partner shows his or her sex organ to the other, the one who shows it will have his longevity reduced. (village professionals)

If a couple has intercourse in day time and a child is conceived, it may be blind. (*faklr*)

It is prohibited to have intercourse in a lighted room. If a couple does this, and if the male partner looks at the sex organ of the female partner then it may cause him to lose his eyesight. (F:7,8)

Intercourse should be performed at night because if anybody is seen it is a great sin according to Islamic principles. To avoid this sin people should not have intercourse in the day time. (*maulavi*)

At the time of intercourse the husband should not see the wife's organ of intercourse. The organ of intercourse of a woman is comparable with that of the goddess Dūrgā. So if it is seen by the husband it is a great sin, and intercourse in the day time is forbidden. (F:6,9)

The preference for having coitus at night arises principally from a sense of modesty and fear of being seen. But it is put in a religious context by traditional statements repeated by our interviewees, that if coitus is done in day time it may reduce life expectancy, cause offspring to be born with an evil nature, and the like. Muslims also believe that if a man sees the woman's vagina the man's attraction to coitus might diminish as it is thought to look unpleasant.

The stated belief that one partner should not see the sex organ of the other is found to some extent in other parts of South Asia; it is pre-Muslim in origin, and in fact one of these quotations says the vagina is symbolic of the goddess Dūrgā. This belief has fitted into Muslim orthodox preferences. (such an idea has been residual in parts of Europe also.) Blindness is particularly attributable to having seen forbidden things. However, we can presume that this restriction, as with most others we have discussed in this chapter, is stronger in words than in behavior.

Proper Conditions for Sexual Enjoyment

The place of coitus should be a solitary chamber, with well-furnished beds, some sweet scent, a dim light, and a net of fine silk or any textile covering. These all create a favorable envirnonment so that the husband and wife have great mental satisfaction and enjoy the neat and clean surroundings. Their sexual union will be hearty, and if a child is produced it will be handsome and healthy. (village professionals)

Many people believe that the best time for sexual enjoyment is one or two hours after going to sleep. The health breaks down and there are misfortunes if people have coitus on a full stomach. Some people enjoy it at midnight, or even toward the end of the night. Some perform it in day time half an hour after lunch. Newly married couples are seen enjoying sex games after breakfast. (midwives, village professionals)

One should put up a mosquito net before coitus, and use a sheet (*cādar*). But not everybody puts up a mosquito net. (M:21; F:7,15)

The Islamic religion holds that a mosquito net should be put up before beginning intercourse, and some verses should be recited. After intercourse 'dry ablutions' (*taiyammum*) should be performed. Then sandles should be put on for going to the bathing place for the bath. (village religious leaders)

Chewing 'betel leaf and areca nut' (*pān-supārī*) increases sexual excitement. For this reason it is recommended that *pān-supārī* be taken as part

of the preparation of having coitus. (homeopath)

If after chewing cloves (*labañgga*) the saliva mixed with it is applied on the male organ it enhances the sexual capacity of the male. (homeopath)

The Islamic religion prohibits coitus in an open space, or in a standing or sitting position. It permits only the lying position. (F:2,4; village religious functionaries)

The coital act is loaded with symbolism and restrictions, as in many peasant societies. Some say it is even "religious" to have coitus under a mosquito net; others say it is "according to Islam" to get married before the hot season (April-May) begins because coitus is more pleasurable when it is cooler; others say "Islamic religion prohibits" coitus in standing or sitting postures, though in fact there is no such prohibition in textual Islam. Nag (1962:54) says that in West Bengal people "think that one man's semen must not enter the womb where another man's semen is already working for this may lead to trouble deciding true paternity."

Idealized conditions for coitus are spelled out in great detail in Vatsyāyaṇa's *Kāma Sūtra,* written in Sanskrit in the 4th century A.D. In the Indian tradition there is a certain acceptance of earthy sexuality which is in polarized apposition to the ideals of asceticism and semen retention. The stone friezes on temples in Orissa, Madhya Pradesh, and Karṇāṭaka show every posture and position of the sexual arts. Modern scholars debate how much this represents Tantric religious ritual, and how much it simply depicts an aspect of life along with hunting, warfare, and music. The three aims of life in Hindu philosophy are *dharma, artha,* and *kāma,* meaning righteousness, worldly gain, and pleasure. The *Kāma Sūtra* and *Koka Śāstra* deal with sexuality squarely as a matter of legitimate *kāma* with only the slightest oisclaimer about asceticism as an ideal.

Vatsyāyaṇa describes women of different parts of India: those of Gujarāt do not like kissing but are fond of coitus in different postures; those of Mahārāshṭra are fond of "the 64 sexual arts" speak obscene words, and assume the superior posture over the man. The women of Gauṛā (northern Bengal) "are soft and sweet of speech, are responsive to the stimulus of caresses, and have tender bodies. They are of moderate passion, and take delight in gentle love-play" (Vatsyāyaṇa Chapter 16). There are chapters on such subjects as kissing, scratching with the nails, erotic biting, stroking or striking, postures of coitus, seduction of another man's wife, how to win a husband, and how to recover lost virility. Vatsyāyaṇa (Chapter 17) describes fellatio and cunnilingus in detail but makes the disclaimer that they should not be practiced by a learned Brāhmaṇ, a Minister of State, or a man of good reputation. He describes many sitting, standing, or kneeling postures such as are considered impermissible by some of our interviewees. He also describes three postures of coitus under water, but at that point he makes a disclaimer that such deeds should be expiated by

strict penance.

Sleeping Arrangements: Table 56

According to religious principles a young girl is forbidden to sleep in the bed which is used by her father. This may create sexual feeling even in the father. (M:11,14)

A couple should not have coitus with children in the bed if they are big enough to understand it. (F:3,5,15,16)

In Bangladesh few people like to sleep alone, and children seldom do. Table 56 shows that of persons aged 24 and under, 52% sleep with spouses and children or others in the same bed, 26% sleep with spouse only, and 22% sleep alone and are presumably single. Under 10% of persons between ages 25 and 44 sleep alone, and about another 10% sleep with a spouse only; about 80% of that sample sleep with others, most of them with more than one other person in the bed. The majority of those aged 45+ also sleep with someone in the bed besides just a spouse. A young couple may sleep with small children in the bed and have coitus, but it is considered sinful if it continues when the children get older. In the hot season, as some of our quotations earlier showed, men may sleep on the veranda or in the courtyard, often sleeping with other males, while the women may sleep indoors with girls. Nevertheless the majority of respondents continued to have coitus, as shown in the table. Of those sleeping alone, 60% of the men had coitus, and were able to arrange it in spite of not regularly sleeping with their wives, but only 42% of women sleeping alone had it, many of the rest presumably being widows or women whose husbands were absent. Two thirds of the rest of the respondents had coitus in the preceding week regardless of sleeping arrangements. Frequency of coitus also was not much affected by whether a couple slept just by themselves, or with others, as they could make temporary arrangements for privacy. The tendency of females to exaggerate frequency of coitus is apparent in this table also, and more so with women who sleep with "others" and are presumably middle aged.

Effect of Coitus Conditions on Quality of Child

If conception occurs during 'menstrual discharge' (*rakta srāb*) the offspring will be born wicked. (F:1,5,7,8,9)

If a couple has coitus without the consent of either partner and conception follows, the offspring born will have an evil nature. (M:6,7,10)

The birth of good offspring depends on the mental condition of the partners during coitus. If the couple has evil thoughts in mind and then engages in coitus, the offspring will be wicked. (F:7)

The nature of offspring depends on the mental condition of the couple

during coitus. If a woman keeps engaged in religious performances and duties, and remains honest in thoughts and deeds, her offspring will be good. (F:1,3,5,6)

If a couple engages in coitus after returning from an evil work such as thievery, the child conceived at that time will be wicked. He will have the nature of a thief. But if a couple has coitus after returning from a religious service or prayers and has noble thoughts in mind, and if conception occurs, the offspring will be good. (M:1,2,4,8,10,11,12,13,14,15,16,17,19)

If at the time of conception the husband's semen does not make proper entry into the female organ, the offspring conceived will have a deformity. (F:1,2,3,5,6)

If a couple engages in coitus in an abnormal position, such as standing up, the offspring will be born wicked. (F:1,3,5,6)

If a couple has coitus during forbidden times and conception follows, the offspring will be wicked or deformed. But if by adopting any of the family planning methods the couple has coitus at forbidden times, there will be no evil consequences. (F:7,8)

At the time of coitus if the wife keeps her eyes closed and conception occurs, then the child will be born blind. (F:4)

The health of offspring to be born, is not related to the timing of coitus leading to conception. (F:6)

These beliefs arise from the deeply rooted feeling in traditional South Asia that one's actions have effect on one's life and on his family and descendants; it is the principle of karma, which most of our Muslim respondents also aver in this situation.

It is well known, of course, that in any effort if there is complete mental devotion and a positive mental disposition the task is likely to be completed with success. Thus, people feel it is better to not have coitus in time of danger or inauspicious signs, or if they are in a restless or angry mood, or in an unusual coital position. If it is done peacefully and pleasantly, the child conceived will have a good nature, it is believed. And from a religious point of view, it is preferable to have coitus when one has noble thoughts in the mind, a teaching which serves to reinforce the behavioral ideals of society.

All these preferences and required conditions of coitus, while they may be ignored at times, also do have the effect many times of causing people to abstain, and perhaps to sacrifice their personal enjoyment on occasions when conditions are not optimum in the interest of the welfare of their future children or others. To this extent these beliefs are functional; all these beliefs together probably do exert some restraint on coital frequency and presumably on fertility. They are one of the traditional mechanisms operating to this end.

We have already seen from Table 40 that persons in modern-type occupa-

tions have considerably more coital frequency than peasants and artisans who presumably are more concerned with these traditional preferences concerning conditions of coitus. We should especially note the quoted opinion that unfavorable conditions do not have evil consequences when modern-type contraceptives are used.

CHAPTER IX

BELIEFS CONCERNING PREGNANCY AND CHILDBIRTH

1. Determination of Physical Characteristics of Child

Determination of Sex

Once a man came to Prophet Muhammad to learn from him the method of procreating a son. Then the Prophet advised him to eat chicken eggs in large quantity. (M:11)

If a couple has coitus in the first quarter of the night and conception follows the offspring will be a male, but if in the last quarter it will be a female. (M:2,13)

If a child is conceived on the nights of Monday, Tuesday, and Wednesday it will be a male, and if on Thursday, Friday, Saturday, and Sunday, it will be a female. (M:14)

Following menstruation, if a couple has coitus during the new moon and conception follows it will be a male, but if during full moon it will be a female. (F:3,6,7)

One can determine the sex of a baby according to one's choice. Babies conceived on the even dates of the lunar month will be male children. (M:19)

Avoiding coitus for six days after the beginning of menstruation, if a a couple has coitus on uneven days, such as 7th day or 9th day of the menstrual cycle the offspring will be a male, but if on even days, it will be a female. (F:3,6,7)

If a couple has coitus keeping their faces to the right a child conceived will be a male, and if to the left, a female. (F:5; village professionals)

Duration of coitus helps determine the sex of the child. If duration after ejaculation is longer, it will be a male, but if the semen is discharged before the orgasm of the female partner, a child conceived will be female. (M:16)

If during coitus the husband discharges a greater quantity of semen than the wife, a child conceived will be male, but if the wife discharge more semen, it will be a female. (M:16)

During coitus if the male partner plays a more active role, has long duration of penetration, and ejaculates following orgasm of the female, a child conceived will be a male; if the female partner plays a more active role and the husband's semen is ejaculated before her orgasm, it will be a female. (M:1,6,11,13)

The sex of an offspring is related to the sex of the children born to the couple's ancestors (*pūrba puruṣ*). (M:6,8)

Parents cannot wilfully determine the sex of a child; if it was possible every couple would have practiced it. This is determined by God. (M:3, 5,9,12,15)

The fact that all these beliefs are stated does not mean that people have implicit confidence in them; most people say the sex of a child is determined by Allah.

The statement about keeping the faces to the right to get a boy and to the left to get a girl is explained by the Hindu symbol of Ardhāṅgginī, a deity half male and half female; the male is the right half and the female the left half. Some believe that during coitus if one breathes on his/her partner from the right nostril the masculine qualities prevail, and if from the left nostril, feminine qualities. For this reason also, the female should always lie on the left side of the male. In Hindu iconography the female is always on the left of the male. (This symbolism is also extended to society; the right-handed castes gain status by wealth and power, and the left-hand castes by ritual and purity; Beck 1972).

Table 12 shows that some persons use a *tābiz* for getting a male child (no respondents reported using one to get a female child). The various rituals mentioned in Table 15 may also be used for getting a child of one or the other sex.

People also state various methods of ascertaining the sex of a child in the womb. Some say if it is on the right side it is a boy, and if on the left a girl. Others say that if the mother has a fair facial look in advanced pregnancy it is a girl, but if her look is ugly it is a boy. Yet others say that if the movement from the fifth month is greater it is a boy, but if less, a girl.

We have observed that many parents have in their mind a choice of sex before a baby is born. If the expectation is fulfilled the parents rejoice and give the midwife a double present, but if not the baby may receive a cool reception, particularly from the father or his relatives. However, midwives tend to say all babies are received cordially, as their job is to ensure a safe delivery.

Causes of Twins

The birth of twins is related to eating joint fruits (*jor phal*). Therefore many fecund people avoid eating joint or double fruits. (M:2,5,6,9,10,14)

A fruit may be compared with a baby, and a double fruit with twins. Birth of twins is related to eating joint or double fruits. (F:1,3,4,5,6,7,8,9)

The birth of twins is not related to eating double fruits; this is a superstitious belief of rural women. (urban M:16,17,18,19,20)

Twin babies are a miracle of God's creation. Humans have no control over it. (M:1,3,4,11,12,15)

Thousands of female eggs unite with the male eggs and bring forth a conception. If two of the female eggs remain alive they generate twin babies. (F:9)

If a woman takes birth control pills without maintaining regularity it may lead to conception of twins. (F:7,8)

The birth of twins is retaled with chromosomes. After coitus the male semen unites with the female ovum. Following union it splits into two parts. In each part there are 27 pairs of chromosomes. Finally they unite together, but if they accidentally fail to unite, twin babies are born. (M:20, teacher)

The actual incidence of twinning in Bangladesh is seen in ICDDR,B data (Ruzicka and Chowdhury 1978:9). In Matlab in 1974 there were 12,068 pregnancy terminations, of which there were 126 twin and 2 triplet births. The twin births produced 225 live births and 27 stillbirths, and all triplets were born alive. Thus, about 1% of pregnancies may lead to multiple births.

Such an unusual event requires explanation within the context of the Bangladesh peasant world view. It is possible to explain such events at several levels simultaneously, invoking human action, various influences, and divine action.

Causes of Deformity

A child is born deformed as a result of the fault of the pregnant mother in her dealings and movements. A deformed child is born if a couple does not observe the restrictions on times and hours of coitus. If a pregnant woman cuts anything at the time of an eclipse the conceived baby will have cut marks on some parts of its body, because of the evil influence of eclipse. (M:11,14,15)

If a pregnant woman takes food, or cuts, tears, or twists anything at the time of a solar or lunar eclipse, the child in the womb will develop a deformity. (F:1,2,3,4,5,6,7,8,9)

After taking a purification bath following menstruation, if a woman

meets any deformed person on the way while returning home and subsequently conceives, the offspring will be born deformed. (F:3)

If there is any deformity in the parents it may be transmitted to the offspring. It is said in the village that sometimes a 'demon-like' (*rākṣuse*) child having three eyes and two noses may be born to a pregnant woman. (F:7,8)

Offspring are born deformed because of sin of the parents. (M:13,15)

If a deformed child is born in a low status family then it is attributed to parental sin. (F:7)

The idea that deformities in babies are somehow linked with the parents' behavior or other characteristics is a widespread one in South Asia. It stems from the philosophy that one's karma is not limited to one's self, but that it flows through the links of 'body substance' (*dhātu*) to offspring, and perhaps to relatives too. Blindness, in particular, is attributable to a cause, which may be the parents' sin. This idea has ancient roots in the Near East, for Hebrew scholars approached Jesus to test him with the question as to whether a blind man's affliction was because of his sin, or his parents' sin, and the answer was neither. The quotation that a deformed baby born in a low status family is attributed to parental sin is based on this philosophy of karma, even though quoted by a Muslim.

Not only one's self and one's actions, but outside events and powers are thought to cause unusual phenomena such as deformities. A fetus is in a liminal and very vulnerable state, and so is a pregnant woman. Miscarriage and deformity are sometimes said to emanate from the evil eye, thought of as a power from Satan which causes a jolt to the pregnant woman, and to avoid such a danger the pregnant woman should be restricted in her movements. In the world view of Bangladesh villagers, the universe is not chaotic, but there are reasons and explanations for all events and phenomena. This indeed is the beginning of science.

Spontaneous Abortion and Stillbirth

Quotations Giving Religious Causes:

Doing a sinful act; bad deeds (*karma*) in this life (many interviewees)

Bad karma in previous life (a few Hindus)

Fault in behavior (*cāl calan*) of either parent (a few)

Wishes of God (a few)

Jin, bhūt, walking in a graveyard, going to a burning *ghāṭ* or bamboo grove, or following a funeral (many)

Being bewitched (*jādu ṭonā karle*), or cursed (some)

Evil eye (many)

Bad air (*kubātās*) (some)

Walking at inauspicious times: midday (*ṭhik dupur*), sunset (*ṭhik sandhyā*), and midnight (*niśi rāt*) (some)

Walking or going in a bamboo grove on inauspicious days: Saturday, Tuesday, Thursday (few)

Stepping over a snake hole (some)

Walking over bones of a dead cat (one)

Going to a Kāli temple or noticing a Kāli temple when walking by (some Hindus)

Seeing a funeral procession (many)

Quotations Giving Physical Causes :

Accident, as dashing against something, stumbling, receiving a jolt, heavy lifting (majority)

Fright (several)

Having coitus in advanced state of pregnancy (few)

Long or difficult delivery or poor birth attendant (several)

Seminal weakness (*dhātu durbaillya*) (several)

Mother taking poisonous food or drug, or intoxicant (few)

Weakness, malnourishment of mother (few)

Child in abnormal position in womb (few)

Spontaneous abortion and stillbirth are usually attributed to some cause, and usually the cause cited is non-medical. It is widely felt that a sudden event of this sort requires explanation.

It is also thought that the fetus is like fruit on a tree; one does not get a crop of fruit without some of the fruits dropping off. Nevertheless, most people also seek for a cause.

Because pregnancy is viewed as a natural state of the body, and because miscarriage and stillbirth are thought by many to be caused by non-medical factors, people seldom seek medical consultation for pregnancy or after a miscarriage.

Ruzicka and Chowdhury (1968:8) noted that in the ICDDR, B study area of Matlab in 1976, out of 12,684 pregnancy terminations, 8.2% were miscarriages and 3.7% were stillbirths, a total of about 12%. This may be viewed as a demographic factor.

2. Determination of Good or Evil Nature of Child

Conditions of Conception

If a couple has coitus observing the traditional days and hours of abstention, and are honest in thinking and remembering the name of God,

the conception which follows will be a good one. But a good offspring can also turn wicked through association. (M:1,10)

If a couple has conception during an 'auspicious hour' (*bhālo tithi*) the offspring will be good. (F:12,13)

If a couple has coitus during the time of new moon and a male child is conceived, he will have the nature of a thief or robber, and if a female child, she will have an 'evil nature' (*khārāp svabhāb*). (F:10,12,14)

If conception takes place during the full moon or new moon, such an offspring will be a thief and a scoundrel. (F:12,13)

It is learned from the elders that if a couple have coitus in the day time it will bring harm to the country; if in the last quarter of the night the offspring will have short life expectancy. (F:13)

Inherited Characteristics

If a child's parents or forefathers were of 'bad nature' (*kusvabhāb*) it will also have bad nature. Evil parents procreate an evil child; a thief procreates a thief. If the parents are good and belong to a 'good lineage' (*subangśa*) they will have good offspring. (M:16,19,20)

There is a saying that the quality of the seed is shown in the fruit. "A thief comes in the house of a thief" (*cōrer ghare cōr hay*). The nature of the child depends on the nature of the parents. (M:1,2,3,4,10,11)

If an offspring of evil nature resembles any near relatives, it will not be given any special favors in inheritance, for such an offspring will squander the inherited parental property. A good offspring is able to keep the honor and name of the parents alive after their death. (M:17,18,20)

If a baby has any facial resemblance with deceased near relative it is given more attention and care. A child who has good nature is given more property than others by the parents; people favor qualities (*guṇ*). (M:17,18,20)

If a mother is a stutterer, or dumb, or has any infectious disease, or if the parents have any peculiar (*nijasva*) nature it will affect the child. (M:1, 2,6,8,9,10,12,13,15)

The offspring of a mother in the closing part of her child-bearing years is deficient in intelligence. (F:8)

Behavior of the Mother

A 'good offspring' (*susantān*) is born to a woman who observes pardā and has no 'illicit sexual relationship' (*zenā*). A 'wicked offspring' (*kusantān*) is born to a woman who has an 'evil nature' (*khārāp svabhāb*) and does not observe pardā. The mothers of all the saints

and Prophets were good natured women. The mother of the great saint Hazrat Abdul Qādir Zilāni was a good natured woman and had strong adherence to pardā. (M:13)

A mother's behavioral defects get reflected on the offspring. The baby learns whatever its mother does. If the mother is quarrelsome and has illicit sexual relationships her offspring will do the same. (M:1, 2, 6,8,9,10,12,13,15)

If a mother overworks, takes food irregularly, has evil thoughts in the mind, has illicit sexual relationships, or has an ill temper and quarrelsome nature, the offspring will have these characteristics. (F:2,3,4,8,9)

If a woman after conception does religious performances and duties, reads religious books, and remains honest in thought and deed, her offspring will be born good. If the husband behaves well with the wife during pregnancy the child will have a good nature. (F:1,3,5,6,12,13)

A child imitates its mother's behavior; her behavior is reflected mostly in the nature of the daughter. If the mother has any serious disease it will be transmitted to the offspring. (M:16,17,18,20)

The behavioral traits of the mother do not at all play any role in shaping the behavior of the offspring. The child's environment plays the major part. Though a mother has illicit sex, yet her offspring may be good natured through training and good social environment. (F:7,14)

Avoidances of Pregnant Woman

A pregnant woman has to observe certain restrictions, or there will be complications. She is restricted from going outside her house during midday and sunset. A pregnant woman also should not keep her hair loosened up. (F:7,8,9)

A pregnant woman should be cautious in her movements during midnight, midday, and sunset. These are inauspicious (*aśubha*) 'times and hours' (*kāl ō samay*). During these times the evil spirits and 'evil gods' (*apa debatā*) comes to see a pregnant woman and may cast their evil eyes on the child in the womb and affect its health. (M:1,15)

A pregnant woman should not wash her hair on Saturday and Wednesday, or she might be influenced by evil eyes of some *jin* or *bhūt*. (F:8)

An eclipse occurs by laws of nature. Humans and especially pregnant women should be very careful in their movements at such a time. They should lie straight in the bed to avoid possible deformity in the child. If a pregnant woman cuts or tears anything during an eclipse it will have an effect on the child. She should avoid performing her duties, and not eat or drink anything, for an eclipse is a natural calamity. (M:11,12,13,14,15; F:8)

A woman with a baby in the womb should not go out and stand under big trees with her hair loosened up, or a *jin* or *bhūt* might cast its evil eye on her and affect the life of the baby or cause it to be stillborn. If a pregnant mother stumbles and gets hurt or takes any strong medicine a stillbirth may occur. (F:7,8)

During pregnancy if a mother eats a heavy meal the conceived child will be sick. (F:10,12,14)

All these ideas assume that the state of pregnancy is a very vulnerable state, and that the fetus is also vulnerable. It is a liminal, or a transition state in life. At such times, and especially at birth, one may not have the force of character to counteract the evil influence of planets, eclipses, *jins*, or *bhūts*. Hindus tend to have more such beliefs than do Muslims, and most *pūjā* rituals such as waving of lamps, use of incense and drums, and incantations, are devices to keep evil influences at bay. Most Muslims also have these feelings, but state them in an Islamic context.

It is necessary for mental health to believe that one has some control over the events of life. Despite statements quoted earlier about dependence on God, people actively believe that many other forces operate in the universe, and that everything that happens has a cause. The cause may be a natural or human event, or an environmental condition, or planetary influence; this is not incompatible with attribution of ultimate cause to Allah's will.

Yet some people, as quoted here, do not believe that a fetus is affected by its mother's movements or actions, nor that a baby suffers from the sins of its parents. Actually, in Islam a baby is said to be born innocent (*niṣpāp*) and unaffected by its parents' deeds or misdeeds. Some persons quoted here who say a wicked child acquires its nature from its mother before birth, also were quoted earlier (Chapter VI.1) to the effect that a baby which dies is innocent and so it is admitted to heaven, and there it pleads with Allah to let its parents in. The theological contradiction is not recognized.

The quotations to the effect that a baby inherits its parents' and ancestors' qualities (*guṇ*) in its nature are in accord with the belief stated earlier (Chapter I.4) that different *jātis* are, and should be, breeding units; each *jāti* or human group has its own intrinsic qualities and its own karma. This deeply entrenched idea of pre-Muslim origin is reflected in most of the above quotations.

A pregnant Muslim woman is 'not excused' (*māf nāi*) from prayers and other religious activities and she is not in a state of pollution. Fasting is something of a problem, however; obviously women in an advanced state of pregnancy may not wish to fast completely on Ramzān days. They may eat in the kitchen, as many do anyway. By Islamic rules, a person breaking the fast for pregnancy, menstruation, or other good reasons should make up the fasting days later. As for pregnant Hindu women, some interviewees say they are not

excused from religious duties; others say they are not in a fit state to perform religious duties after the fifth month of pregnancy, after the time when the fetus is believed to take on human-like form.

Some people say the term of pregnancy, in round numbers, is nine months, and some say ten. In South Asia it has been said to be ten, originally calculated as lunar months. Nowadays modern-sector medical practitioners refer to it as nine months; our interviewees have used both figures.

3. Ideas on Food Restrictions Before and After Birth

Food Restrictions Before Birth

Some women during pregnancy develop an aversion toward certain foods. They suffer from nausea in the initial stages of pregnancy. They cannot tolerate the smell of fish, meat, and milk. A pregnant woman is not allowed to take excessive salt and chilis, for these are harmful. If she does not take *mrigel* fish in her first pregnancy she is not allowed to take it in later pregnancies. This fish will have a harmful effect on the child which is conceived. Women are fond of sour things during their pregnancies. Tamarind, *kul*, and green mangoes are favorite foods during their pregnancies. At that time a woman is given nutritive foods in abundance so that she can overcome the difficulties. (M:12,13,14,15)

A pregnant woman should be given rich foods such as eggs and meat, and pure water. She should not be given foods which are injurious to health such as stale rice and much vegetables. Rich food is beneficial to the health of the mother and the child, but if the food is bad the child will be thin. (M:21; F:16)

A pregnant woman has to observe certain restrictions on foods. Elderly women advise pregnant women to adopt certain precautions for the welfare of both the mother and child which is conceived. A pregnant woman is encouraged to eat regularly, and is advised to take milk, bananas, lemons, fish, and eggs in sufficient quantity. A fecund woman will have more conceptions if she eats enough fish. A pregnant woman is restricted from eating green pineapples, *gajār* fish, *mrigel* fish, and strong medicine (*kaṛā auṣadh*). (F:7,8,9)

A pregnant woman is not allowed to take *bōāl* fish or *mrigel* fish. If she eats *mrigel* fish it may give rise to epilepsy (*mrigi rōg*) in the child that is conceived. During the third month of pregnancy a pregnant woman develops an aversion toward certain foods such as meat and fish, and this aversion continues for about a month. (M:11,15)

A pregnant woman should not eat foods made of banana flowers,

Some avoid ginger because of its shape, saying it would cause the fetus to be crippled. Some avoid pumpkin as it is said to cause cough. Some avoid garlic as it creates a burning sensation in the mouth, and they think it might increase labor pains. Pineapple is forbidden because it is used to induce abortion. Pregnant women should avoid much meat, and hot foods, and rotten foods. But they like to take sour things. They should take foods with vitamins to build up the blood. But they should not eat too much lest the fetus grow too large and make delivery difficult. (midwives and village professionals)

Food Restrictions After Birth

After delivery a woman takes 'dry' (*śukhā*) foods for a few days. This helps to keep mother's and baby's body well. She does not take rice for three or five days. About a week after delivery the mother should be given boiled rice from old stock and small fish, and black cumin (*kālijīra*) with the rice. She should not take any oily food. She should drink and use hot water for about a week. (M:21; F:15,16)

After delivery a woman should be given warm (*um garam*) water, or hot milk. Rice is not given for a few days, but she may eat 'dry' foods such as sun-dried rice, fried garlic or onions, foods with turmeric powder, greens, and potatoes. Foods that are cool (*ṭhāṇḍā*) and wet (*bhijā*) are not given as these will cause the child to catch cold and hinder the healing of its navel, and also the healing of the mother's uterus. She should not have much salt or vegetables, or sour things, or fruits, or meat. She can chew areca-nut (*supārī*) and 'betel leaf' (*pān*) and drink hot water. After some days she can take rice and small fish, or chicken soup. She should not take *pūṭi* or *bōāl* fish, nor eggplant, as these will cause the stomach of the newborn to be upset. But she should take soup made of *fali* fish because it increases the flow of milk and strengthens the neck of the child. She should take soup made from the leaves of *gandha badal* to cleanse her bowels. After three weeks other vegetables and easily digestible animal protein (*āmiṣ*) foods may be taken to build up the blood. The mother should continue drinking warm water, and also bathe in hot water, for a month. (midwives and village professionals)

After the birth of the first child the mother will not get breast milk for two days. During that time the baby is given honey, sweet water, Glaxo D, and cow's milk diluted to half. Honey given to a newborn will cause him to be sweet-tongued. (F:16,17)

A pregnant woman is in a special state, and it is believed that a normal diet is not sufficient for her (Bhatia *et al.* 1979:6). But most of the above-quoted restrictions have no basis in scientific knowledge; they persist generation after

generation through midwives and old women.

Some say that *mrigel* fiish is not given to pregnant women because it causes epilepsy, and *gajār* fish is not given because it has ugly eyes and may cause the eyes of the fetus to become ugly. It is also sometimes said that a pregnant woman should avoid fish cut in pieces, and also not cut fish herself, as the souls of the fish angered by the cutting might harm her. This is one reason some of the large fish are tabu for a pregnant woman. But otherwise, a pregnant woman is encouraged to eat more fish than usual.

Because pregnant women are thought to like sour things, such as *ācār* and green mangoes, the quality of sourness in Bengal is associated with decrease of sexuality, as discussed above (Chapter VII.1). Pineapple, especially raw green pineapple, is widely regarded as an abortifacient, and is prohibited for pregnant women.

After birth, the main quality attributed by Bengalis to the mother is that she is wet (*bhijā*) in the classificatory sense and needs to be made dry (*śukhā*). Therefore foods considered "wet" and "cool" are not given to her. It is thought that as afterbirth bleeding stops she dries out. Also, the umbilical cord remnant on the baby has to dry out and fall off. For these reasons foods classified as "dry" such as bread or dried rice snacks are given. Hot water is thought to be less cooling (in the classificatory sense) (Chapter VII.1) and therefore should be drunk for some weeks after birth; by avoiding cooling foods and drink the woman may regain her sexuality sooner, it is believed.

These restrictions and recommendations have the function of making it seem like people have more control over their health and circumstances than is actually the case, and also enable the mother to feel that she gets special treatment to help her move from the pregnant state back to normal living. All this also provides an aura of ritual around childbirth, with the human body and its replication as the focus of the ritual.

4. Childbirth, and Signs of Birth

Delivery Procedure

Whether a baby is born in a separate room or a shed depends on one's personal choice. In most Muslim families delivery takes place in the main house, in a separate room or veranda or on a special bed. (M:11,12,13,14,15)

Among Muslim well-to-do people a separate room is used for delivery. Among Hindus it is prevalent to build a separate room or shed for a temporary period for the purpose of delivery, which is burnt afterwards. (F:7,8,9)

The 'birth attendant' (*dāi*) is assisted by elderly women of the pregnant women's family. The woman is kept in a lying position. After the birth, the mother and baby stay on a bed of straw so that they do not catch cold and there can be no harm to their health. (M:11,12,15)

A delivery is performed with the woman in a lying position. But if the delivery becomes troublesome it is done in a squat position. During delivery a woman loses a large quantity of blood and as a result there occurs loss of body heat and energy. (F:9,16)

A woman in delivery is kept lying down. But if 'labor pains' (*prasab bedanā*) go high then the legs of the woman are shaken and she is made to walk, and an attempt is made to have the birth keeping the mother in a sitting position. (F:8)

After birth of a child the woman should not take cold water and salt. During this time her uterus remains raw. Taking cold water and salt may cause swelling of the body, but it will take time to heal up the raw state of the child-bearing tube. (M:11,12,15)

Giving birth drains a lot of blood, and this makes a woman weak. It takes three or four years for the mother to compensate. Each delivery means a loss of a pitcher of blood. (midwives)

After a delivery, persons give me a *śāṛī* and some money. The poor try to please me by offering some food or giving some money. Remuneration differs according to whether the baby was a boy or a girl. (F:15,16; midwives)

It is a widespread custom in South Asia among Hindus to arrange for childbirth in a place outside the main rooms of the house, such as a temporary hut which may be destroyed afterwards because of the ritual pollution attributed to childbirth, or a corner of the veranda may be shut off with a mat and used. Muslims may use the cooking shed for delivery, which Hindus would not, or they may arrange for it in the house itself, not on the bed, but on a mat on the floor.

Not all deliveries are tended to by midwives (*dāis, dharunirā*). Croley *et al.* (1966:578) interviewed 632 village women in Bangladesh to determine who assisted in deliveries. It was found that among village women 38% of births were delivered by relatives, 33% by the women themselves, 14% by neighbors, 6% by *dāis*, 2% in hospitals, and 7% in other ways. *Dāis* were interviewed, and it was found that they were mostly widows and older women having no formal training; they worked in their own neighborhoods and received a *śāṭī* for payment. They deliver three or four children a year each. Only half were found to have general knowledge of the reproductive system. The sterilization procedure of these women consists of using soap and water, and religious beliefs. Most do not know how to prevent conception, and only about half thought the family planning program was a good idea.

Another study, unpublished (Islam 1979), in a rural area of the country, showed that of 1351 deliveries, 34.5% were done by neighbors, 31.5% by *dāis*, 30.4% by women who were related serving as birth attendants, and 3.2% by the women themselves unattended.

A midwife may get up to twice as much payment for delivery of a boy as for a girl, or occasionally more for a girl if that is the sex preferred.

Complications in Childbirth

A woman who is thin, sick, weak, or too fat, will have difficulty in delivery. A woman possessing sound health faces less difficulty. Thus, there is a relationship between physical make-up of the mother and easy or difficult pregnancy. During delivery even the death of the mother may occur. (M;9,10,11,12,13,15)

The possibility of difficult delivery is a matter of concern to any woman. A woman who is short, or who has short dimensions in the torso may have difficulty. A woman who experienced difficulty does not like to have more than two children. (F:7,8,9)

Safe delivery depends on the mother's body structure. If it is short and fat, or if she is in ill health, she will have difficulty. (F:1,5,6,7,9)

Difficulty of delivery is related to the size of the mouth of the uterus. If the opening through which the baby comes out is below normal size, then delivery complications may arise. (F:9,15)

If a woman has a flat abdomen she will experience less labor pain. If the mouth of the uterus is too small she will have more labor pain. If a woman is sickly, lean, and thin, she may experience difficulty in delivery, and even die from it. (M:16,17,18,19,20)

There is no relationship of the physical structure of a woman with easy or difficult delivery of a child. (F:6,14)

Complication in delivery are usually attributed not to any disease which deserves medical attention, but rather to physical and supernatural factors. Because of this outlook, qualified medical consultation is seldom obtained for birth difficulties. Pregnancy is not a state of illness needing medical attention, nor is childbirth. Medical doctors can treat illness, but complications during delivery are not illness, and are beyond the jurisdiction of a medical doctor. Moreover, many Bengali villagers, if they have any pride of pardā at all, will not call a male doctor to treat a woman in childbirth; some respondents even say it is peferable that the woman die than that the family be embarrassed in this way (Chapter IV.3).

Body proportions are considered crucial to ease or difficulty of delivery, and also to the health of the mother. If a woman is too fat, too thin, or

so short that it affects the size of her pelvic opening, it is believed delivery will be difficult. The *Kāma Sūtra* of Vatsyāyaṇa (Upadhyaya 1961:141) also recognizes the importance of proper body dimensions for a woman.

Predictions on Time of Birth

A child who is born in the month of Ramzān, or on Id day, in the night of Śab-i-Barāt, on Friday, or on Monday, will have a bright future. These times have special merit (*barkat*) and blessing (*rahmat*) of the creator. Children born in these times will have good nature (*bhālo svabhāb*). (M:5, 8,10,11,12,13,16,17,19)

A birth attendant (*dāi*) can identify a newborn child as a lucky (*bhāi-gyabān*) child based on the circumstances and time of birth. If a child is born at the time of the call for Friday congregational prayer he will be a lucky chap, and will carry with him this good luck. (F:7,8)

The birth attendant (*dāi*) makes predictions regarding the luck and character of a baby depending on the time and circumstances of birth; neighbors also make such predictions. These predictions come true in most cases. (M:12,13,14,15)

A child born on Tuesday or Sunday is lucky. (M:11)

A child born on Thursday or Friday is lucky. The first child born to a couple is also lucky. (F:7,8)

A child born on Friday or Monday will have good nature. (M:12, 13,14)

A child is termed unlucky if its time of birth coincides with the time of a famine, accident, death of a relative, occurrence of theft, failure of crops, death of a milk cow, occurrence of any mishap to the parents, and the like. (M;1,2,3,12,14,15)

If the birth of a child coincides with the birth time of any great man, the newborn will be lucky. (M:15)

If the birth of a child coincides with the birth of a calf in the same household, it is considered as a good luck sign for the child. (M:13,15)

A child born when its parents are prosperous will be lucky. (M:12,14)

If an owl flies inside the delivery room during delivery, then the newborn, is considered lucky. If an offspring is born during the time of worship of Durgā then it will be lucky. (F:9)

I do not believe that the time of birth can be a sign of the child's future luck. (M:1,2,3)

Predictions from Physical Features of Child

A birth attendant identifies a baby to be a lucky one if she finds its

fingers close-fisted following birth. When this baby grows up it will keep its household affairs in its grasp. If a baby is born open-handed it is identified as unlucky, and the birth attendant says it will be extravagant. (M:12)

At the time of birth if the umbilical cord (*nāṛ*) is found twisted around the throat of a child, the *dāi* will pronounce it to be lucky. (F:7,8,9)

The birth attendants (*dharunirā*) say that a newborn child will be lucky if it is a girl and her face resembles that of her father, or if it is a boy and has facial similarity to the mother. (M:12,14; F:7,8,9)

By observing the shape of a newborn's forehead the *dāi* can predict its 'future luck' (*bhabiṣyat bhāigya*). If it is raised, it is a lucky sign. *Dāis* believe that some newborn babies are born with a 'kingly sign' (*rāj ṭikā*) on the forehead. (F:2,7,8)

A newborn child is recognized as the center of hope and expectations of one's life, so according to long-standing custom people seek to find all possible indications of good fortune for the newborn child. The *dāi* takes advantage of this mental disposition of the parents and does not miss a chance to provide them happiness by announcing the birth of a lucky child. She also gets paid for her work, and may get a larger gift if the parents are pleased; she gets more for a boy than for a girl in many cases. However, may babies are not delivered by professional *dāis*, but by older women relatives or neighbors.

A *dāi* may make predictions based on the shape of a baby's forehead; phrenology is a most ancient "science." If the umbilical cord is twisted about the baby it is considered a sign of good luck, as the baby survived that threat. Reading the placenta to predict the future is also a most ancient practice, in vogue in South Asia and the Mediterranean; in Bangladesh a *dāi* may predict the number of additional children a mother will have by the number of knots in the placenta.

As regards the time of birth, most Muslims believe Friday to be a lucky day because it is the day of congregational prayer. Monday is lucky because it was the day of Muhammad's birth.

The presence of an owl in the delivery room is considered lucky by Hindus, for the owl is the carrier (*bāhan*) of *Lakṣmī*, goddess of wealth. But Muslims believe such a sign to have evil consequences, for they consider the owl an unfavorable bird because it flies only at night. The call of an owl around the homestead at night is considered by them to be advance notice of someone's death.

Muslims, according to theology, should not practice astrology, and they should not 'match horoscopes' (*rāśi milāno*), for only God can determine the future. Hindus do match horoscopes to determine a couple's suitability for marriage. However, many of the quotations here suggest that Muslims have much residual belief in astrological signs and predictions, though these beliefs

are not necessarily consistent.

Despite these statements of reliance on predictions, Muslims tend to re-affirm their dependence on Allah in crucial times in life. These beliefs about birth are symbolically important because they enable the parents to dream about the possible future fortune of their children, and thus to re-affirm their own worth and place in the stream of human existence.

5. Post-Partum Pollution and Abstinence

Post-Partum Pollution

A child is born in a room separated for the purpose, and following birth the child is kept there for two weeks. A piece of iron, and an earthen fire-pot (*āillā*) having incense and mustard seeds in it are kept inside the delivery room so that evil spirits (*jin, bhūt, petni, śaytān*) may not make entry there. The fire-pot is placed there because evil spirits are always afraid of fire. Using this, the mother and child are formented (*sek deōyā hay*). Visitors in the delivery room can only touch the new-born after formenting their hands and clothing including their shoes over the fire in the fire-pot. (F:7,8,9).

Forty days following delivery is considered as a period of pollution (*aśuci*). During this period a woman is not allowed to drink cold water, but is given warm warter. (F:7.8,16)

A woman is unclean for 30 days after a birth. During this time the newborn and its mother are kept separated from others. A [Hindu] woman during this pollution period is not allowed to touch anyone else. (F:9,15, Hindus)

In the delivery room a straw mat is prepared. To avoid the evil influence of evil eyes a broom or piece of iron is hung on the door of the delivery room. Fire in an earthen pot is used to forment the affected parts of the body of the child and its mother. (M:11,12,14,15)

Thirty days [40 days for a Muslim] after childbirth the mother of the newborn takes a 'purification bath' (*pāker gōsal*) and cleans all the clothes and bedding. After this ritual the mother and newborn are shifted to the dwelling room where other members of the family live. Among Hindus the shed erected to serve as delivery room may be burned. (M:21; F:7.8,9,16)

The attribution of danger and pollution to childbirth is of most ancient origin and deeply set in Bengali culture. It is also found to some extent in most Asian cultures, and is highly symbolic of basic values of the culture (Douglass 1966). If Hindus can afford it they will construct a separate small hut for the occasion, as is done in parts of eastern and southern India too, and perhaps destroy it after the pollution period is over. Muslims may

have childbirth in a corner or on an end of the veranda cut off by a curtain (*pardā*), and to avert the evil eye a piece of iron, broomstick, or old shoe are hung up. Neither father nor other men are allowed in until after the delivery.

A custom practiced by both Muslims and Hindus is to keep a fire in a pot in the delivery room. This seems to be of Southeast Asian origin, and it is referred to by anthropologists as bed-roasting because there a fire may be kept near or under the bed (Southeast Asian birth practices are detailed by Hart *et al.* 1965). The fire is said in Bangladesh to keep evil spirits at bay; both the flame and the smoke are symbolic of this in many Hindu practices. The fire is also said to be helpful to the mother for "drying" her out, for in the indigenous concept of human physiology giving birth produces a "wet" quality in the body and should be countered by foods and environment enabling "dry" healing.

The fire in the delivery room is also used to cauterize the raw navel of the newborn, which has been cut with a bamboo sliver. If the baby cries much the elders might advise that the navel be cauterized again. This pratcice has the effect of reducing tetanus infection, though not so realized by the villagers, for tetanus is an ever-present threat for infants. (Ruzicka and Chowdhury (1978:7) noted that data from the ICDDR,B study in Matlab showed that in 1975 neonatal mortality represented 47% of infant deaths.)

Among Hindus, the mother and child remain in the labor room (*āturghar*) until the umbilical cord, which is cut so as to remain a few inches long, dries up and drops off. Mother and baby are considered unclean (*aśuci*) till then, after which they are given a shave by the barber, and bathe and change clothes. On that day there is a ceremony of 'sun worship' (*sūrjyārghya*), held on an even-numbered day for a boy and an odd-numbered day for a girl. After this the mother and child are permitted to enter the living room, but the period of post-partum pollution continues, and the length of it varies according to tradition. Among Brāhmaṇs it is 30 days after the birth of a girl and 21 days after the birth of a boy. Many of our Hindu interviewees say 30 days. During this period the mother is not allowed to do any domestic work or to worship. At the end of this time, everything is washed and cleaned and the mother resumes her normal activities in the household.

By Islamic law Muslims observe pollution for 40 days, and while there is no restriction on the mother's doing housework in that time, Islam does not permit her to say prayers nor to fast. She can only do these following the pollution period if she takes a ritual bath. Christians do not have any such specified pollution rules, but may have a sense of birth pollution.

Post-Partum Abstinence

A woman's bleeding may continue for 40 days after birth, which is a time of pollution (*nāpāk, aśuci*). It is totally prohibited in Islam to have

coitus during these days. It would be harmful to health. Moreover, in this time the 'tube remains raw' (*nāṛ kāccā thāke*). During this 40 days a swampy (*bhepsā*) smell prevails in the delivery room. A bad odor comes from the body of a woman following pregnancy termination, and it will be harmful for health if the woman engages in coitus then. If a male engages in coitus with a woman then he may acquire certain diseases and his life expectancy will come down. (M:11,12,13,14)

A couple is forbidden to have coitus for 40 days following the birth of a baby. It may cause harm to the health of the female. At this time the tube (*nāṛ*) of the female remains raw; it may come out, which will cause difficulty in eating, sitting, and in leading a normal life. For such reasons it is better if a couple do not resume coitus for 2½ or three months following the birth of a baby. (F:1,2,3,4,5,6,7,8,9)

It is an ancient and widespread custom ranging from the Mediterranean to South Asia that a couple should observe abstinence for 40 days after birth. Biblical law says that a woman is unclean 40 days after birth of a son and 80 days after birth of a daughter. In Bangladesh, Muslims observe abstinence for 40 days, and Hindus observe it for different periods, ranging from 21 days to two months, depending on the caste and on the sex of the child born.

The opinions of 152 village specialists were collated on this subject. We found that 73% of them thought coitus could be resumed between 40 and 49 days, 9% between 30 and 39 days, 5% less than 30 days, and the remaining 5% preferred that it be more than 50 days. A good number of Hindus among these village professionals preferred to wait 40 days, apparently because of personal experience or Islamic influence on that point. Practically all the Muslim functionaries thought coitus could be resumed between 40 and 49 days. Thus, post-partum abstinence is scarcely a factor in limitation of fertility in Bangladesh.

Resumption of Coitus after Delivery (*Table 57*). This table shows a similar pattern. About 10% of women resume coitus in less than 40 days (mostly Hindus), 40% in 40 to 60 days, 40% in 60 to 90 days, and the rest after that. Only half the men and 40% of the women prefer to resume coitus soon after the 40 day period required by Islamic law. More women than men acknowledge early resumption of coitus, probably because the women prefer to be thought of as sexually receptive, while the men prefer an image of piety. However, more women than men also claim to delay resumption of coitus more than three months. Such women have a relatively low dependence on God.

By cross-cultural comparison, this is relatively early resumption of coitus. It is well known that in much of Africa coitus is avoided during lactation, which may last two or three years. Wyon and Gordon (1971:159) noted in the Khanna study in Panjāb, India, that average post-partum abstinence was three to four months in one village, and five months in another; women who had abortion,

stillbirth, or a child who died neonatally, resumed after two months. In a study of this in Bombay (Karkal 1971) it was reported that 93% of Hindu women, 89% of Muslim women, 77% of Christian women, and all the Pārsīs, reported a custom of post-partum abstinence; average for Hindus was 18.1 weeks, for Muslims 19.7 weeks, and for Christians 16.5 weeks. In each group there was a regular decrease of post-partum abstinence with more education; illiterate women observed abstinence for 50% longer than women with higher education. It appears that throughout South Asia customary post-partum abstinence is hardly a factor in limiting fertility.

However, the interval between births may be determined more by other factors than by the time of resumption of coitus. Nag (1962:79) refers to studies in India showing that non-lactating women have amenorrhea for 8 to 12 weeks and lactating women have it for three quarters of the lactation period; he refers to another study, by Chandrasekaran and Murty, showing that among Indian women in some rural areas only half the women started menstruating within 12 months.

An ICDDR,B study in Matlab Thānā (Chen *et al.* 1974;287) found that for all women having had pregnancy termination, the median length of amenorrhea is about 13 months. For women with a surviving child lactating amenorrhea is about 17 months, but for those not nursing it is very much shorter, about two months. This is, compartively speaking, a very long period of amenorrhea for lactating women; the reasons for it may be complex, and may have some relationship to diet and life-style.

In the Khanna study in Panjāb (Potter *et al.* 1965:86) it is shown that when an infant survives a year or longer post-partum amenorrhea averages about 11.5 months. Wyon and Gordon (1971:159) noted that post-partum abstinence of even several months would have practically no effect on the birth interval in a society in which post-partum amenorrhea averages 11 months. We conclude that this is even more the case in Bangladesh. If post-portum abstinence is to be promoted as an ideal in the interest of population control, it would have to be for more than two years after the birth (see following section). But there is neither religious nor customary support for such abstinence.

6. Breastfeeding and Birth Interval

Beliefs about Breastfeeding

> From the Islamic viewpoint breastfeeding is a moral duty of every mother. Allah provides milk in every mother's breast for sustenance of the baby. It is learned from the 'religious books' (*Kitāb*) that if any mother deprives her baby from its right (*haq*) of sucking the breast milk she will be punished by Allah in the day of judgment. (M:11,12,13,14)

After the birth of a child breastfeeding is not allowed for three days. A newborn baby cannot digest mother's milk. During this period it is given honey, a 'sweet drink' (*śarbat*), cows milk or goat's milk diluted to half, and sugar water. (M:21; F:15)

A male child can suck its mother's milk for 30 months, but a female child can suck it for more than 30 months. (M:11,13,15)

According to religious principles, a woman can offer brest milk to her baby for 2 to 2½ years. A mother is forbidden to offer breast milk beyond the age of 2½ years. If it continues more than 2½ years it may have ill effect on the health of the mother. (F:7,8)

It is widely believed that every baby has a right to its mother's milk. The whole process of pregnancy and breastfeeding is regarded as inducing religious merit. We have discussed above (Chapter I.2) the analogy between human fertility and land fertility; man plants the seed, and as it germinates it is nourished by the 'mother's semen' (*ras*) before birth and by her milk (*dudh*) after birth. The coming of breast milk is an example of how Allah provides for the sustenance of the people He created, so "every mouth brings its own food."

There is some religious teaching that breastfeeding should not continue beyond 30 months. There is an ideological acceptance of longer breastfeeding for girls than for boys to symbolize the sex role differences, but we are not sure there is a difference in practice. Sometimes it may be observed that breastfeeding continues more than 30 months or until another pregnancy is well under way.

Length of breastfeeding has been measured at 19.2 months for rural women and 17.5 months for urban women, with no differentials according to religious affiliation or husband's occupation (BFS 1978:85). Slightly longer breastfeeding was observed in the ICDDR, B study area of Matlab by Chen *et al.* (1974:228, 290) who noted that full breastfeeding without supplemental food continues for a median of nine months, in which the first quartile is five months and the third quartile 13 months. Median length of breastfeeding exceeds 24 months, and in fact usually continues well into the next pregnancy. Of 120 women observed in that study only three ended breastfeeding without pregnancy or infant death. So intensive and prolonged is breastfeeding in this society that a number of women whose babies died continued breastfeeding by nursing the youngest surviving child.

Several recent studies have highlighted the importance of long lactation in fertility matters, including its relationship with amenorrhea. Among those based on Bangladesh data are Huffman *et al.* (1980) and Langsten (1980).

Weaning

One should not provide baby with indigestible (*guru-pāk*) foods. When a baby cuts teeth then it is given rice for the first time. With rice other solid

food items are gradually added to the child's menu. The baby is fed 'coarse wheat flour' (*suji*) cooked with milk. Every baby at this stage is commonly given rice with pulses (*ḍāl*). Sometimes also it is fed fruits and a boiled or fried egg. (M:11,12,21; F:7,8,9,15)

Among Hindus there is a traditional ceremony of the first rice feeding, or 'feeding initiation' (*annaprāsan*), which might be at the sixth or ninth month or one year. Muslims, as the quotation says, may give the first rice to a baby when its first teeth erupt, or some time later as the median length of breastfeeding without solid food is nine months.

Rice is given in all cases, and there is considerable variation in giving of other foods. Traditionally *ḍāl* was given, which provided protein, but in recent years the price of *ḍāl* has proportionately risen. In a survey of women near some maternal and child care clinics in Bangladesh (Maloney *et al.*, 1978) it was found that only 36% of the women who were giving solid food to their infants gave *ḍāl*, and only 3% gave eggs and 2% gave fruits; only 18% of women gave vegetables (but among the women influenced by the program 36% were giving vegetables). This suggests that great majority of babies get virtually no supplementary food besides rice, so it is important that breastfeeding continue a long time.

It is well known that the critical phase in nutrition in Bangladesh is in the age between the end of breastfeeding and age five or so. Few vegetables or fruits are given to small children because, the mothers say, it will give them loose bowels. Eggs and fruit are not frequently consumed by most village adults or infants. Khan and Curlin (1978:14) from their study of a Hindu fishing village in Bangladesh noted that the minimum time for eruption of the first tooth is five months (compared to three months needed by Gambian children). Bangladesh infants need 48 months for the eruption of all milk teeth, whereas children in London and in Guatemala need only 36 months. Infant feeding practices and the associated beliefs give rise to widespread malnutrition, but at the same time they are functional as regards demographic change because of the need for an extended lactation period and consequent long birth interval.

Birth Interval

Different women have differences of the 'birth interval' (*khānjā*). The length of breastfeeding is not related with the new pregnancy of a woman. A woman who has 1½ years as a birth interval will become pregnant even if she has a breastfeeding baby. A woman who has a long birth interval will naturally conceive after a long interval. Sometimes it is also seen that a woman continues to breastfeed a baby after the birth of another baby. Both the short and long birth interval is determined by the wishes of God. (M:11,12,13,14,15)

The occurrence of a new conception has no relationship with the length of breastfeeding. Certain women fail to provide breast milk to their babies beyond six or seven months. Even with cessation of breastfeeding such women mostly do not get pregnant in a short interval. So the idea that a new conception is related with the length of breastfeeding cannot be accepted. (F:8,16)

Breastfeeding is not connected with the birth of the next child. (M:21)

Pregnancy is delayed if a child is breastfeeding. If the child does not draw milk for a few days the milk falls through to the child-bearing tube (*nār*) which causes quick pregnancy. (F:7)

Most people are not conscious of any physical link between breastfeeding and renewed pregnancy. But some people have a belief that if a mother's milk is not drawn out it has an effect in fertilizing the next conception. A relationship is seen between a woman's *ras* (vaginal and amniotic fluids sometimes conceived of as female semen which nourish a baby like moisture in a field) and milk. Milk is symbolic of fertility in Hindu rituals, as when it is poured over a 'phallic symbol' (liṅgga) or given to a cobra, and in Islam to the extent that breastfeeding is practically a sacred duty.

Bangladeshis believe that different women have different natural 'birth intervals' (*khānjā*). Since this observation developed in a society in which the average women bore about seven children, there may be some truth in it. The actual average birth interval in rural Bangladesh is 34 months (Chen *et al.* 1974:295). Information is now available that prolonged lactation does delay conception. Throughout much of this interval averaging 34 months most women do not ovulate. This is because of the hormone prolactin, which rises in breastfeeding women. The stimulus for the release of this hormone is the actual feeding of the baby at the nipple. Lactational amenorrhea was found to average about 17 months in one study in Bangladesh (Chen *et al.* 1974; Mosley *et al.* 1978:44), while Huffman *et al.* (1978:253) found the median time to be 18 to 20 months. These researchers also found that lactational amenorrhea is only slightly extended by poor nutrition, but that it increases with maternal age, decreases with income, and is shorter September through December than in the rest of the year. The exact reason why it is so long in Bangladesh is not clear. The average waiting time for conception in Bangladesh is about ten months (Mosley 1977:12; Chen *et al.* 1974:277-97).

The factors delaying conception and causing the birth interval to be as long as 34 months are complex, but involve prolonged breastfeeding and amenorrhea, nutrition, cohabitation practices such as less coitus in summer than in winter, absence of husband in certain seasons for labor, and purposeful contraceptive practices.

CHAPTER X

CONTRACEPTION

1. Beliefs About a Woman's Fecund Period

Opinions on Fecundity in the Menstrual Cycle

One can conceive 5 to 7 days after menstruation (*māsik*). (M:15)

A woman is fertile 7 days after menstruation. (F:1,7)

Conception will be avoided if there is no coitus for 10 days after menstruation; this is said in the book *Kok Śāstra*. (village professionals)

The fertile period is 10 or 12 days after menstruation. (F:16)

Conception will be avoided if there is no coitus for 14 days or two weeks following the menstrual flow. (M:11,12,13,15; F:8,9)

Possibility of conception is minimized if there is no coitus for 14 days, counting from the 7th day of menstruation. (M:14)

Possibility of conception is minimized if there is no coitus for 15 days following menstruation. (village professionals)

There is no possibility of conception during the first 8 days and the last 8 days of a menstruation cycle; possibility of conception lasts up to the 22nd day after menstruation. (M:21)

My husband says we should not have coitus for one week during menstruation. I avoid having sexual relations with him for two weeks after the menstruation. (F:7)

It is a sin to have coitus within a week after the end of menstruation. (F:16)

The main problem here is knowing whether to calculate from the beginning or the end of menstruation (*māsik*). The tendency in South Asia is to compute from the time of the purification bath required of Muslims and Hindus, whereas in the West people compute from the beginning of menstruation. Most of these quotations probably refer to the end of menstruation, but a few may also refer to the beginning.

The most generally accepted idea seems to be that the period of *māsik* lasts 4 to 7 days, and from the end of menstruation 'power to have a child'

(*santān dhāraṇer kṣamatā*) begins; chance of conception (*garbha*) remains if the 'male seed' (*puruṣer bīj*) is deposited, for the mouth of the uterus remains open at that time; a woman then is 'fit for conception' (*garbha dhāraṇer upayōgī hay*); at that time in the 'conception space' (*garbha dānī*) the 'conception flower' (*garbha phul*) remains in bloom. A generalization is that a woman has menstruation for 7 days after the period begins, then is most fecund for the next 7 days, has some possibility of conception in the next 7 to 10 days, and remains incapable of conceiving in the last 7 days before onset of another menstruation.

Mandelbaum (1974:64) points out that in much of India it is popularly believed that a women's most fecund period comes in the days immediately after cessation of menstruation. Nag (1962:83) mentions that in West Bengal some know that ancient Indian texts say the 4th to the 12th days after the onset of menstruation are regarded as favorable for conception; there must be confusion here about the beginning or end of menstruation. The *Koka Śāstra*, the most important ancient Indian book on sex (and difficult to obtain in Bangladesh), is said in the above quotation to state that the fecund period is 10 days after menstruation. Regardless of whether one computes from the beginning or from the ritual purification at the end, the South Asian tendency is to believe the most fecund period is a little before it actually is, for ovulation most commonly occurs about the middle of the menstrual cycle computing from the onset of menstruation. The error arises from the expectation that after the bad humors of the menstrual blood come out and a woman is ritually purified, she should then be fecund again.

Other beliefs about the fecund period and menstruation found in Bangladesh are: no conception can occur during menstruation because the pressure of menstrual blood prevents the semen from entering the uterus, or because the mouth of the uterus remains closed, though some "powerful" semen might be able to enter; menstruation loosens up the uterus which serves as the room for the child conceived; it is known that some women have become pregnant before resumption of menstruation after childbirth; a conception (*garbha*) occurs only after many acts of coitus (but some also believe that one drop of semen is enough); it may be known that a woman has conceived because of loss of appetite (*aruci*) for fish and meat, and because she cannot stand their smell; every act of coitus does not result in conception because Allah controls the time of conception; conception occurs only if it was fated to occur on that day.

We have noted that there is a fairly widespread belief, in Matlab Thānā at least, that many acts of coitus are required to make a conception. Both on this point, and on the acutal time of a woman's expected ovulation wider dissemination of scientific knowledge would be essential if the rhythm method is to be promoted widely as a means of fertility control.

2. Traditional Contraceptive Methods

Rhythm

As shown in the quotations in the above section, the use of the rhythm method (*nirāpad samay, din mene calā*) is not new in South Asia. Many people are quoted as abstaining 14 or 15 days a month, and whether one counts from the beginning or end of menstruation this is likely to have some contraceptive effect. This is often seen as extension of menstrual abstinence. According to our informants, some women take their purifying bath some days after the end of menstruation, and one informant, a Hindu, is quoted above as saying she abstains for an additional 7 days.

Mandelbaum (1974:64) cites studies in India showing that in several areas the coital tabu is extended beyond actual menstruation. In a sample from a village in Karṇāṭaka, 66% reported abstinence for at least 8 days after onset, and the same was true of 40% of women in a sample from a middle class part of Delhi. Some women claimed abstinence for 15 days after menstrual onset. Nag (1962:50) found that in West Bengal the Hindu women in his study area extended their abstinence 2 or 3 days beyond menstruation, and Muslim women were expected to abstain 6 or 7 days beyond it because they are still tinged by pollution.

Scientifically, calendar rhythm is known to be not very reliable in comparison with temperature rhythm. Use of the rhythm method in the modern sense (Jones *et al.* 1977:248) is premised on the idea that a woman is fecund a few days each month before and after ovulation, which usually starts about mid-point in the menstrual cycle counting from the beginning of menstruation. The fecund period is probably short, two or three days rather than a week; coitus does not have much effect to cause ovulation, though frequency of coitus is an important factor in probability of impregnation (James 1978:194). But many women do not have predictably regular menstrual cycles; some are as short as 21 days, or as long as 38 days, and a woman's own pattern of menstrual cycles may vary by several days according to health and circumstances.

Table 62 shows that of our respondents, about a third of those who say they have used the rhythm method have dropped it, which is not as high a drop-out rate as for some other methods. Table 62 also shows that many who use rhythm are aware of the undependability of the method, but use it anyway.

Whereas it would seem that popularization of the rhythm method might be feasible because of the traditional acceptance of post-menstrual abstention, in fact, attempts to popularize the method systematically have not been very successful. In a large experiment in India in the 1950s only 5% of women followed the method regularly; the rest were either pregnant or had lactational amenorrhea, decided not to follow the method, had menstrual cycles that

were too irregular, or the women or their husbands moved. This is cited by Becker and Akhter (1980), who also describe an experiment to popularize rhythm in Matlab under ICDDR,B. The women were given hardboard circular charts with a pointer to mark their cycles. Though the sample was small, as in the earlier Indian experiment very few women continued using the method successfully. Among the reasons were irregular menstrual cycles, non-cooperation of the husband, and discontinuation because of desire to become pregnant.

2. Traditional Contraceptive Methods

Abstinence

According to traditional recommendations, one should not have frequent intercourse; the total number in a year might not exceed 12. This cannot lead to formation of a large family. (M:15)

If a couple has regulated coitus it develops their health and adds glamor to their complexions. If one completely abstains from coitus various symptoms will appear in the body and one will have no energy for work, neither will he have a sound mind or body. If the male completely abstains from coitus it will affect his health. (M:11,12,13.14,15)

Semen is given by God to be spent in the rightful place. This thing is the body's fertilizer (*sār*) so must not be wasted more and more, but if not used at all, that is also bad. If not spent at all there will be no working power, and the heart would not want to work. Therefore it has to be accounted for and ultilized, and then there will be progress in health rather than loss of health. So it cannot be done too much and it cannot be neglected. (F:7)

The sperm (*śukra*) of a man is useful for the body of the wife. (M:12,13.15,21)

If there is too little coitus semen may be stored but it may be harmful for health. If one does not have coitus it may cause various diseases; however it should be restricted. (M:21)

It is immoral to abstain from coitus for one month. (M:21; F:15)

A large number of cultural factors promote coital abstinence in traditional Indian culture: idealization of asceticism; a view of the stages of life in which only the middle period is reproductive; forbidden days and times according to planetary, lunar, environmental, and other criteria, including numerous festivals, and inauspicious days of the week; low frequency of widow remarriage; wide age differential between spouses; abstention during times of sickness, family sickness, and mourning; preference for night-time coitus; separate sleeping by sex group; cultural acceptance of men going away for work; mens-

trual pollution and extension of abstinence into the post-menstrual phase; modesty and reluctance of females to initiate coitus; belief in the desirability of semen retention. Most of these operate in Bangladesh and among Muslims as well as Hindus, to some extent. But there is also a strong ethos of the propriety and even necessity for coitus, as the above quotations show. Table 55 shows some of the religious reasons our respondents have given regarding abstinence, but this does not show all the cultural factors at work here.

In view of all these traditional cultural factors promoting abstinence, Mandelbaum (1974:67) suggests that "It may well be that this has been the single most important means of fertility control." This would hold true less for Bangladesh than for India. The factors promoting abstinence are to some extent balanced by attitudes promoting coitus, such as that it is semi-compulsory in Islam for a husband and wife to have coitus, and that the wife must always be willing to satisfy her male partner. It is also said that Allah may forgive a woman's not saying prayers, but will not forgive if she does not follow the instructions of her husband. Marriage is virtually universal and regulated coitus within marriage is a pervasive ideal. Despite the probable effect of traditional abstinence on fertility the above quotations show that promotion of abstinence, apart from rhythm, as a means of population control would not be successful.

Withdrawal

> I know one way to arrest the birth of a child.. I found in the Book that if husband and wife agree, and do not want a child, they can practice withdrawal *(āzal)*; there is no sin in that. Once a follower of the Prophet went to him and said, "Respected Sir, I cannot bear the bite of my children; it has become beyond my capacity to arrange for their food and clothing. I do not want any more children. What can I do ?" Then the Prophet (Sm,) said, "If you, husband and wife, agree, you may do *āzal*." This means throwing the semen outside during the time of sexual union. In this way there will be no conception. (M:13)
>
> In the early times modern family planning methods were not known. The Prophet Muhammad was of the opinion that *āzal* could be practiced if husband and wife agree. (M:11,12,14,21,22; F:7,8,10,11)
>
> *Azal* also includes abstaining from coitus for 14 days following menstruation. (M:13,14)
>
> I do not think of withdrawal at the most exciting moment of intercourse. Ejaculation of semen outside the female organ is an act of 'great sin' (*śakta pāp*). (M:15)
>
> People do not give importance to *āzal*. But I think if people observe it, the number of births will go down. (M:21)

The practice of withdrawal has considerable support in Islamic textual

tradition (Chapter XII.4), particularly in cases where husband and wife agree to it. It is practiced in many societies in the world, but not liked very much (Nag 1962:130).

Some Bangladeshis find this method as having unfavorable effects: it causes loss of health to both partners; because of the close connection between the brain and semen, withdrawal causes an impulse whereby the brain suffers; the husband may get over-tired by doing it; the husband might not withdraw in time; some sperm might get inside even if he does withdraw in time, and if his sperm are powerful some might find a way to unite with the ovum. One man, a Hindu, is quoted above saying it is a "great sin." Table 58 shows that more Muslims than Hindus use withdrawal.

Table 62 shows that one third who have used this method have dropped it, the main reason being lack of satisfaction in sex.

Other Traditional and Herbal Methods

> Conception can be prevented if the female partner stands up and washes the female organ after coitus. (F:7,8; midwives)
>
> Some people engage in coitus in a sitting or standing position to avoid pregnancy; such a practice is sinful. (F:7,9)
>
> Uncleanliness and birth control measures are considered bad by religious leaders. However, there is no rule prohibiting birth control measures which can stop the baby forming in the mother's womb. (F:15)
>
> Pregnancy can be stopped if one takes juice of some plants after the end of menstruation. I do not know the name of the plants. (M:21, an *imām*)

Douche, or washing the vagina after coitus, is widely known, and Nag (1962:183) found it the most popular of the indigenous methods in West Bengal, particularly among the Śekh Muslims. It is traditionally used by prostitutes in South Asia. The effectiveness of douche, however, especially when not used with any spermicidal agent, is marginal and this is recognized by our interviewees.

Other indigenous methods known in Bengal include insertion of a rag soaked in mustard oil after coitus (Nag 1962: 183); it is sometimes said that if a woman urinates before douching, or stands up after coitus so the semen rolls down her thighs, or walks around for a while after coitus, or if she lies prostrate for some time, or if she lies prostrate on her husband for some time, the likelihood of conception will be reduced. These latter practices are thought to prevent the male and female semen from mixing and causing conception. In truth, neither different body positions nor anything taken by mouth has any effect, and douche and oil have only marginal effect.

In conducting these interviews we did not find as rich an inventory of indi-

genous contraceptives as we had anticipated. Many people are aware that *kabirāj* and homeopath practitioners know of indigenous contracetive herbs and medicines, but they do not know the names. In India and some Muslim countries women insert a pessary, or half a lime, or crushed aspirin, which has some marginal effect, but these ideas are not known much in Bangladesh. The population has been so overwhelmingly rural and pro-fertility that these methods, known more among urbane population, never gained much currency.

However, we also found that medical practitioners of *āyurveda, kabirāj,* and homeopathy, as well as midwives, do know many herbs and local medicines, and drugs supposed to prevent contraception, and they know even more said to induce abortion. These are listed below (this chapter, Section 5) with their Bengali, English and scientific names and method of use.

Use of Traditional Methods: Table 58-62

These five tables show incidence of use and factors related to five traditional contraceptive methods and seven modern ones. These tables do not show the number of "acceptors" because some respondents say they "use" a method though it might be only occasionally, or they might use several methods occasionally, or simultaneously. We asked respondents about each method, and whether they had heard of it or used it. (In a study conducted by BRAC (n.d.:8) it was found that when respondents are questioned about contraceptives they usually can't think of them unless they are named; in another study by BRAC (1978:2, 29) it was found that 65% of couples in the target group have some practice of family planning but there was a huge discrepancy in the times and reasons for dropping out and in statements of switching to other methods.) Because in this research we named the 12 methods, and because we sought to learn of contraceptive methods used by spouses, and because our investigators were living in the study communities for some months, our responses show more contraceptive activity than is shown in some other studies. While we have not tried to enumerate acceptors in total, our tables do show relative popularity of the methods.

Table 58 shows that the majority of those who responded had heard of rhythm and withdrawal, and about half had heard of douche. These figure show more knowledge of these methods than is reported in the BFS (1978:77) in which, of those who had heard of any method at all (82%), 37% knew of douche, 34% knew of rhythm, and only 19% admitted that they knew of withdrawal.

Of our respondents about 10% claimed to be using douche, 7% rhythm, and 4% withdrawal; probably many people use these off and on, or together with other methods. Use of douche and rhythm by Muslims is only slightly less than for the whole population, but they use withdrawal more. The drop-out rate for these methods is also not large, but the concept of drop-out is

not realistic for these methods. People lack confidence in douche and rhythm, and they dislike withdrawal. A third to half of those who had heard of these traditional methods had not used them.

Table 60 shows that users of traditional contraceptive methods do not have levels of fertility much different than those who do not attempt any contraception.

Table 61 shows the number of users of each method according to four age cohorts. We find that of the five traditional methods, douche is used most, and rhythm is used twice as much as withdrawal and abstention, and indigenous methods are used by a surprisingly small number. Douche and rhythm are particularly used by persons aged 25 to 44, and all the methods continue to be used by some (mostly men) who are aged 45+. The table also shows that among the traditional methods, those who have coitus seldom or only once or twice a week prefer douche but those who have it three or more times a week do not rely on douche so much but are willing to practice withdrawal. This table also shows that those who are older are more willing to practice traditional than modern methods.

3. Opinions About Modern Contraceptive Methods

Quotations:

> I like family planning. My husband and I accept this and abide by it. I use Ovostat because I cannot bear Māyā tablets. Ten taka is needed for this. Besides, I know of injection, but it has not come here. If it had, then all would have used it. There are also condoms. The operation is done here, and I will go for this. (F:7)
>
> Most of the women are not in favor of many children. With the first available opportunity women with many children are ready to accept 'family planning' (*paribār parikalpanā*) instead of undergoing induced abortion (*garbha pāt*). Many people believe in its effectiveness. Many women with children are ready to accept the permanent method of birth control. But suitability of methods varies from woman to woman and therefore the random choice of methods is not possible. Some women suffer from dizziness, feel weakness, and have menstrual flows several times within the same menstrual cycle after taking pills (*bați*). These effects discourage continued use of the pill, and following discontinuation in some cases pregnancy follows quickly. The Ovostat pills produce less bad effects than pills of Māyā brand. But the Ovostat brand is more expensive. (F:1,2,3, 4,5,6,7,8,9)
>
> The present world with its growing population is facing an 'alarming

situation' (*bhayābaha paristhiti*). Bangladesh also has this problem. Two or three children are enough for a couple. Family planning methods are acceptable with the exception of the sterilization method. (F:1,2,5,6,7,9)

Through adoption of family planning methods one can easily limit the size of the family. Some prefer sterilization, but it sometimes causes infection and threatens life. When a woman becomes mother of three it is better for her to undergo sterilization. But some say that instead it is better to take an injection which can be had every three months or every six months. Some people believe that the condom (*phaṭkā, rābār*), if used by the male partner, will cause an ulcer in the female organ. (F:7,8,9)

Taking contraceptive pills or injections may create irregularity of 'menstrual discharge' (*rtu srāb*). (M:11,12,14,15)

My wife was compelled because of poverty to take pills. She took Māyā brand. But within a month she stopped because of effects of its use. Now we are completely dependent on Allah to decide about the future number of our children. (M:12)

If Māyā pills are used, most of the girls have trouble at the monthly period. Ovostat is good; I like that. (F:7,11)

A woman known to me in Mymensingh used the condom and as a result she had infection in the urinary tract. That is why I do not care for this method. (F:7)

There are a lot of difficulties in rearing children, and therefore mothers are prepared to accept any easy birth control method which will not lead to indisposition and loss of health. (F:1,2,3,4,5,6,7,8,9)

Quotations on Husband's and Relatives' Opinions:

If a woman uses family planning at her own initiative without consulting her husband and subsequently this becomes known, her husband labels her as an unchaste woman and gives her a beating and a warning of divorce. (F:1)

Sometimes parents object to use of contraceptives, saying their children are too young for such methods. Some husbands object to the operation and call it an act of sin. (F:1,3,5,6,8)

Women may discuss the desired number of children with their mother and husband. Sometimes a husband does not like the permanent method of family control so the wife may use a temporary method. (F:7,8,9.)

In the joint family it is shameful for a couple to use family planning methods with the knowledge of the parents and younger brothers and sisters. (M:12,17,18)

Though my parents and I favor acceptance of family planning it is impossible to accept it because of opposition from my husband, who considers it an act of sin. (F:8)

The elders in the family say contraception is sinful. (M:8;F:5)

The elders do not disfavor use of family planning methods, and in some cases encourage younger couples to use them. (M:1,12,18,19)

After a woman has three children it is better for her to get sterilized in spite of disagreement with her husband on this. (F:7,8,9)

Prevalence of Modern Methods: Tables 58, 59, 60

Our study does not focus on technical details of contraceptive use, side-effects, or effectiveness. However, we do have some expressions of what people believe about the various methods in relation to their wider view of life.

Table 58 shows that 98% of those respondents who responded to our questions on methods had heard of vasectomy, over 95% had heard of tubectomy and the pill (*barī*), and 90% had heard of the condom (*fōṭkā*). These rates are higher than those in the *Bangladesh Fertility Survey* (1978:77) which shows that of women who had heard of any method at all, 78.1% knew of the pill, 64.8% of tubectomy, 62.8% of vasectomy, and none had heard of injections, for this method was introduced later in a very few locations.

Modern methods are frequently interrupted or stopped, and traditional methods may be used on occasion or used on and off by a large number of people. However, Tables 58 and 61 show the relative popularity of seven modern methods: the pill and then the condom are most prevalent, then tubectomy, then vasectomy, and last are IUD, foam, and injections. (In our responses men and women cited the method used by their spouse as well as by themselves.) A fair number of couples use, or have recently used, two or more methods such as abstinence and douche, or rhythm and injection, and therefore it is difficult to separate out "acceptors" of any particular method.

An idea of contraceptive use over the country in 1975 can be had from the BFS (1978:78) which shows the percentage of exposed women using various methods as follows: pill 3.4%, abstention 1.4%, rhythm 1.2%, condom .9%, IUD .6%, vasectomy .6%, tubectomy .4%, total 8.9%. We may cite another study, an unpublished one done by ICDDR,B (Phillips *et al.* 1976) showing 21.5% acceptors. This was based on a sample of 2428 eligible couples for two years, 1975-1977. Only 3.3% used a male method: condom 2.6%, and vasectomy .7%. But 18.2% used female methods: depo-provera injections 9.3%, pill 5.7%, tubectomy 1.0%, IUD .2%, and others 1.9%. The rate of use of the pill declined during the study period from 17.1% to 5.7% because of side effects.

Table 60 shows that people in middle age who have a good number of children tend to turn to modern contraceptives. People in the first two age

cohorts have more or less the same number of children regardless of whether they use any contraceptives, traditional or modern ones. But people aged 35 to 44 who use modern contraceptives have an average of 6.1 children.

Contraceptive Methods and Coital Frequency: Table 61

This table shows there is a wide range of frequency of coitus among users of different types of contraceptives. Those who have more frequent coitus use the pill more, but those who have less frequent coitus use douche more. Withdrawal is associated with greater frequency, and abstention, naturally, is associated with less frequency. Sterilization is not associated with greater frequency. Condom, rhythm, and vasectomy tend to be associated with rather low frequency of coitus. (In the tables the absence of reported coitus in the preceding week may be because of menstruation, abstinence, or absence of spouse).

These figures show that there is great variety in the number of contraceptive pieces or items required by different couples. In India a couple's annual requirement is assumed to be 72 condoms, or 72 foam tablets, or 7 jelly/cream tubes, or 2 diaphragms (Seal, in Visaria 1974:378). These might be enough for some people, but others will require four times that number. As shown above (Chapter VIII.1) the average requirement per month for those who want no more children is between 8 and 9, but for some acceptors (Tables 48-56) it is 25 or more.

Table 61 also shows that of modern methods, the pill is used most by people in their middle child-bearing years, and the condom and tubectomy by people slightly older, while vasectomy is definitely a method preferred by older rather than younger men. Quddus (1979:34) also shows that sterilization is accepted more by older people.

Reactions to Different Methods

All the modern methods have undesirable features. The main beliefs about problems with these methods are as follows:

The Pill. This is said to cause giddiness and weakness, of which many complain; this is interpreted as general "loss of health." Some also complain of irregular menstruation and if the discharge is more than usual it is interpreted as causing loss of energy leading to neglect of housework and child care; extra times of menstrual discharge also cause inconvenience by interference with coitus and performance of prayers. Other beliefs concerning its effects are: it causes stomach pains; it causes vomiting; it causes headaches; the weakness has to be compensated by eating fish, meat, and other protein foods which people cannot afford; eyesight becomes poor; there is burning in the hands and feet; there is loss of interest in coitus; the abdomen expands; breast milk decreases; there is general loss of "health."

An unpublished ICDDR,B study in Matlab (Phillips *et al.* 1976) showed that in two years of use the pill dropped from 17.1% to 5.7%; the reasons were: dizziness 19.8%, prolonged or heavy menstruation 8.7%, inter-menstrual bleeding 6.2%, rumors 5.4%, burning sensation 2.6%, weakness 2.1%, and others 9.7%. Out of 1527 women interviewed 832 said they experienced side-effects.

In another study by the Bangladesh Rural Advancement Committee (BRAC n.d.:8-11) in a carefully administered contraceptive program, 20.8% discontinued the pill; reasons were: dizziness 25%, excesssive menstrual bleeding 22%, headaches 13%, irregular menses 7.9%, and vomiting 7.5%. It is interesting to note that excessive bleeding was never cited as a secondary cause, but it is reason in itself to drop use of the method.

These symptoms, especially dizziness, occur particularly in the first three pill cycles, and therefore a large number of women give up this method within a month or two. Many of our interviewees said that Māyā brand causes more monthly irregularity and other health problems than Ovostat brand. There may be a psychological factor here since Ovostat is more expensive, but enough women commented adversely about Māyā brand that there may indeed be a difference. Taking the pill daily is also said to be troublesome. Table 62 shows that while the pill remains the most popular of modern contraceptives, 42.6% of those who have tried it have dropped use of it; the reasons are also shown.

The Condom. This is faulted chiefly for inhibiting sexual satisfaction and because of fear of failure or breakage under pressure of ejaculation, as shown in Table 62. Some people also have an idea that it is not good for "health" because it is a foreign material which may affect the woman, and may cause an ulcer in the vagina or inflamation, and that it causes friction heat. There is also the belief, as quoted, that semen is beneficial to a woman. Some also complain of the inconvenience of the method. Quite a few wives state that they do not like their husbands to use the condom because it inhibits satisfaction.

The IUD. Of the various intra-uterine devices, the "plastic coil" is best known. Any of these devices are thought to cause bleeding and discomfort, and therefore are "bad for health." The bleeding disrupts a woman's activities, coitus, and prayers. The idea of inserting a foreign object in the vagina is quite distasteful (Akbar 1979:28) to women brought up on the ideal of pardā and who think that if even one's husband or another woman sees the sexual organ it is a sin. This distaste is symbolized in the expression quoted above that a woman may even die at the time of insertion. In India the IUD was promoted nationwide in the early 1960s, but after a cancer scare and gossip about bleeding and malfunctioning, the number of rejections came to equal the number of insertions. Its use in India has been declining since 1967. Use has been declining in Bangladesh too, but in some private family planning programs where well-trained and dedicated workers are available, it is successful.

Injections. This method is new, and was available in only one of our 17 study communities at the time, through a private agency. The government is now moving to incorporate this method in the national family planning program. Our interviewees complained that this method caused them to feel giddy and to have irregular menstruation, sometimes every day or two, and this again hindered performance of household tasks, coitus, and prayers. The women complained of being physically weak with no enthusiasm for work, or of stomach pains, or burning in the eyes, or fever.

It is reported in experimental use of depo-provera injections (CHCP 1980:31, 35) that the overall continuation rate over five years of increasing acceptance has been 51%; of those who drop it, 23.2% cite menstrual disturbance as the reason, including 9.5% who complain of amenorrhea. Another 12.1% cite weakness, dizzines, or headaches. These complaints are regarded rather seriously in the Bengali view of health. Nevertheless, this method is widely desired; one of the above quotations says that if the method would come all would use it. It will be increasingly important in the population control program. One reason is the confidence in injections which began with the introduction of western medicine and has continued with the availability of antibiotics available in every town and administered by different kinds of medical practitioners. Another reason injections are popular in South Asia is because blood is thought to maintain the balance of body humors. Naturally, therefore, people are interested in this method.

Foam, Cream, or Jelly. These materials do not raise any medical side-effects, and may be used with the diaphragm. But their application is viewed as bothersome, and the material are not available in villages everywhere. In our 17 study communities, we found that these materials have been used in 9 (Table 64). Some of our interviewees said that Emko brand foam, and foam tablets have failed them.

Tubectomy. This method raises many fears, especially the operation itself, so that several of our interviewees said the woman may die, and if she does it would be punishment for the sin of consenting to the operation. Such a death would be an 'unnatural death' (*apamrityu*), a punishment for disobeying God's instructions. Tubectomy is believed by some to have several disadvantages too: a woman who has it is unfit for housework; her longevity goes down; coitus is less enjoyable; there is fear of infection; pus may gather at the place of operation. If a wife accepts this method in the face of disagreement by her husband, she runs risk of divorce. A woman sterilized may be suspected by her husband of easily succumbing to adultery. In spite of this, the method is growing in popularity in Bangladesh.

In a recent study by Quddus (1979: 57) it is reported that acceptors of this method are poorer, older, and have more children, than pill users, but the

idea that people accept sterilization for the monetary incentive is not upheld.

Vasectomy. This method is sometimes a fearsome one because of hesitation about operations on the male sexual organ, for a man's semen production and virility are so highly symbolic of his strength and social role. Some men also do not understand what the operation involves, or they may fear impotency. Some women do not like their husbands to get sterilized because the husbands might succumb to adultery and neglect them, so the wives may prefer to get sterilized themselves. Instances are cited of failure of the method, which may cause suspicion of the wife's adultery. Even more important, females internalize through their younger years their duty to promote the health and welfare of the husband, and this is symbolized in the many statements quoted here that failure to do so will cause reduction in his life expectancy. At present it appears that all these hesitations are causing tubectomy to be more widely accepted than vasectomy.

Concern with "Health," and Body Image

All these methods have disadvantages which are well recognized by users and potential users. In particular, menstrual disturbances, weakness, headaches, or decrease of breast milk are viewed as arising from disturbances in the balances that should be maintained in the blood and body humors.

There is an overwhelming concern with "health," which is to be defined culturally. Bangladesh people have a culturally induced over-dependency on the potency of drugs and medicines to correct imbalances within the body. For this reason pharmacies are proportionately numerous in the country. For an illness people often wish to take a number of drugs simultaneously, and doctors are willing to prescribe them that way. People are willing to pay proportionately much for medicines, and if they are told that some of their physical problems could be cured by vitamins in green vegetables they tend to disbelieve that vegetables could be better than expensive medicines. This psychological reliance on the efficacy of medicines also causes people to focus on whatever physical complaints they might have at the time of use of oral or injectable contraceptives.

Because of this, it is easy for a husband, mother-in-law, or other person in a homestead (*bāṛī*) to blame contraceptives for whatever complaint he might have against a woman's performance within the family, and it is hardly possible for a woman to keep use of contraceptives secret for long. It may be said that use of them causes a woman to let down on her domestic duties, insufficiently breast-feed an infant, be sexually unresponsive, and so on.

Ali Akbar (1979:18-31) in a survey of family planning field workers noted that almost all of them agreed that the side-effects of the methods are the most important difficulty they face. The majority of the field workers also pointed out that the existing facilities for treatment of side-effects and complications

are not at all sufficient, and they stressed the need for medical back-up. Most of the family planning workers stressed that improved types of pills, injections, or condoms, would be very useful in gaining acceptance. The field workers themselves are not able to cope with users' complaints about dizziness, irregular menstruation, or discomfort.

In the lives of Bangladesh villagers health considerations loom as large as life itself, and all kinds of symbolism are subsumed under the rubric "health." Their view of what is bad for health is highly generalized and goes beyond purely medical definitions to include qualities of the mind, behavior, and social relations. Almost all deeds and attitudes disapproved in the quotations in this book are said to affect health, strength, and longevity.

Moreover, discomfort or anything like a suspicious symptom of bodily sexual functions, or whatever might affect sex-role differentiation, is culturally magnified. If one follows the method of some anthropologists and seeks for "themes" in a culture as a means of understanding it, then sex-role differentiation and all that is implied about sex and fertility performance comprise a theme, or a major conceptual thrust, in Bengali culture. Related to this are all the beliefs referred to here about semen formation and retention, the role of blood, the effect of anything taken into the body, and menstruation. This partly explains why it is that though 60% of respondents say they want no more children, only a few go so far as to take measures to prevent having them. They genuinely fear the side-effects.

Thus, while modern medicine seeks to abstract the human body from its cultural and psychological context and view it as a biological machine, indigenous medical systems present a "body image" that is part of the world view of the culture (Fisher 1974; Shedlin 1977). The sensations received from the body are organized in different ways; the body is partitioned into segments, organs, senses, and processes differently; these appear wierd, distorted, and irrational from the perspective of modern science. One way to ascertain the body image is to ask people to draw the various organs, as Shedlin (1977:9-14) did in Mexico, in an effort to see how people relate the body organs to different kinds of contraceptives. Many of the beliefs along this line in Mexico are similar to those in Bangladesh and India (Jaggi 1973; Leslie 1975) because of the common diffusion of ideas from the Near East and the Mediterranean: a woman's liquid is the counterpart of man's semen; blood unifies the body and is produced by "nutritious" foods; male blood is stronger; menstrual blood is no longer any good and it is bad to retain it, because it is made in the uterus, a "hot place"; weak blood frequently causes illness; the pill causes contraception by weakening blood; injectables have the same effect but are stronger; the IUD is a foreign object and may cause harm, and the plastic IUDs are "cold" but can get hot as they adapt to the uterus in some months; tubectomy is "bad for health" as it is an

operation, and vasectomy might cause men to "stop being men." Research along this line in Bangladesh is desirable to relate contraceptive methods to indigenous systems of human physiology, and should be conducted by persons trained in medicine and pharmacology as well as medical anthropology. This, and the determination of effectiveness of indigenous contraceptives and abortifacients (listed in Section 5 of this chapter) are beyond the scope of this work.

4. Opinions on Contraceptive Supplies and the Family Planning Program

Quotations:

> Family planning materials are not available in abundance in the village. We cannot get these materials according to our own choice. (F:7,8,9)
>
> Family planning workers are not allowed to enter the homestead (*bāṛī*) by some of the elder family members. This negative attitude of the elders arises from the belief that acceptance of family planning methods is sinful, and that it may cause bad health or even death. (F:1,4,5,6,8)
>
> No family planning workers visited. (M:16; F:1)
>
> Family planning workers move everywhere without hindrance, even to homesteads such as *ptr bāṛī, mtr bāṛī,* and *maulavī bāṛī.* But members of such homesteads do not accept family planning methods. The family planning workers visit almost all the households. Most of the women are interested and eager to know more about family planning methods. But many people hold the opinion that the language used in presenting family planning ideas is offensive. (F:2,3,6,7,9)

Availability of Supplies: Tables 63, 64

Table 63 shows information on availability of the pill and condom; for other contraceptive materials we did not get enough responses to produce statistics. We included the question of availability in our research on behalf of the funding agency, as it is an important one for policy (Ravenholt and Chao 1974).

We found that of respondents using the pill 44% can get it within one mile, and 85% within three miles; distance does not seem to have affected the drop-out rate for the pill. For the condom availability is somewhat better, but the drop-out rate seems to be related to distance. For all modern contraceptive supplies taken together, we found that 98% of those who ever used them had them available within five miles.

Table 64 shows the distribution of methods ever used by our respondents

in the 17 research communities. First, we may note that the use of traditional methods is bunched in certain communities. Douche has been used by two thirds of respondents in the Sylhet site, but has not been reported at all in 8 of the 17 sites. Rhythm is more widely but also unevenly used. Withdrawal is significant mainly in Dacca City and the Rangpur and Jessore sites. In other research also it has been found that it is difficult to get correct information on use of traditional methods (Langsten and Chakraborty 1978:15). This is one reason why we did not wish to emphasize the rate of "acceptance."

As for the modern methods, Table 64 shows that the pill has been used in all sites but more so in the urban or semi-urban ones. The condom is widely but unevenly used. Tubectomy is used mainly in the Rajshahi suburban site while vasectomy is found mainly in the Kushtia site. The IUD and foam are used mainly in the Rangpur thānā town. Injections are used significantly only in the Rajshahi suburban site. The diaphragm is not much used in Bangladesh and if reported at all is subsumed under foam. Some of this skewed distribution is accounted for by special family planning programs; for instance, the Christian Health Care Program in the Rajshahi suburban site provided injections and tubectomies within our study community.

Table 64 shows the urban and more responsive sites on the left side, and the more isolated rural sites toward the right; in the latter there are fewer users, and moreover the methods they have available are few. This suggests that there is still much work to be done to make the full range of contraceptive materials really available in all villages; even knowledge of the traditional methods is not very evenly diffused. Alauddin (1979:160-61) in his analysis of factors in contraceptive use, determined that villages over three miles from either road or water transport have lower use. Moreover, he found that family planning service facilities were an average of seven miles away from the villages being served, so that people could hardly get their medical complaints tended to. He found that frequent visits by family planning workers do help increase contraceptive use. With better diffusion of knowledge and materials those who have religious, health, or other reasons to reject one method will have better option of selecting another.

The debate over the relative importance of micro-level availability is not resolved herewith, but it is clear that availability is a facilitating condition for the success of the whole family planning program. Langsten and Chakraborty (1978:13) concluded, concerning availability of contraceptives in the ICDDR, B project at Matlab, that their provision can have a substantial impact over the short-run. The long-run demographic effect is likely to be less than hoped for as long as there is the present desire for children and especially for sons, and those authors recommend continued policy for maximum distribution at minimum cost through existing government personnel.

Views on the Family Planning Program

Government orders regarding population control should be obeyed. (M:21)

The attitude of the illiterate women and village leaders in respect of the government order and management of the family planning program is not at all good. They complain that though the government spends so much money for family planning, in fact only some influential rich and urban people get the benefit of it. The activities of the family planning officers in giving useful help to the villagers is not good. The family planning program should be made popular for the neglected villages. Only then will results be achieved. (village leaders)

The family planning program is not working well. There is a female family planning worker for each ward, but she is trained only for one month. There is one male supervisor for each union. But the thānā officer has 100 or so persons under him and cannot supervise them properly. The workers do not maintain lists of couples visited, nor lists of acceptors. They don't go much to villages off the road or of difficult access. They can't get medicines. If a female worker cannot get medicines for the under-5 program the whole plan won't work. The biggest problem is lack of conscientious work, and also there is dishonesty for personal profit. In fact, the whole program is not working well. (a doctor working in the program).

The problem of the inertia of bureaucratic government programs is well known and is beyond the scope of this present work.

We have discussed above (Chapter IV.4) the effect of pardā on the family planning program. As the quotations above show, family planning workers might gain entry into a *bāṛī*, but if it is a pardā-observing one it might not be socially acceptable for the women living there to discuss sex and reproduction. The elder men of the house usually control this situation.

The family planning workers have to put up with severe shortages of medical supplies for the small children, an unresponsive bureaucracy, physical difficulties and transportation inconvenience, and sometimes the taunts of villagers. At the same time, the program succeeds or fails not so much on these factors, as on what Bangladeshis refer to as "insincerity" of the government personnel. The village leaders quoted above refer to this, but they themselves suggest that something more should be done to make the family planning program "popular for the neglected villages," implying that they want some material help in return for cooperating with the program. In discussion of world view, religion, and ethics, this itself is one of the most important issues affecting population matters in Bangladesh.

In a recent study of Family Welfare Assistants (Quddus 1979:57-59) the

conclusion was, that while their performance was disappointing in many respects, and their record-keeping was very poor, this cadre of persons (12,954 of them appointed by the end of 1978) was the most important of all sources for promoting family planning, as most users are recruited directly by them. There are a number of excellent private family planning and health care projects in the country (summarized by Sattar, Huber, and Khan 1979). The Christian Health Care Project (CHCP 1980) by provision of conscientious and caring help for children under 5, services to mothers, and follow-up on contraceptive use and problems, has enabled the crude rate of natural increase to drop to about 1.5% in several of its target areas. Mennonite Central Committee, Gonoshasthya Kendra, BRAC, ICDDR,B, Rädda Barnen, HEED, and other private agencies, besides concentrated government projects, have shown encouraging rates of contraceptive acceptance suggesting that the inhibitions and beliefs discussed in this book are not insuperable difficulties, and that with intensive efforts a larger proportion of people are bound to take action to control this aspect of their own lives purposefully.

There is more discussion of specific contraceptive methods below (Chapter XII.1) in connection with religion.

5. List of Herbal and Indigenous Contraceptives and Abortifacients

The following list of herbs and medicines recommended by indigenous medical practitioners gives the Bengali, English, and scientific names and methods of use, as far as we were able to determine them.

We have no idea of the effectiveness of these materials, but it appears that a number may not be effective. We have presented this list in the expectation that some institute in Bangladesh might pursue this subject. There are institutes in India doing such research. Setty *et al.* of the Central Drug Research Institute of Lucknow, India (1977:231) noted that extracts of about 1600 Indian plants were tested *in vitro* on rat and/or human spermatozoa. Thirty extracts showed spermicidal activity in rats and of these 16 caused instantaneous immobilization of human spermatozoa. Dev (1980:24) has stated that Arya Vaidya Shala and the Jamnagar Institute of Ayurveda in India are carrying out intensive research on the validity of some indigenous fertility control methods. Such scientific information as is available on effectiveness of these materials should be brought to Bangladesh, and more research conducted within the country, so as to make a wide range of such materials available to the public, based on local resources to the extent possible and adaptive to local understanding of human physiology. Bangladesh Combined Medical Services for Herbal Medicine (BAC MESH) in a brochure (Khan n.d.:1) has noted that one of its main goals is to take contraceptive herbal medicine to people up to village by 2000 A.D.

TO PREVENT CONCEPTION*

Bengali	English	Scientific name	Method	Source
1. *jayantI kusum*		*Sesbania aegyptiaca* Pers. F. Papilionaceae	Make into paste and eat with old molasses 3 days during menstruation	homeopath, midwife
2. *kūc*	Indian liquorice	*Abrus precatorius* L. F. Papilionaceae	Eat 4 to 6 at a time twice a day [would be fatal]	kabirāj, āyurveda
3. *pān*	betelleaf	*Piper betel* F. Piperaceae	Eat the root	āyurveda
4. *labaṅgga*	cloves	*Eugenia caryophyllaca* Thunberg F. Myrtaceae	Eat one every day	āyurveda
5. *hing*	asafoetida	*Ferula asafoetida* F. Umbelliferae	Drink regularly after menstruation	midwife, homeopath
6. *sādā dhuturā*	thornapple	*Datura stramonium* L. F. Solanaceae	Drink the juice [causes delerium; could lead to insanity]	kabirāj
7. *bel*	woodapple	*Aegle marmelos* Corr. F. Rutaceae	Drink juice of leaf on empty stomach with sugar for 7 days after menstruation	kabirāj, āyurveda, midwife
8. *titoyagata*			Eat powdered root	kabirāj, midwife
9. *hōn kāic*			Eat the powder	homeopath

* In determining the scientific names, credit is due for assistance by Md. Salar Khan, Professor of Botany, Uuiversity of Dacca; Dr. K.M.S. Aziz of ICDDR,B; A.T.M. Naderuzzaman, Asstt. Prof. of Botany, Rajshahi University; M. Abul Hasan, Asstt. Prof. of Botany, University of Dacca

TO PREVENT CONCEPTION (CONT.)

10. *cāmpā*		*Michelia champaca* F. Magnoliaceae	Eat it	āyurveda
11. *mendi,* *mehendi, henā*	Indian privet, henna	*Lawsonia alba* Lamk. F. Lythraceae	Drink the juice	midwives
12. *aśok*		*Saraca indica* L. F. Caesalpinoideae	Drink the juice	midwives
13. *ānāras*	pineapple	*Ananas comosus* (L.) F. Merril Bromeliaceae	Drink the juice, especially when green	midwives
14. *palita madar,*		*Erythrina indca* Lamk. F. Papilionaceae	Swallow milky latex	midwives
or *ākanda*	madder	*Calotropis gigantea* F. Aesclepiadaceae		
15. *pēpe*	papaya	*Carica papaya* L. F. Caricaceae	Eat seeds when green	midwives
16. *gājar*	carrot	*Daucus carrota* L. F. Umbellifereae	Eat the seeds	midwives
17. *bājā*	horseradish	*Armoracia rusticana* Gaertn. F. Cruciferae	Drink the juice	midwives
18.	yellow oleander	*Thevetia peruviana* (Pers.) K. Schum. F. Apocynaceae	Eat paste of the root	kabirāj
19. *kālajirā*	black cumin	*Nigella sativa* L. F. Ranunculaceae	Soak the seeds and drink the water on empty stomach	midwives
20. *lebu*	lime	*Citrus aurantifolia* F. Rutaceae	Insert cotton soaked in lime seed (*kāgajī lebur bīci*) oil in vagina; leave for 3 days	

21.	*āmalaki*	emblic myrobalan	*Phyllanthus embellica* L. (earlier, *Embellica officianalis* Gaertn.) F. Euphobiaceae	Take ¼ tola (1/10 oz.) with one *poā* seer (½ pound) of water for 8 days before menstruation; for women below 25-30, for 3 months; stops menstruation for good	

TO INDUCE ABORTION *

	Bengali	English	Scientific name	Method	Source
1.	*ānāras*	pineapple	*Ananas comosus* (L.) F. Merril Bromeliaceae	Drink large quantity of green pineapple juice	homeopath, common idea
2.	*kārpās*	cotton	*Gossypium herbaceum* L. F. Malvaceae	Eat the seeds	homeopath, āyurveda
3.	*pēpe*	papaya	*Carica papaya* L. F. Caricaceae	Drink the astringent juice	homeopath
4.	*kālajirā*	black cumin, nigella	*Nigella sativa* L. F. Ranunculacea	Eat the seeds	āyurveda
5.	*dhuturā*	thornapple	*Datura stramonium* L. S. Solanaceae	Drink the juice [could lead to insanity]	kabirāj, āyurveda
6.	*mendi, mehendi, henā*	Indian privet, henna	*Lawsonia alba* Lamk. F. Lythraceae	Drink the juice	kabirāj
7.	*karabī*	oleander	*Nerium indicum* Mill. F. Apocynaceae	Eat the root; insert the root [may cause hallucination]	homeopath
8.	*bhelā*		*Semecarpus anacardium* L. F. Anacardiaceae	Insert paste made from it	homeopath.

* Nos. 20, 21 and 22 are from Khan and Haq (1975)

TO INDUCE ABORTION (CONT.)

9. *citā*	*Plumbago zeylanica* L. F. Plumbaginaceae	Eat the root; baby may abort dead or alive	homeopath
10. *khirnī*	*Mimusops hexandra* Roxb. or *M. kauki* L. F. Sapotaceae	Apply paste of seed on vagina	homeopath
11. *madan fal*	*Randia dumetorum* Lamb. F. Rubiaceae	Eat inner part (*śās*)	homeopath
12. *išbāndh*	*Peganum harmala* L. F. Zygophylaceae		homeopath
13. *kūc*	*Abrus precatorius* L. F. Papilionaceae	Drink extract of the boiled root	homeopath
14. *hāpar, mālī*	*Vallaris heynei* Spreng. F. Apocynaceae		homeopath
15. *sajinā, sajnā*	*Moringa oleifera* Lamk. F. Moringaceae		homeopath
16. *gāb*	*Diospyros peregrina* Guerke F. Ebenaceae		homeopath
17. *cāmpā*	*Michelia champaca* L. F. Magnoliaceae	Insert the root	āyurveda
18. *śeteṇḍa*		Insert the root	āyurveda
19. *hātišūr* heliotrope	*Heliotropium indicum* L. F. Boraginaceae	Insert the root	āyurveda

TO INDUCE ABORTION (CONT.)

20.	*lālcitrā, raktacitā*		*Plumbago rosea* L. F. Plumbaginaceae	Insert the root	āyurveda
21.		Aaron's rod	*Stachytarpheta indicum* Vahl. F. Verbenaceae	Use the whole hert	âyurveda
22.	*ulaṭ caṇḍal*	Glory lily	*Gloriosa superba* L. F. Liliaceae	Use the root	âyurveda
23.	*chōṭa kṛṣṇa cuṛā*	Drawf gold mohur	*Caesalpinia pulcherrina* Swartz. F. Caesalpinideae	Eat the leaves	âyurveda

DRUGS AND OTHER MATERIALS TO INDUCE ABORTION

24.			*Pulsatilla vulgaris* F. Ranunculaceae	By mouth	homeopath
25.		Quinine	*Cinchona officinalis* L. F. Ribiaceae	By mouth	homeopath
26.	*punnāg, sultān cāmpā*	Caulophyllum	*Calophyllum inophylium* L. F. Guttiferea	By mouth	homeopath
27.		Blood snake root	*Cimicifuga racemosa* Nutt. F. Ranunculaceae	By mouth	homeopath
28.		Helonias	*Helonias dioica* L. F. Liliaceae	By mouth	homeopath
29.		Sabina	*Sabina officinalis* F. Coniferae	By mouth	homeopath

DRUGS AND OTHER MATERIALS TO INDUCE ABORTION (CONT.)

30.	Secale cor.	*Secale cornutum* (a fungus)	By mouth	homeopath
31.	Sepia	*Sepia* F. Sepiaceae (a mullusc)	By mouth	homeopath
32.	Guelder rose	*Viburnum opulus* L. F. Caprifoliaceae	By mouth	homeopath
33.		*Viburnum prunifolium* F. Caprifoliaceae	By mouth	homeopath
34.		*Pinus lambertina* F. Coniferae	By mouth	homeopath
35.	Pyronis			homeopath
36.	Ergot	*Ergot orasecron* (a fungus)		āyurveda
37. *abalabandha jog*				āyurveda
38. *pradarantak lanha*				āyurveda
39. *patrangasab*				āyurveda
40. *tarpin*	Turpentine		Use the oil	āyurveda
41.	Menstrogen tablets		By mouth	allopath
42.	Kali carb	Calcalia carbonica ($CaCa_3$)	By mouth	homeopath
43.	Potassium permanganate		By mouth	homeopath
44. *sōhāgā*	Borax		By mouth	homeopath

CHAPTER XI

ABORTION AND INFANTICIDE

1. Opinions on Induced Abortion

Quotations:

Since humans cannot create a human they have no right to destroy (*naṣṭa*) a conception (*garbha*) 'through their own hand' (*nijer hāte*). (M:12, 13,15)

Induced abortion (*garbha pāt*) is a great sin according to Islamic doctrine. It is against the injunction of the Qur'ān. It is comparable to infanticide or murder, and in the day of judgment punishment will be similar. Every sin must have its expiation. (M:11,12,13,14,21; F:16; religious leaders among village professionals)

Induced abortion is acceptable under no circumstances except to save the life of the mother. (M:11,13,15)

A pregnancy terminated by induced abortion is usually thought to be the result of illicit sex. Abortion is an act of murder and is a great sin. Induced abortion will never be considered as a means of population control. (M:11,12,13,14,15,21)

Abortion is an 'unpardonable sin' (*kabirā gunāh*). Allah will not discharge (*mācan*) this blame, because this is an act of murder, and the punishment for murder must be suffered. (M:13,14)

Wilful destruction of conception is prohibited (*niṣiddha*) in religion. (F:8,9,15)

It is better to have the abortion done by a doctor, at two or three months. But I do not like abortion; it is better to prevent conception. (F:7)

Induced abortion is done in every village. It is difficult to know the number, but I know of two. In earlier times a woman who did this would have to be punished, but nowadays she is not punished. But still, induced abortion is considered bad, and women who do it remain condemned in the society for a period of time. (F:15, midwife)

Rich people come to us for abortions. (F:16, midwife)

The negative opinions are mostly by men. We cite further opinions below, especially by women, favorable toward abortion for limiting family size.

Knowledge of Induced Abortions (*Tables 65, 66*). We asked the 1671 respondents in our secondary sample if they knew of an induced abortion in their family or neighborhood since Liberation (1971 through 1977). Of these, 156 cited an instance each: 6.1% of males and 14.5% of females. Muslims acknowledge slightly more instances than Hindus, but this may be a matter of economics since the Hindus in our sample are mostly poor. Apparently there is not much Hindu-Muslim difference in actual practice of induced abortion.

As regards religiosity, Table 65 shows that men who admit to knowing of a case of abortion have less practice of pardā in their homes. The women who know of abortions also practice pardā less than the women who know of no instances of it. In the last column of this table we see that men who know of abortions have slightly less dependence on God for number of children, while women who know some instances have much less dependence on God. The men's answers are governed by a sense of piety more than the women's answers, but even apart from that it seems that religiosity and piety, as expressed in pardā and dependence on God, are really deterrents to inducement of abortion.

If about 15% of women are willing to say they know of cases of induced abortion in recent years (even though it is sometimes said to be a sin just to hear of it), we can suppose that abortion is induced in about every village in the country, as a quotation from a midwife given above says. We can also suppose it has some marginal effect, at least, on demographic growth, and that it might not be as impossible to use abortion for purposeful population control as might be superficially apparent if we consider the pious expressions only.

The Time Life Begins

We have heard that life begins in the fifth month of pregnancy. It is found in the sacred scriptures that life exists in the semen, but it remains in the form of an embryo. From the fifth month it develops its five sense organs, which are like the blooming of five flowers. Up until the fifth month it remains like a ball of meat. (M:12,13,14)

I think a child gets life after five or six months of pregnancy. I did not get any religious teaching on this matter, but I gained this knowledge through my own pregnancies. (F:7)

An embryo takes the shape of a child and gets bones in the fifth month, and it is a great sin if it is destroyed after that. (village professionals)

Induced abortion is not a sin if done within six weeks of conception: up until that time the infant remains in liquid form. (family

planning worker)

Induced abortion is not a sin if done before formation of the infant, and is not comparable to infanticide then. (homeopath doctor)

There seems to be fair agreement among our respondents that "life" really begins in the fifth or sixth month when the movement of the baby can be felt. This is also the opinion found in Islamic textual authority (Chapter XII.4).

Legalization of Abortion

Quotations in opposition:

Our country is an Islamic country. If any law (*āin*) about abortion (*garbha pāt*) is passed the people of the land will not listen to it. There will be a movement against the government, because this is against the Sharī'at. I do not think there is any such law in any Muslim country. If a pregnancy is wasted (*naṣṭa*) it is done by people of bad character; those who have the fear of Allah will not do it any day. People in society hate this, and consider it a great sin. (M:13)

God will curse the earth with death and destruction, and human miseries will have no bounds, if the sin of abortion is made legal. This would be interference in God's affairs. (some *maulavīs* and a *faktr*)

If abortion is legal and available, sexual intercourse will increase, and as a result general social disorder will accelerate, and indiscipline will be even greater. (two educated doctors)

Efforts to legalize abortion will create turmoil because of what the religious leaders say, and may bring great trouble. (some FP workers, teachers, employees)

Abortion should not be legalized. From a religious viewpoint it is a great sin. (F:15,16; midwives)

Quotations in favor:

In Islam there is no instruction about abortion. I heard it has been accepted in Bangladesh law. I have heard abortions are performed by a doctor. If an illegitimate child is born, that person is left out of society. (F:7)

Abortion should be legalized for those of us who want to limit our families. We teachers make only 300 tākā a month from the schools and we cannot live on that, and have to give tuition or do field labor, and we will not have anything to leave behind for our children. Though a number of couples want abortions, there are no dependable institution or means in these rural areas. (teachers)

Abortion should be made legal for the sake of the mother, and if it does not cause the mother any harm. (social worker, *kabirāj*)

Abortion should be made legal as a means of population control. (FP workers, some doctors, some employees)

In Buddhism there is nothing written about whether abortion is acceptable or not. Man's misfortune is that wants are created by the increase in population. The Buddhist creed says it is a great virtue to check human misfortune. From this point of view, abortion should be made legal if it will help in checking the flood of human population and thereby help abate human misery. (Buddhist monk)

In the past there was no necessity of induced abortion because land and goods were more abundant; otherwise abortion would have been approved as part of religion long ago, and proclaimed legitimate. Murder is sin, but abortion will not be considered murder if it is done within two or three months because the embryo does not assume human shape in this period. It is a greater sin than abortion if parents fail to manage food and shelter for their children. In view of this, legalization of abortion is necessary in the present situation. (some Hindu *purōhits*)

Opinions on Legalization (*Table 78*). This table shows a split of opinion among village professionals with whom this subject was discussed; 44% thought abortion should be made legal, and 56% did not. Those who favored legalization tended to be educated and had urban background or schooling, including several social workers and family planning workers. Medical doctors, salaried employees, and local political leaders were divided. Muslim religious functionaries were almost all opposed.

Induced abortion was made illegal under the Bengal Penal Code (1860), though permitted if pregnancy is early and threatens the life of the mother. Though this law was formulated by the British, it was in keeping with sentiment in India at that time, for though abortions have always been available in Indian villages, Hindus tend to believe that all life has a soul or a subtle element, and a few of them also believe that a fetus or child has a soul reborn from an earlier person or living thing. But in truth, there was never much Hindu doctrine about induced abortion, nor did Buddhism directly attack it, as the above quotation shows. Most Indian and Bangladesh villagers have a sense that inducing abortion may generate bad karma, which has evil consequences 'in this and the other world' (*iha jagat ō para jagate*), but they are pragmatic about it when it occurs.

In 1971 the Indian Government passed the Medical Termination of Pregnancy Act (which does not apply, however, in the state of Jammū and Kāshmīr which has a majority Muslim population). This act was passed essentially on health grounds, and permits termination of pregnancy on eugenic, humanitari-

an, and socio-economic grounds and for contraceptive failure. Abortion has not been made a part of the family planning program, but is available in towns.

There was widespread debate in India leading up to the passing of this legislation. When the bill was before Parliament a number of āyurveda experts were invited to testify and most of them opposed the proposed legislation on the grounds that abortion is immoral, and some quoted verses from the texts to the effect that it is sinful (Mankekar 1973:24), even though there is a large number of āyurvedic abortifacients. In a study on people's attitudes toward it (Pande 1979:56-57), it was found that more rural than urban respondents (60% to 40%) did not like the suggestion of legalization. In both groups those disfavoring it mostly gave the same reason: it is socially and morally wrong (71%and 72%). But of those favoring it, most of both rural and urban respondents (95% and 81%) said that it would more safely reduce the number of unwanted children. Many doctors were opposed to it in principle, but knew of the large number of injuries and personal tragedies resulting from the abortion techniques of village practitioners. In view of this, and the large incidence of induced abortion, estimated to be 3.9 million per year in a population than of 500 million (Mankekar 1973:75), and the growing concern about population growth, the legislation was passed.

However, if the experience of India is relevant to Bangladesh, one would expect that were abortion to become offered as a medical service in this country it would be a number of years before it would become widely known and used. In India four and five years after the service came to be offered in medical facilities in towns most people still did not know of it. In a study in Gujarāt state only 1.5% of abortions were being performed through the government health service, and as many as 79% of rural and 55% of urban women did not know of the legislation making it legal and available (Kaur 1978:20-21). The government health facilities in towns are not used by many women for this purpose because of distance, inconvenience, modesty, and shame, but the *dāis* and indigenous healers continue their business as before. Nevertheless, the law has met latent demand, and in absolute numbers is having an increasingly calculable demographic effect.

In Pakistan, however, induced abortion remains illegal. The main reason was cited by the General Secretary of the Family Planning Association of Pakistan, Farrukh Nigar Aziz (1967:35) in reference to the impact of abortion on fertility in Japan: "This, however, is not a method that can be used in Pakistan. Abortion is expressly forbidden in the Holy Qur'ān and cannot be considered in the foreseeable future. Religion is paramount in Pakistan and its importance must never be underestimated."

Contrary to this opinion, however, Hānafī Muslim law does support induced abortion, and it was approved and used even by the Companions of the Prophet, as discussed below (Chapter XII.4). The more important point is that most

village Muslims *believe* it to be contrary to Islam.

At present, the Bangladesh Government is aware of the demographic importance of abortion, but has not made it a legal or political issue, and meanwhile the legal system almost entirely winks at it.

2. Reasons for Inducing Abortion

Illegitimacy

Abortions are induced sometimes to terminate 'illicit conceptions' (*apagarbha*). Such a conception is illegal (*beāini*) and disgraceful (*kalaṅgka-janak*). If conception results from illicit intercourse, an effort is made to terminate it before it becomes public knowledge, and to get rid of the disgrace. (M:1,2,3,6,7,10,11,12,13,14,15)

Illicit sexual relations often occur among unmarried young boys and girls, especially between tutor and pupil, a man and his wife's unmarried sister, or master and maid-servant. (M:2,3,4,5)

Induced abortion is viewed as shameful because it is frequently done to end illicit pregnancy. (F:4,5,6,7,8,9,16)

I cannot tell their names, but many unmarried women are found to have induced abortion. (F:16, midwife)

If an illegitimate conception occurs in a family, other families will boycott that family. If the girl is unmarried every effort is made so that the pregnancy does not become public knowledge. If it becomes public, efforts are made to arrange a marriage of the partners. If the marriage proposal is not accepted, they are punished by society. (M:11,12,13.14,15)

Two school girls in the next village became pregnant. They were sisters, and studying in classes 7 and 8. They had sexual unions in the jute fields while returning from school. The pregnancies attracted public attention, and both were made to have abortions by an allopathic doctor. The older girl later married her fictive uncle, who had made her pregnant, and the younger remained unmarried. (M:14)

Islamic law clearly distinguishes illegitimate from legitimate births and only a legitimate child has rights of inheritance. The general principle is that any birth occurring during continuance of a valid marrriage or within 280 days thereafter is legitimate, unless it is shown that the husband did not have access to the wife, or the conception resulted from adultery, fornication, or incest (Jhabvala 1975:72-75). According to this an unmarried pregnant girl can get married to the father and bear a legitimate child. But the sentiment against illegitimacy is so strong that more often the girl is made to have an abortion, and then her marriage to the man is arranged if possible. Such a marriage may

have to be performed at a distant place where nobody knows about the earlier pregnancy, and there are many other problems with such an arrangement (Chapter V.6).

It has been known for unmarried pregnant girls to commit suicide, or to be refused shelter by their parents, in which case they may find accommodation in prostitute quarters. Because of early marriage, forced marriage, restrictions on widows, and induced abortion, the percentage of technically illegitimate births is very small in Bangladesh. Midwives say that requests for abortion come especially from rich families for their unmarried girls and their widows.

Abortion to Limit Family Size

Abortion is sometimes induced to avert unwanted pregnancies. Many children are a burden to the parents, so some favor abortion to limit family size. Induced abortion is also sometimes wanted to avoid births too close together, for many mothers get sick as a result of frequent conceptions. Such abortions are favored on the grounds of protecting maternal health. Educated couples tend to favor such abortions. (F:10,11,12,13,14, all urban)

Many children are a burden to the parents. Induced abortion is sometimes initiated to avoid the burden of too many children, for the more the number the more the household needs increase. (M:4; F:1,2,3,4,5,6,7,8,9)

A conception must be allowed to come to term; inducing abortion is not good. Yet some women undergo it out of shame (*śaram, lajjā*). Anybody who has grandchildren does not like to have more offspring in his advanced age; if a woman conceives in the last part of her childbearing years, an effort is made to abort. (F:7,8)

I know about two abortions, but I do notk now of any abortion among unmarried girls. (F:15; midwife)

A young married girl became pregnant, and her brothers got her to have an abortion in the fifth month, through a local allopathic doctor. The purpose of this was to get the woman divorced from her husband, who was a professional thief. (F:12)

Induced abortion is not desirable. Yet it seems it will be necessary to slow population growth. If for any reason abortion is necessary it is better to have it in the second month of pregnancy. (F:7,9)

These quotations show that abortion is sometimes induced not just for illegitimacy, but also for controlling the number of children within a family. Most of the women with whom we conducted long interviews in this research are quoted above as showing at least some acceptance of this, even though not all would do it themselves. Another reason for inducing abortion is to avoid the shame of an older woman who has grown children becoming a mother again, as

two interviewees say. We have shown already that 15% of women respondents are willing to state that they know of a case in their family or neighborhood in recent years. The strongest negative views about it are all expressed by men.

We conclude that despite the opposition, there is a real demand for access to abortion if there are too many children, or if a pregnancy comes too late in life, but that this demand is partly latent. Abortion will find more acceptance among the urban and educated people than among the peasant middle class who have the greatest religiosity and piety.

3. Methods and Incidence of Induced Abortion

We have collected information on 44 materials and methods used to induce abortion in Bangladesh (Section 5 of the preceding chapter). Most of these are used by homeopath and âyurveda practitioners, and a few by midwives and *kabirāj* practitioners.

We are not able to make any judgment about the effectiveness or ill effects of these. It may be suggeste that if some institute in the country takes up research on indigenous and herbal contraceptives, these abortifacients may also be considered, to distinguish those which are effective and those which are injurious.

In India some of these same preparations are used. Several studies of abortion have mentioned the use of nigella (black cumin) seeds, asafoetida, palm brown sugar, raw camphor, and the like, to be consumed on an empty stomach (Kaur 1978:17-18). Raw papaya, tender banana stems, pineapple, mango, and other laxative foods eaten in large quantities are believed to disturb pregnancy by upsetting the digestive system. Some take jaggery or unrefined sugar mixed with oil which is believed to be heating and causes cramps which disturb the pregnancy. Spices such as cinnamon, ginger, or cloves, may be taken in large quantity. Quinine is another favored medicine, which does not directly induce abortion but causes cramps which may disturb the conception (Mankekar 1973:41-42). A preparation made out of red chillis, baking soda, and red coral may be applied. A popular method is to use the milky juice of *Calogropis gigantea*, which is put on a stick inserted into the cervical canal, which causes bleeding and leads to abortion; if bleeding does not occur, quinine, erbolin, or ergotin tablets are given to induce it, and thereby abortion is induced (Kaur 1978:18).

A number of studies on the incidence of induced abortion in India have been conducted. In an area of Tamil Nāḍu, Pillai (1974) found that the Kavuṇḍar (Gounder) caste has as many as 214 induced abortions per thousand live births; other non-Harijans had 97, and Harijans had 72. The reason the Kavuṇḍars so often induced it was to restrict their numbers so their land would not be fragmented and to preserve their dominant social position in that area.

Various other studies in India give a rate of induced abortion of 10 to 15 per 100 pregnancies, and a number give it as high as 25 per 100; the higher rates of abortion are in the major cities (Kaur 1978:16). Based on a birth rate of 39 per 1000 it was calculated that in India there are 13 abortions per 1000 population, of which 5 are spontaneous and 8 are induced, leading to the figure of 3.9 million induced abortions a year in the country (Mankekar 1973:75).

The incidence of induced abortion in Bangladesh is not known, but current research being sponsored by The Ford Foundation suggests that it is widespread, which confirms our information that it occurs "in every village." The gynaecology ward of the Dacca Medical College Hospital records show that in 1976 10% of cases admitted were complications caused by induced abortion; mainly they were cases of acute damage to the uterus (Bhatia and Ruzicka 1979:3).

In a recent study of indigenous abortion practitioners in Bangladesh by Shamima Islam (1981) it was found that the abortionists could be identified and interviewed. The study contains 8 interviews with them, which show that they perceive themselves as providing a useful service. The abortionists are often midwives (*dharunirā*) themselves; they are both Hindu and Muslim, married and unmarried, literate and illiterate. Most learned the skill from their own family members. They are more concerned with the sin of abortion than with its illegality. There is often involvement of local influentials, such as union council chairman, especially in cases of illegitimate pregnancies, but many abortions are to avoid having children and not only for illegitimacy. All the abortionists except one cause abortion by inserting objects, mostly roots which they collect themselves. They do not see any need to follow up their clients as they have self-confidence in their expertise. The use of these women in the family planning program is suggested by shamima Islam.

The ICDDR,B introduced "menstrual regulation" in four sub-center clinics in Matlab Thanā from 1977. During the first year of the program about 1.6 women per 100 married fecund women appeared for it, recognizing that it is in fact a means of abortion in early pregnancy. Over 30% of clients claimed that the current pregnancy was their eighth or even higher order one, but for 28% this was the first, second, or third pregnancy. The main reasons given were (1) that this pregnancy came too soon after the preceding one, (2) marital problems or unstable marriage, (3) economic hardship, (4) in a few cases, pregnancy in spite of use of contraceptives. Most of the women who were not using contraceptives before they had "menstrual regulation" began using them afterwards. The data suggest that younger women are becoming increasingly conscious of controlling their childbearing and spacing of pregnancies (Bhatia and Ruzicka 1979).

The demand for abortion and menstrual regulation in Bangladesh is likely to increase rather than decrease, with wider contraceptive use. Several inter-

national studies have confirmed that as family planning programs succeed and consciousness of control of childbearing increases, there is a rise in rates of induced abortion. In India also abortion rates are higher among contraceptive users, among those who had previous abortions, and among the educated (Kaur 1979:19). Our quotations also confirm that the educated and "rich" rural people have more abortions. In view of this, the subject of induced abortion and the methods and means available, is likely to become more prominent in the context of population planning in Bangladesh.

4. Infanticide

Quotations:

> Can anyone of sound mind kill his children? If a child is wasted (*naṣṭa*) or a child killed it will have influence on the future life of the father and mother. If the seed (*bīci*) is wasted won't the result be suffered? If this thing is done, there will be 'illfated death' (*kumaraṇ*) and the sin will not leave the father but will be suffered in the life hereafter. If this kind of thing is done there will be no peace in the world. (M:13)
>
> Infanticide is a great sin in religion and also in society. Usually the offspring born of illicit sexual relations are killed following their birth. Such illicit sex is an act of crime, but from a religious viewpoint even killing an illegitimate child is a great sin. Frequent infanticide is an indication of the nearing of the day of judgment. (M:11,12,13,14,15,21)
>
> If children are killed one will have to go to hell. To suggest that this might be done is also sin. It is good to use family planning materials to control the number of children. If someone murders a child that person may not sit or stand with other people. (F:7)

Incidence of Infanticide: Tables 67, 68

Despite the tabu nature of the subject, we tried to get information on the incidence and circumstances of infanticide. Out of 1671 respondents, 52, or 3.1%, admitted knowing of a case in their family or neighborhood since Liberation (1971-1977); 509 respondents said there were none, and the rest didn't know. Only 1.9% of men said they knew of a case, but 4.9% of women said so. As with abortion, women's answers are more reliable because women have less need to appear pious.

Popular opinion and the quotations given above suggest that illegitimacy is the only cause of infanticide. But Table 68 shows this is not so. Of 52 cases, only 20 were because of illegitimacy, while 14 were because of poverty, 8 neglect or abandonment (to the point where it was recognized as infanticide), 7

deformity, 2 jealousy of step-parent, and 1 desire for remarriage. It is useful to note that almost all cases of infanticide because of poverty were mentioned by male interviewees, but cases of infanticide because of illegitimacy, neglect, or deformity were mentioned by female interviewees.

Contrary to popular assumption, our data do not show that girl babies are preferentially killed. In fact, they show more than twice as many boys as girls are killed. There is the possibility that responses are distorted by wishful remembrance on the part of the mother, desiring to have credit for giving birth to a male child. But at least we can say that there is no evidence that in Bangladesh disappointment in bearing a girl leads to infanticide. Relative neglect of girl children is a different matter.

The second author of this work made a house to house survey in a village of 1275 people in the period of the Liberation War. This intensive enquiry revealed four deaths by infanticides; there were three cases as one case was a set of twins. Of the three mothers, two were married and one was a widow. In each case the child was smothered immediately after birth by the mother herself or by the birth attendant. Other methods known are trangling, and putting salt in its mouth.

Sometimes babies are abandoned, and are recovered dead or alive in fields, bushes, or on a pathway. Such babies are thought of as bastards (*jāraj santān*) and it is assumed their parents are unmarried and untraceable. Usually someone from a poor family claims such a baby for rearing. Such a child is reared with the belief that by caring for the unfortunate abandoned baby God may grant the adoptive parents favor (*rahmat*) 'in this world and the next world' (*ihakāle ō parakāle*). Such a child, when reared, is referred to as a 'picked up child' (*kuṛāno santān*).

The quotations we have given show a dilemma. Illegitimacy is considered to be morally heinous because of religion, and a child with such a label is ikely to suffer social consequences for years. But at the same time infanticide is even more morally heinous. This brings extreme pressure on the mother, so that such a woman may run away or commit suicide, or abandon the baby. This also happens in Pakistan, where moral issues and pride are even more highly idealized. Hakim (1967:55-56) writes that there some people throw away an illegitimate child, or put it in a trunk and leave it in a railway compartment, or kill it. "And if by chance the newly born escapes alive, he becomes a drag on society. Not only that, he becomes an infamous, inferiority-complex ridden person." Such stereotypical expectations put the mother of a prospective illegitimate child in a severe quandary. The second author of this work, in the course of his field observation, found that virtually every case of illicit conception ended in either induced abortion or infanticide.

Males who acknowledge knowing of a case of infanticide have much

lower than average family observance of pardā, according to Table 67, though the reverse is true for females. The males know of infanticide for poverty, and such respondents themselves are likely to be relatively poor and unable to insist that their women observe strict pardā. But the females in pardā would be more concerned about the consequences of an illegitimate birth than females who cannot observe much pardā. Table 67 also shows that males who know of infanticide have a much lower level of dependence on God, while females who know of infanticide have a somewhat lower level of this. This verifies the hypothesis that persons who fatalistically depend on God are less likely to resort to infanticide, or at least do not admit knowledge of it. Indeed, some consider it a sin to even know of cases of abortion or infanticide.

Infanticide in Context

Cross-culturally, there is abundant evidence of the use of infanticide to limit progeny or to control population. Granzberg (1973:406, 411) analyzed data on twin infanticide from the Human Relations Area Files and found that out of 70 societies 18 did not permit one or both of the twins to live. These are prevalent over Africa. Usually, the larger of the twins, or the stronger one is spared. Granzberg suggests that the underlying and perhaps unconscious reasons are economic and ecological. The second author of this work has observed in rural Bangladesh, that while there is no religious or cultural bias against twins, mortality is higher among twin babies.

Scrimshaw (1978:398) noted that infanticide has been widespread to limit the number of children. She writes, "Studies of the Human Relations Area Files reveal that infanticide has been practiced to avoid having too many children, in the case of deformities or abnormal births, and in the case of twins." There is ample evidence of this in protohistoric times, and it may date back to the Upper Paleolithic period. Even Aristotle mentioned abortion and child exposure as suitable means of preventing children from being too numerous.

Marvin Harris (in Fried 1968:228-229 and elsewhere) has developed the theory that the principal cause of war among simple agriculturalists is population pressure, and he views warfare mainly as a population-regulating mechanism. Deaths of young males was balanced by infanticide of females in some East African societies, according to his research.

South Asia is one of the parts of the world where infanticide has been observed flourishing in historical times. It may still be a minor cause of the skewed sex ratio in the subcontinent, though our data indicate that this would not be true for Bangladesh. However, Pakrashi (1968:33-37) has documented the history of infanticide in India, particularly of girl babies, and shows that it was widespread especially among certain castes in Uttar Pradesh and Panjāb in the 18th and 19th centuries. British travelers in Panjāb sometimes noti-

ced whole villages in which they saw few girl children.

The point of this discussion is to raise a subject that is virtually tabu in polite society; in spite of the unacceptability of infanticide on all religious and social grounds as a means of population limitation, it is going on now in Bangladesh, to the extent that more cases are caused by poverty, wilful neglect, deformity, and family problems, than by illegitimacy. In view of the fact that infanticide has had a certain cultural acceptability in parts of India and in many other cultures, and in view of the ecological pressures developing in Bangladesh, it is probable that this matter will be the subject of more attention in future.

CHAPTER XII

RELIGION AND CONTRACEPTION

1. Religion-based Preference of Methods

Quotations:

It will be a sin if fertility is controlled through the adoption of modern control methods. (M:5,6,7,8,9,10,11,13,14,21)

God did not say to prevent childbirth by taking pills (*baṛi*) or putting on balloons (*fōṭkā*, condom). People think bad of this, that it is a sin, and I also think that. The elders say it is against the Sharī'at. If this act of sin is done there shall be no peace in the world, and rain-clouds will not come, and the wrath of God will be seen. (M:13)

The Qur'ān and other religious books do not favor modern family planning methods, so these are not acceptable. Sterilization is an act of sin. However, the withdrawal (*āzal*) method can be practiced provided both husband and wife agree. (M:14)

The modern methods are not acceptable as we are a pardā-observing family. Furthermore, acceptance of such methods cannot bring any change in human fate (*takdīr*, *adriṣṭa*). Sometimes modern methods don't work; a certain woman had sterilization but yet had a conception 12 years later. My wife and I do not practice any modern method, but we practice self-control in coitus and pray to God not to give us any more offspring. (M:13,15)

Modern family planning methods are not supported by religion, so these are not acceptable. Sterilization is also not acceptable. Following sterilization it is observed that some women become fat and others become thin. (M:2,4,15)

Taking contraceptive pills or injections may create irregular menstrual flow. But menstrual flow is one of the regular events in nature (*prakriti*) so a woman should be allowed to have an uninterrupted flow. If in a month following coitus menstruation does not resume, but if through injections it is restored, that is regarded as the same as an act of abortion. (M:11,12,13,14,15)

Religion permits birth control, but not by modern methods. (M:21)

One who uses pills will be liable to explain to God for their use. The pills cause death to potential lives. (M:5,6,9,10,11)

Different foreign techniques and scientific methods are being contrived in order to decrease population. But all embryos are blessed gifts of God. (village professionals)

One should not go for sterilization because it is not at all permitted by religion. (M:21,22;F:8,16)

Sterilization of men and women is permitted individually. It is better to prevent offspring than to have abortion. (F:15)

Nothing happens 'without the wishes of Allah' (*Āllār icchā chāṛā*). Therefore modern family planning methods must have been introduced according to the wishes of Allah. Acceptance of modern methods will not be a sin and will not affect one's rank (*marjādā*) in the 'day of judgment' (*hāsarer din*). (F:8,10)

Other opinions are: by using traditional methods one does not have to do anything against the wishes of Allah; "Allah becomes happy" if one can limit progeny without resorting to modern methods; there are too many children because people do not observe traditional abstentions; from the Islamic point of view abstention is better; if the prophets had recourse to withdrawal and did not commit sin thereby, any family planning method must not be sinful.

We have already discussed (Chapter X.3) reasons for preferences among contraceptives, except for religion-based preferences which we discuss in this chapter. We have also noted (Chapter I.5,6) that Hindus are more inclined than Muslims to use every method, and Hindus have lower fertility. The above quotations show that there is a clear preferences among pious minded people, especially among the men, for traditional methods, and they often say that all the modern methods are sinful.

The BFS (1978:92) reports that 7.5% of Muslim women and 10.8% of non-Muslim women are 'current users,' and that more Muslims than non-Muslims do "not intend" to use any methods. But the particular methods preferred are not shown. Preferences as regards pills and condoms may be seen in Khan, Huber, and Rahman (1977:7) from an experimental distribution program in Matlab Thānā. In a control area 1.5% of Muslims and 8.3% of Hindus were using pills, but in the research area after a 12 month distribution effort, 10.4% of Muslim and 10.1% of Hindu women were using pills. This suggests that Muslims need more motivation than Hindus, but once initial hesitation is over they are as likely to accept use of pills. After a year of distribution effort, 3.5% of Muslim and 5.4% of Hindu women's husbands were using the condom. But our data do not show much Muslim-Hindu difference in condom preference.

Sterilization is disapproved by many of our interviewees, especially by men.

Rahman, Huber, and Chakraborty (1978:4) show from another experiment in Matlab Thānā on sterilization, that 57% of males and 43% of females objected "on religious grounds." These authors say that this difference was unexpected, given that males are more educated and more exposed to mass media than females, and they suggest that this point needs more research. However, their finding fits in with all our data showing that men consistently tend to speak and act in ways deemed to be pious, whereas women's responses tend to be more pragmatic. In another ICDDR,B study of sterilization (Bhatia *et al.* 1979) it was found that the overwhelming concern was about possible health consequences and impairment of domestic activities. But most of the women also justified their decision to accept sterilization on grounds of "health." As discussed above, sexual functioning is symbolically important for assessing "health," and health is deemed to affect one's social role. This study shows that 96% of women (out of 275 sterilized) secured the agreement of their husbands before coming for the operation. But not one husband accompanied his wife to the clinic, or came for a post-operative visit. The researchers interpret this as the husband wanting to disassociate himself from possible physical complications of the operation, but we would interpret it as disassociating himself from an act which in the traditional values strikes at the image of propriety and esteemed or pious behavior which is, next to economic standing, the most important criterion of local status ranking among males.

Several contraceptive methods are problematic for Muslims during the fasting month of Ramzān. Muslim women will seldom come forward for sterilization during that month (Abdus Sattar 1979:16). Also, if they are taking depo-provera and an injection is due at that time, it should be taken before, as injections are viewed as similar to taking food or water into the body. Injection, pills, or IUDs may cause irregular bleeding, which should cause disruption or postponement of fasting.

Hindu-Muslim Preferences for Methods: Table 58

This table shows Muslim and non-Muslim use of different kinds of contraceptives within our secondary sample, which contained 26.9% non-Muslims. In the first column we see that more (or the same number) of the whole sample population than Muslims "never heard" of *each* method. This is because the Hindus in our sample population are mostly Scheduled Caste, or low caste, and therefore poor and relatively unsophisticated. Under the second heading, we see that more of the Muslims than the whole sample population "heard but never used" *each* method. We believe that Muslim-Hindu differences are significant on this point; once they hear of any method, Hindus are more willing to try it.

Under the next heading, we see that the Muslim-Hindu difference in

the drop-out rate is not very large, but Muslims have a slightly greater tendency to drop use of the pill (*bați*), withdrawal (*āzal*), and injection. Stoeckel and Chowdhury (1973:78) also found that Muslims have a higher drop-out rate, which they attributed to pressure from *mullās*.

Under the next heading in table 58 we see that Hindus tend to use douche and rhythm (*din mene calā*) more, and Muslims tend to use withdrawal and local methods very slightly more. Hindus clearly tend to use tubectomy more, which is in line with the above quotations of Muslims that sterilization is sinful. There is not much other Muslim-Hindu difference in preference for method, and no modern methods are avoided all together because of religious affiliation.

Preferences for Methods and Religiosity: Table 59

This table contains considerable valuable information, some of it useful for policy. It shows the percentage who have "ever used" each method according to four of our measures of religiosity.

As regards traditional methods, first we should note that males are more willing than females to acknowledge use at some time of douche, rhythm, and abstention. We believe this is because males tend to acknowledge use of methods which fit in with a pious self-image; that explanation holds up when we look under the column showing dependence on God, for of men acknowledging use of these three methods, 96%, 89%, and 98% respectively depend on God for number of children. Moreover, men acknowledging use of these methods have strict practice of pardā in their homes. Use of douche and abstention is also clearly related with much fasting.

One might expect that if douche, rhythm, and abstention are related to these indicators of religiosity, withdrawal would be too, for it is frequently mentioned by our conservative Muslim respondents and is supported in Muslim textual tradition. However, pardā, dependence on God, and fasting, are not particularly related with withdrawal, though citation of negative opinion of religious leaders is. In fact, not many people care to use this method. Indigenous methods are also not related to these measures of religiosity, except, again, to negative opinion of religious leaders.

Among modern methods, pills (*bați*) are more frequently acknowledged by females and condoms by males; perhaps some females take pills, or formerly took pills, without their husbands' awareness or the husbands might have forgotten about it. As regards condom (*fōṭkā, rābār*), it appears that women do not like to acknowledge that their husbands use it. In fact, several of our female respondents said that women disliked for their husbands to use this method; they feel it a duty to ensure their husbands' pleasure.

Among other modern methods, females acknowledge more tubectomy and

males more vasectomy. Again, it appears that females are reluctant to acknowledge that their men have used such a method. Females also acknowledged greater use of IUD and injections and males of foam or jelly; the former are methods which women have to manage for themselves but men would have to purchase the foam or jelly.

Looking at the relationships between pardā and all these methods on Table 59 (the male-female difference in stated practice of pardā is discussed in Chapter IV.1), we see that for both males and females strict practice of pardā is related to douche and abstention. Among the modern methods there is not much difference. What is clear is that those practicing strict pardā, and particularly the men, have a strong preference for traditional methods. This is one of the interesting findings of this research.

Looking at the relationships between dependence on God and all these methods, the greatest dependence on God is related with abstention and douche among men, and with indigenous methods and rhythm among women. Again, it is clear that those having dependence on God as regards number of children tend to prefer the traditional methods. Men acknowledging use of the pill, condom, or foam and jelly, have the lowest dependence on God, and women using all modern methods have lower dependence on God than women using all traditional methods.

As regards fasting, the same pattern appears. Those who do not fast at all tend to prefer modern methods, especially sterilization and the condom. Those who fast 30 or more days a year prefer the traditional methods, especially douche, abstention, and withdrawal.

Those who cite negative opinions of religious leaders regarding family planning prefer withdrawal and indigenous methods, and few of them go for sterilization or the pill.

Religiosity and Modern Contraceptives (*Table 5: Correlations*). A fairly clear pattern emerges from all the above, which is also reflected in our correlation matrix showing 16 measures of religiosity and conservatism. Use of modern methods is negatively correlated with: pardā —.35, holy days, abstinence —.22, reading religious books —.21, having a religious leader—.15, negative advice regarding the population problem —.11, and dependence on God for number of children —.10. Use of any contraceptive is negatively correlated with: pardā —.19, reading religious books —.16, negative advice regarding the population problem —.11, holy days' abstinence —.10, and having a religious leader —.10. But holding rituals for a child, and making at least minimal expenditure on a festival, are positively correlated with use of contraceptives, because these matters are largely functions of income and local status. Dependence on own choice for number of children is positively correlated with use of contraceptives at .17.

There is no statistically significant relationship in this table between being

a Muslim and use of modern contraceptives, or any contraceptives. The proposition stated in the Preface, that we believed religiosity is more significant than religious affiliation in this matter, is therefore borne out.

2. Religion-based Ideas on Family Planning

Quotations:

In the opinion of 'religion' (*din*) 'family planning' (*paribār parikalpanā*) cannot be accepted. People think of it as sin. In my house the elders will not even hear of it and say it is an act against the Sharī'at. (M:13)

I don't believe in these things. They go beyond Allah's order. I am ready to accept the children Allah gives me. Can I bring any if He does not give them? Then why should I be looking for ways to prevent them? (M:14)

The elders say that because of family planning now, drought and calamities occur. They all hate it. In the day of judgment the Prophet will take pride at the sight of the large number of his followers (*ummat*). It is a moral duty of every Muslim to beget offspring. (M:13)

The main objective of marriage is procreation. Following marriage if conception is delayed wilfully it is an act of sin. For such an act of sin the conjugal partners will have to suffer punishment in the day of judgment. (M:11,12,13,14,15)

Elders think that if one accepts modern family planning methods one will be harmed in this world, and in the next world too because his sexual actions will be taken into account. In the day of judgment each one will be asked to account for every drop of semen that was used in one's life time, and if anyone wastes the God-given semen or adopts any unnatural (*asvābhābik*) method causing it to be wasted, then after death he will have to submit an explanation to God in the day of judgment. (M:5,6,7,8,10, 11,13,14)

Bhagabān has endowed humans with a certain quantity of semen. If it is not used for the purpose of procreation the wishes of Bhagabān will remain unfulfilled. (M:15)

Measures for 'birth control' (*janma niyantran*) may be adopted to reduce the number of children, but it will be a sin if modern control methods are used. Birth control is very good for health and also for peace and harmony in the family. (M:22, *maulavi*)

Family planning and birth control are permitted in our religion [Hindu]. One should beget children keeping in mind the income of the family. However, infanticide and abortion are matters of sin. (F:15)

The *maktab* does not offer any lessons on the number of children one should have. Most of the women are not in favour of many children. Many

people believe in the effectiveness of family planning methods and desire to use them. (F:1,2,4,5,7,8,16)

Other comments are: family planning can be an act of sin for the rich; family planning is not sinful if one cannot maintain more children; family planning is not sinful because it was introduced into the world with the consent of Allah; family planning is beneficial in this world but will have bad effects in the after-world; women who use it do not care for pardā and lose their shame; even if family planning is sinful one should use it to keep the number of children down, and God will pardon it; Islam does not state anything about family planning; God gave man intelligence and he did not prohibit family planning; children will curse their parents if not properly maintained, so family planning cannot be a sin; in the day of judgment we will not be answerable to Allah regaridng family planning because all was done at the instruction of the Government (Aziz 1980).

Several of these quotations represent that segment of Bangladesh society that believes that God has not given authority to humans to wilfully control the birth of their progeny. Using contraceptives is considered by them to be interference in the wishes of Allah. It is important for the believer to satisfy Allah by shaping his life according to the instructions provided by the Prophet (in the *Hādis*), so by begetting many children one can help fulfil the cherished goals of the Prophet. On the day of judgment the Prophet will express happiness if he finds 'large rows' (*bara kātār*) of his followers.

There are also some who believe that every drop of semen used in one's life will have to be accounted for. Wasting it is "unnatural" and sinful. The use of modern family planning methods perverts the purpose of the reproductive system. Everyone's sexual conduct will be evaluated in the day of judgment. When disobedience reaches a climax Allah punishes people by inflicting catastrophe (*gazab*) such as drought, flood, cyclone, or fire. Such catastrophies may be explained by human mis-deeds which interfere in the will of Allah; special prayers may be organized to obtain the satisfaction and forgiveness of Allah.

Not all people hold these beliefs. In the above quotations such beliefs are more commonly expressed by males than by females. Throughout this book the majority of quotations by females have shown an open-minded attitude toward contraception.

Strident objection to family planning is maintained only by a few, who may form a hard core (Abdus Sattar 1979:16). A saturation program in Matlab Thānā (Osteria *et al.* 1978:16) produced only a modest shift in current use but there was a marked shift among users to modern methods.

Religion-based opposition to family planning may be less than it was a few years ago. Wiqar Zaidi (1961) in a village study in Comilla District found, two decades ago, that the majority of respondents had no knowledge about contra-

ceptive methods, and did not want to learn about them; 55% of the women expected that if they tried any they would face opposition from their husbands. Three quarters of the respondents, when asked if contraception is permitted in Islam, said not, and one quarter said it is; the men attributed their opinions on this to the *maulavis*, but not the women. However, 76% of the men and 97% of the women, when asked if they might take up contraception if permitted by religion, said yes. Zaidi concludes: "This shows that the greatest obstacle in the way of not practicing the family planning programme in the rural areas will be religious conviction of the people." However, in parts of the same district where family planning workers were abused in the early 1960s, today as many as 30% of eligible couples are using contraceptives.

Our field investigators dealt with this question for five months each while they were gathering data for this project. At the end of their work we asked them to state their experience and opinions on various subjects, including their opinions of how important (religious) beliefs are in inhibiting the family planning program. Their opinions were as diverse as those of the population:

> It is important in 90% of cases. (F)
>
> It is the greatest obstacle. It will be easier to preach family planning if fear on account of religion can be abolished from the minds of the people. (F)
>
> Religion and ideological faith produces 30% of the obstacles to family planning. (M)
>
> It is not that religious beliefs are so important, because people practice irreligious activities and avoid [high] religion. Their disapproval of birth control comes from their superstition and fear, which must be removed by the light of education. (M)
>
> It seems to me that the barriers created by religion are great. It will be quite hard to implement family planning unless it is done consistent with religious faith. There is another point to be mentioned. There are people in our villages who speak against family planning with religious arguments which they use as instruments to manipulate others. The importance of the religious arguments lies there. (M)
>
> In my observation religious faith has hindered family planning much. Faith in fate is another reason for our population increase. Religious rules hinder family planning and are a great barrier in women's achieving social status and position. Because rural people are governed by the religious leaders, people must accept anything preached by them. So the religious leaders have a powerful role to play to make family planning fruitful. (M)
>
> Many people think birth control to be a sin. They draw their arguments by quoting the *maulānās*. Even when I went to those *maulānās* I did not get any satisfactory answers. This will surely disrupt the effectiveness

of family planning.

It depends on the education and tastes of the individuals, not on religious faith. Only the illiterate section of the population links religion with the idea of birth control. (F)

In my opinion religious faith is not a very important barrier to family planning. (F)

The obstacle created by religious faith is not so important. (M)

People do not consider contraception to be a barrier to their religious faith. (F)

It is interesting to note that even among the investigators more females than males discounted religious ideology as a barrier to contraception. The female investigators, of course, had been dealing mostly with females on these issues.

But the male investigators quoted above perceived the importance of political and religious leadership. The comment that local leaders use religious arguments as instruments to manipulate others seems the most perceptive.

3. Opinions Concerning Religious Leaders and Holy Books

Religious Leaders and Family Planning

Negative Quotations:

According to the religious leaders the use of family planning methods is a 'disobedient action' (*nāfarmānī kāj*) toward Allah. If anybody willingly takes pills or condoms he will be answerable to Allah in the 'day of judgment' (*hāsarer din*). It is an act of sin. (M:11,12)

Religious teachers say use of family planning methods is a 'disobedient action' (*nāfarmānī kāj*). Religious leaders make taunting remarks about these methods. Many people view family planning favorably but they are made to think that if they accept their use they will be answerable to God. Some poor women feel that these methods have come according to the wishes of Allah and are willing to accept them, and they feel that the religious teachers preach wrong ideas on this. (F:7,8,10)

The *maulānās* are of the view that birth control may stop the advent into the world of virtuous champions of religion, and it interferes with the affairs of God which no man has the right to check. People who are afraid of religion are heeding them. (village professionals)

Most of our Muslim religious leaders are seriously against sterilization. (village professionals)

The *maulavis* do not say to check the population; they think this is an action against God. They preach that if one dies with an operation on the body it is a sin. At present many people are willing to accept family

planning but some cannot bear it because their bodies feel weak. (F:7)

Religious leaders consider uncleanliness and birth control measures to be bad. However, there is no rule prohibiting birth control which stops a baby coming in the mother's womb. (F:15, midwife)

The number of children and child-births depend on the absolute wishes of God. But many may control child-births through *āzal* and this method is not considered anti-religious. (*maulavī*)

Āzal was allowed in Hazrat Muhammad's life time because of the conditions of society. But nowadays *āzal* is not permitted. Birth control is allowed by religion only when the life of the mother is in danger by frequent childbirth. (M:21, *imām*)

The birth of a child absolutely depends on the wishes of Allah. Birth, death, sustenance, and wealth— these lie in the hands of Allah. Therefore man cannot reduce the number of children even with a multitude of efforts unless with God's will. For instance, Ābu Hānifā once married an old lady with the intention to have no children by her, but that lady conceived because of the wishes of God. (*ptr*)

Positive Quotations:

The number of child-births, many or few, depends on the desire of the individual. If a couple is a little bit conscious about their economic condition they can adopt any of the many kinds of birth control devices and bring happiness to the family. (*faktr*)

The idea that child-birth depends on the wishes of God is no longer true in the present world. Man's idea is dynamic. Man can control the number of children through contraceptives; whether birth control depends on God varies from person to person. (Hindu *purōhit*)

Child-birth depends on the wishes of God but a man can stop it by his effort. Self-control is the best method of controlling child-birth. If a man worships God he can control himself and his sex desire will gradually go down. (baiṣṇab priest)

The birth of a child depends on God's wishes, but under the pressure of the situation limiting the number is not considered an anti-religious activity. If the number of children is increased by the wishes of God then poverty will also increase, which is against Buddhism. Therefore, for the sake of happiness and peace the number of children may be limited, and it greatly depends on the parents' wishes. This attitude is not anti-religious. (Buddhist monk)

Birth control is necessary to reduce the over-population, and religious leaders in other countries have done the best thing. Religious leaders here have different opinions about birth control; some support it and some hate

it. Despite this, the villagers support and want to accept birth control. (*imām*)

Opinions of Religious leaders on Family Planning: Tables 23, 59

We asked 1671 respondents what their religious leaders said about family planning and population control. Out of these 1464 could not say anything about what they said. Of those who gave an answer, 177 quoted a negative opinion, 17 an ambigious opinion, and only 13 a positive opinion (opinions are listed in Table 23).

Of Muslims, 13.3% cited a negative opinion of their religious leader, but of Hindus only 3.6% did. The most common negative opinions are that family planning is sinful, that it is offensive to religion, that it interferes in God's will, and that it is un-Islamic.

Of males, 15.2% cited a negative opinion, but of females only 4.6% did. Women do not have frequent access to religious leaders. The table also shows that there is no tendency for older people to cite more negative opinions of religious leaders, but rather those in the age cohort 25-34 cite more negative opinions.

There is a tendency for those citing negative opinions to have greater dependence on God for number of children, and this is particularly so among females.

Table 59 shows that those who cite negative opinions of their religious leaders tend to prefer certain methods if they use contraception at all. They prefer withdrawal and indigenous methods, and to a less extent rhythm and condom. Fewer use the pill, and they do not prefer sterilization.

In a study of 240 village leaders in the Chittagong area, Monjur Mahmud (1978:64-73, 78) found that most local leaders favored family planning, but 85% of religious leaders were opposed, and "a vast majority of religious leaders advise villagers not to adopt family planning." The age and family size of the religious leaders made no difference in their responses, but education and income did. They gave conflicting textual support for their opposition. Most of them favor early marriage. And whereas most other leaders thought that population growth in Bangladesh is very high and is a problem, the majority of religious leaders "consider the growth rate as optimum." None of them favored sterilization as a method. He suggests that "Madrasha education should include disciplines of economics and political science, sociology, etc. so that their training and knowledge is improved and can cope with modern challenge of the world."

In Bangladesh villages the distinction between political and religious leadership is fuzzy. Most political leaders who enforce behavior at the *pāṛā* level (Chapter XIII.4) invoke religious authority in doing so.

Opinions of statements in Religious Books

Allah has instructed humans to lead their lives according to the injunctions of the Qur'ân and the Teachings (*Sunnā*) of the Prophet. It will be a sin if anybody acts against the wishes of Allah. (M:5,6,7,8,10,11,13,14)

I don't want to adopt family planning methods. These are contrary to religion and to the Sharī'at. (M:14)

When I studied in the *mādrāsā* I learned about menstruation and these matters. I learned about the responsibilities of husband and wife by reading *Maksudul Mōmenīn* and other religious books. Without such knowledge many commit sin and do wrong things many times. (M:13)

The Qur'ân and *Hādis* do not tell how many children a couple should have. (F:7,8)

Knowledge of Statements in Religious Books (*Table 22*). We asked 1671 respondents if they knew any statement in their religious books about population or its control. Out of these, only 33 could quote such a statement; 236 said there is no such statement, and the rest didn't know. The most commonly quoted statement (by 11 Muslims) sanctions the use of contraception (*āzal,* interpreted as withdrawal) and abstinence, by going on a journey, to purposefully control birth if there are too many children to educate. Only five Hindus quoted a statement, and four of these referred to infanticide. No people of other religions quoted a statement. Those who were able to offer such a statement have somewhat less than average dependence on God for number of children, probably because they are more educated.

We now turn to the actual statements in religious books.

4. Islamic Textual Authority

Throughout this book we have been citing what people say their religion says. From the viewpoint of behavior, what they think "Islam says" is more important than what the authorities actually have said. However, by way of contrast with all the foregoing, we summarize here some opinions found in classical and later Islamic textual authorities.

The most comprehensive source is Mahmood (1977) who cites Qur'ânic laws, what the Prophet and his associates said, the opinions of classical jurists, and the principles and policies of modern Muslim nations. There is a vast body of opinion in all these sources favoring contraception and family limitation by every means except infanticide. Of course, in any such body of literature a scholar may pick and choose to support a viewpoint. But the balance of evidence in this seems to be overwhelmingly in favor of the various means of contraception and even of abortion, at least under certain conditions.

An idea we encountered repeatedly in the quotations is that the number

of Muslims should increase, the Prophet will be happy to see large rows of worshippers, and such. There is no such teaching in the Qur'ān but rather there is a teaching that "the bad and the good cannot be equated" even if the bad is in excess, so that numerousness is not a virtue (Mahmood 1977:5). There is nothing in the Qur'ān that directly speaks for or against contraception, though marriage and maintenance of the family are enjoined.

We also read that "He hath not laid on you any hardship in religion" and "God wisheth you ease but wisheth you not discomfort." There are several Qur'ânic passages referring to God the sustainer such as "The heavens hath sustenance for you" and "There is no moving thing on earth whose nourishment dependeth not on God." We also read, "He maketh whom He will childless." But there is no reason these verses should be interpreted to teach resignation in acceptance of conditions which one can change with effort, for the faithful are instructed to "go in quest of the bounties of God" (Bangladesh n.d.: 10-11). Thus, the fatalism in regard to number of children that the majority of our respondents have expressed is not enjoined in this most sacred of texts.

The Qur'ān has a number of verses prohibiting infanticide, especially of girl babies. The faithful are enjoined "that ye slay not your children because of poverty" for "lost are they who, in their ignorance, have foolishly slain their children." There is no justification for interpreting this verse as implying that contraception is infanticide in disguise (Bangladesh n.d.:12). The Qur'ânic emphasis on prohibiting infanticide was in reaction to sacrifice of children current in those days (Population Council 1967:49). Our respondents, however, are on firm Islamic theological ground when they reject infanticide as a means of population control.

There is another Qur'ânic verse which states, "Your women are lands for you; so plough them as you wish." This verse is interpreted by Hazrat Ābu Hānifā as, "He means you can cohabit with your women with or without contraception (*'azl*)" (Mahmood 1977:17). The Hānafī school (*majhāb*) of law and theology, founded by this *imām*, is the one prevalent in Bangladesh.

Akhter Hameed Khan, formerly Director of the Pakistan Academy for Rural Development at Comilla, researched the Islamic authorities on the matter of contraception and circulated a pamphlet on the subject (Population Council 1967:56-65). He commented at length on the passages in the *Hādis* about the Companions of the Prophet who said after His death, "We practiced *'azl* while the Prophet was alive, and the Qur'ān was being revealed." Another version is, "We used to practice *'azl*, and when the Prophet was told he forbade it not." The Prophet himself advised a man to practice it, when he came to Him to ask what he should do about a slave girl with whom he was copulating but by whom he did not want a child. Later, when told the girl was pregnant, the Prophet replied, "I have told you that whatever is decreed will

come upon her." After the Prophet's death several arguments arose on this subject, and some averred that *'azl* was minor infanticide because conception was prevented, but others argued conclusively against that viewpoint. A.H. Khan interprets *'azl* (Bengali: *āzal*) to mean withdrawal, which is the popular interpretation now, and he concludes that it is permissible not just if the wife consents, or if the female partner is a slave, but that it is in general a proper form of behavior.

However, *'azl* can mean more than withdrawal. It is specifically used in matrimonial law to mean "birth control." Mahmood (1977: 26, 91) refers to classical works in which the word specifically means "sealing of the womb" which was a form of contraception. Also, even the Companions of the Prophet, in discussing this matter, use the term *'azl* to mean induced abortion; this is the meaning indicated by Hazrat Āli himself. So it can mean *withdrawal, sealing of the womb,* and *induced abortion,* and some of our own interviewees (quoted in Chapter X.2) say that *āzal* includes *abstention* from coitus for 14 days following menstruation. By extension, we can include under this term any of the traditional means such as pessaries, or modern means such as condom or pill. Mahmood concludes that the many references to *'azl* in Arabic literature may be interpreted as approval of birth control in general, including any of the methods. This position is also held by the jurist Shah Zayd Faruqi and other *ulāmā* in South Asia.

If "sealing of the womb" is similar to sterilization, then that method also would find approval under the ancient religious norms. In addition, Mahmood (1977:96-99) quotes some other authorities who might be invoked in support of this method. These arguments are not known to the preponderance of our interviewees, who opined that sterilization is sinful and forbidden in Islam.

As most Muslims in Bangladesh are of the Hānāfī *majhāb* or school, we are particularly interested to note that from the time of its founder, as noted above, it has had a liberal outlook on birth control: "In the opinion of Abu Hānifā, birth control is permissible" (Mahmood 1977:40-44). Some Hānāfī jurists said birth control is permissible only with the consent of both partners, but later nearly all of them agreed that one party could practice it even without the consent of the other. Moreover, the founders of each of the four Sunnī *majhābs*, Hānāfī, Shāfi'ī, Mālikī, and Hāmbalī, decreed that birth control is permissible; the texts of three Shi'ā schools, Jafārī, Zāydī, and Ismā'ilī, also approve it (Mahmood 1977:42-45, 79).

As for induced abortion, we already noted that it was discussed by the Prophet's Companions, in the *Hādis*. Hazrat Omar, in the discussion reported among the Companions, read the verse from the Qur'ân about the stages of creation of a fetus. This is clarified by Islamic jurists as seven stages: dietary material which turns into sperm and ovum, fertilization, formation

then of blood, of solid tissue, and of bones, then development of flesh, and finally the beginning of life upon which it becomes "another soul." The last stage arrives not before the beginning of the fifth month, so that Islamic jurists agreed that six months would ordinarily be the minimum period of gestation. This takes 120 days, and up to that time the fetus can better be described as a piece of flesh (Bangladesh 1977:43; Mahmood 1977:100). Our interviewees quoted above are in agreement with this in saying that a fetus acquires "life" in the fifth or sixth month, and up till then it is a "piece of meat."

But though most Bangladeshi Muslims are Hānāfīs, they are not aware that in Hānāfī law, "the unanimous juristic verdict is that abortion is lawful within one hundred and twenty days (seventeen weeks) from the date of conception, if there is any genuine reason for having the pregnancy terminated," under the presumption that the embryo is not fully formed before the beginning of the 18th week (Bangladesh n.d.:20, 24; Mahmood 1977:101,104). It is also the opinion of al-Ghazzalī, the great jurist of the Shāfi'ī school, that abortion up to that time is not infanticide.

In recent times there have been many *fatwās*, or official Muslim pronouncements on birth control (Population Council 1967; Bangladesh n.d.). An Ayatollah from Iran pronounced the legality of contraceptive use; the Grand Mufti of Jordan notified that contraception might be used, and also medicines for abortion; the Chief Kathi of Singapore pronounced that steps may be taken to check the number of children but that abortion after the fourth month of pregnancy is forbidden; the Mufti of Egypt announced that either husband or wife can take measures, even without permission of the other partner if there are reasons, to practice contraception, and that therapeutic abortion is permissible before fetal movements begin. (The Indian law on abortion, passed in 1971, permits it only through the 12th week, five weeks less than in Islamic law.) Most Muslim nations have also issued statements concerning the permissiblity of family planning. Official discussion of the matter in Morocco in 1971 concluded with a unanimous opinion that Sharī'at law as explicitly derived from the Qur'ān and *Hādis*, gave the Muslim family the necessary latitude to regulate its life to meet challenging new situations "either by increasing or decreasing its size."

It is also possible to find opinions in Islamic scholarship that family planning is wrong or that some of the methods are wrong; sterilization in fact scarcely has support in the texts, but it is essentially a new method and cannot be considered less drastic than abortion, which is definitely supported. Some *fatwās* of Islamic nation say that sterilization and abortion are not permitted (Population Council 1977:2, 13; Mahmood 1977:49-128). But anyone who wants Muslim textual justification for any form of population control except infanti-

cide can find it if he wishes.

These points of Islamic law are scarcely known in rural Bangladesh, for the lesser religious leaders propagate only the points of law which suit their outlook and social purposes. Some of these facts have been propagated by the Government in Bengali booklets (BARD 1975; Bangladesh 1977 (c)) and some efforts have been made to convene gatherings of religious leaders to discuss the matter.

But the question arises, why are many Bangladesh people *more* conservative on these matters than Islamic law requires? We conclude that in invoking religious law which is not there or in interpreting it more strictly than necessary people are principally justifying and rationalizing the deep-seated pro-fertility sentiment of the peasant-based way of life, and the resignation to circumstances of life they do not have experience in changing, as described in the first two chapters of this book. Even more than this, in our opinion, is the social importance of pious and respectable demeanor among men, which generates *social expectation* that people will assert dependence on God's will and denounce whatever seems to interfere in His will, and behave with the decorum that is associated with pardā. These will change as people acquire a more urbane outlook through education and wider life experience, but the basic values which govern village social dynamics change only slowly. It is thoroughly embedded in Bangladesh society that those in local respectable positions, such as family or lineage head, or hamlet or village head, may claim the authority to control others by using piety and religiosity as a rationale, and may invoke the authority of religious tradition in making decisions about the behavior of others. They cannot be less religious than others. This will not change fast, and can be displaced only as the local people come to change their criteria of local status, ranking, and authority. These aspects of social dynamics should be clearly understood by agencies desiring to make changes in community life.

In the meantime, much more could be done immediately to widely publicize statements in Islamic texts, and especially in Hānāfī tradition, which are favorable to these means of population control.

CHAPTER XIII

CONCLUSION

1. Summary

Chapter I: World View, Religion, and Fertility

Bengali peasant culture is suffused with a pro-fertility ethos which evolved over 3000 years of adaption and symbiotic relationship between man and the land. The culture has become highly successful in its ecological setting. The various great religions are superimposed but rural beliefs about fertility and the human body are more fundamental and cut across them.

Human fertility and land fertility are analogous. A woman is the field and the seed is nourished by her juices before birth and by her milk after birth. Muslims commonly say that every mouth brings its own food, and each person's food is pre-allocated before his birth. Therefore some conclude that land can indefinitely support those souls to be born. Such pro-fertility beliefs were at one time functional, but because life expectancy is now 52 they have become dysfunctional.

It is thought by Muslims to be a moral duty to have and raise children and to increase one's kinship and lineage groups. The bodily substances shared by the breeding group are said to be transmitted by the male semen and the female semen, which mix at conception.

Muslims consistently have higher fertility than Hindus, and give negative advice about population control twice as much as Hindus. But these differences can disappear through motivation. The most fertile group is the rural middle class, who are mostly Muslim cultivators. Their higher fertility is not just because of religious affiliation, but because they are enmeshed in the matrix of peasant life that evolved with a pro-fertility bias.

Chapter II: Fate and Dependence on God for Number of Children

It is believed that one's fate is written on one's forehead at conception or at birth; fate is determined by Allah before the soul is sent to the fetus. God controls the four main aspects of living: life, death, wealth, and sustenance;

There are two kinds of fate: unchangeable and changeable, and Muslims seek God's favor for the changeable fate on the night of Śab-i-Barāt. The concept of karma is actively assented to by Muslims and Hindus: one's deeds, especially bad deeds, will affect the doer.

The number of one's children, thus, is predetermined by God and food is allocated accordingly. It is a cultural expectation that people should affirm this; hence 86% of men and 78% of women in our samples say they depend on God for the number of their children. However, 40% of respondents who say so also say they depend on their own choice for the number of children; the same pattern is found in interviews with village specialists. This attitude of dependence on God evolved over millennia in line with what people can realistically expect, given their life experience, and it also reduces the psychological cost of sudden misfortune. But at the same time people are open to take control of events, such as pregnancies, if it is possible or desirable according to their life experience.

Stated dependence on God for number of children is statistically correlated with: higher fertility, early marriage, stricter pardā, more fasting, more prayers, less abortion, negative advice on population control, negative opinion of religious leaders on family planning; and less use of modern contraceptives. These figures support our premise that it is religiosity, rather than religious affiliation, which is of concern as regards population growth, and this arises principally out of the world view of the peasant society and the social importance of piety.

Chapter III: Rituals, Religiosity, and Fertility

Amulets are worn by 40% of people, and given to children by 40%. Many people use them for sex-related or infertility complaints. They are believed to transmit God's power. People who use them for specific ailments have more dependence on God for number of children, and practice stricter pardā. There are many other Muslim and Hindu rituals to promote fertility.

Of our measures of religiosity, many are statistically related to fertility. Being a Muslim, frequency of fasting, and frequency of prayer, are inter-correlated well at .33. Being a Muslim is also correlated with more frequent fasting, stricter pardā, and negative advice about population control. More frequent worship and more frequency of prayer, are related with stricter pardā, more dependence on God, and higher fertility. Reading of religious books, undertaking an intermediate-distance pilgrimage, and having a religious preceptor are also related to many of these, which are in turn related with early age of marriage.

Dependence on God is correlated not only with several religiosity variables, but also with higher fertility and with less use of modern contraceptives. In contrast, dependence on own choice for number of children is strongly correlated with

positive advice on population control, use of contraceptives, and negatively with some reliogiosity variables. The average rural middle class Muslim villager is in a system of interlocking religiosity factors and pardā which promote high fertility and restrain thinking about exercise of one's own choice on such matters as number of children. These statistical relationships do not mean that an individual cannot change his behavior, but that the traditional world view has a consistency.

Chapter IV: Pardā

Pardā (purdah) is a measure of local respectability, piety, and status, based on behavior rather than on wealth or consumption. It is one of the most pervasive features of Bangladesh society, and is thought by Muslims to be symbolic of restrained and desirable behavior in general. In families observing pardā women do not go out for work or shopping, and many other aspects of decorum, behavior, and morals are thought to be enhanced by pardā. Men claim stricter observance of it in their households than women do. One of the most significant effects of pardā is reluctance to talk about future pregnancies, contraceptives, or such other matters as might be considered interference in God's will; "pardā will have a sure effect against the acceptance of family planning methods."

Pardā is one of the best correlated of all our quantitative measures. We measured it on a scale of 1 to 7. Stricter pardā is statistically associated with more fasting, sexual abstinence on holy days, reading religious books, more frequent worship, having a religious leader, use of amulets, being a Muslim, negative opinions about population control, low age of marriage, desire for more children, and actual high fertility. It is highly correlated with stated dependence on God for number of children. The correlation between strict pardā and use of modern contraceptives is negative, −.35, which is virtually the highest in our correlation matrix.

Relaxation of pardā among some urban or highly educated women has little effect on village behavior. Pardā declines with education of females past class 6 or 8, and with males only if they are educated past secondary school. Whether pardā is intermediate or strict makes little defference on fertility. It is unlikely that as long as this ideal persists and women's only responsibility is domestic, that they will be satisfied with only two children. This is an intractable problem, but one of the most urgent for Bangladesh.

Chapter V: Beliefs about Marriage

Some Muslims say the world is God's garden and should be filled up with people, and a woman is like a field for man to plow. In Hindu tradition generative power is a female quality, but must be released and controlled by a male.

Some Muslims say marital partners are pre-determined, and Hindus cast horoscopes; both symbolize the permanence of the marital union, though permanent separation occurs in 13 to 19% of marriages. In Islamic law marriage is a contract, but is made into a sacrament in Bangladesh. Widow non-remarriage among Hindus and pardā among Muslims indicate family status, but the former inhibits fertility and the latter promotes it. Age of marriage is clearly increasing, and there is a wide range of beliefs about desirable age of marriage, even among religious leaders. Late marriage for girls is incompatible with pardā. Pardā, fatalistic dependence on God for number of children, and fertility, will drop especially with marriage of men after age 25 and women after 20.

Husband-wife relations are symbolized by the belief that husband's life expectancy will be cut if the wife eats before her husband, rises from bed after him, lets strange men see her forehead, does not observe pardā, has illicit sex, or makes excessive sexual demand on her husband. Some couples do not discuss sex much. A man does not discuss sex with juniors or other family members who should respect him. There are different opinions about sex education.

In Islamic tradition all sexual activity outside marriage is said to be wrong and is thought to cause seminal weakness and bad health. All kinds of sexual activities are common enough in village life but may bring punishment only if made a public issue. Religious restrictions on sexual activity outside marriage help keep extra-marital fertility very low in Bangladesh.

Chapter VI: Thoughts on Having Children, and Socio-Economic Factors

Having children is a compulsory duty in Islamic tradition, and children must be raised in religion; this is also advocated in Hindu tradition. Muslims say if there are several sons one can be given for religious education. Many children will have more voices to praise God, and in the day of judgment the Prophet will be pleased to see long lines of worshipers. Children have a duty to care for the parents' funerals. An infant who dies in innocence will plead in heaven for his parents to be let in. The female is blamed for childlessness, like a barren field without nutrients.

Children are needed for old age support, and this need may be increasing with more landlessness. Children who do not support aged parents are said to be beasts and accursed. Sons are more desirable, and more of them bring diversity of income and make the kinship group large and strong, but daughters require dowry to be married. Of respondents aged 35-44, 75% of women and 52% of men say they want no more children, but only a few take action accordingly. It is said to be an embarrassment to have a child on the lap when one's older children are married, but we find that fertility does increase with each age cohort into the 40s. The hypothesis that growing children are wanted because they are economically important is not upheld; rather, people cite the cost-

of raising them. The hypothesis that a large number are wanted as replacement insurance against death is not upheld. The hypothesis that reduction in child mortality is a precondition of fertility decline is not upheld.

Among socio-economic variables, education is most important; a little education does not help, but educating women past class 6-8 and men past class 9-10 will cause fertility decline. Dependence on God for number of children, and pardā, definitely decline more with more education. The more prosperous rural class is the most fertile; those having 5-10 acres and those having annual income above 6,000 ṭākā are most fertile. Those holding ½ to 1 acre have the lowest fertility, for the landless often depend on other income. People say one should have many children only if they can be supported. Occupation is significant; cultivators have the highest dependence on God and pardā, and they and artisans have the highest fertility. Rural professionals and religious leaders have less coitus but higher fertility. Persons in urban and modern occupations have the most frequent coitus, but have less pardā, less dependence on God, lower fertility, and more contraceptive use. They are removed from the peasant world view and its social importance of piety.

Chapter VII: Beliefs about Sexuality and Health

Five opposing qualities in foods are identified: hot-cold, wet-dry, sweet-sour, animal protein versus vegetable foods, and pollutable versus non-pollutable foods; the first four of these are considered related to sexuality. Desirable foods are said to produce good blood which produces good semen, and this produces good offspring. Muslims claim to have higher fertility because they eat beef and other meat. Health and illness are cultural features. Sexuality is seen as the central indicator of the physical state.

There are many unscientific ideas about sex and health. It is widely believed that vegetables and sour foods inhibits sexuality. Hindu widows should eat only vegetable foods, but people desiring sexual vigor should eat "hot" foods and animal proteins. There is a fairly widespread idea that multiple coitus is required to produce a conception. "Excessive" coitus is said to have many ill effects such as impotence, weakness, or irregular menstruation. Many believe that at conception the male and female essential elements, or semen, mix. Any loss or wastage of semen or vaginal discharge is thought harmful to health. Isosexual behavior, masturbation, and fornication are said to be "unnatural," harmful to health, and sinful. Loss of semen in these ways is said to cause semen to become thin and weak and produce weak offspring, impotency, sexual diseases, lower life expectancy, gray hair, poor health, and punishment hereafter. Such fears are instilled in youth, but at the same time isosexual exploration and pre-marital sex are fairly common. Coitus within marriage should not be excessive as that is regarded as impious. But coitus within marriage is a duty

and asceticism is not approved in Islam. Emphasis on regular though regulated coitus within marriage produces high marital fertility, and condemnation of other sexual activity as immoral and unhealthy keeps extra-marital fertility low.

Chapter VIII: Beliefs Concerning Coitus

Fecund couples have coitus about 2¼ times a week, excluding abstinence for menstruation or other reasons. Women claim to have it 3½ times a week, inflated to make them appear as good wives and to forestall any reason for divorce. People in modern occupations have it 3.4 times a week, cultivators 2.4 times, the poor less often, and religious professionals 1.6 times. Those who have it more often have less dependence on God and less pardā, though more frequency is also associated with strict pardā. Muslims have slightly more frequency than Hindus.

Conceptions are twice as frequent in winter and spring months as in summer. Younger women have more conceptions in winter and older women more in spring. The reasons are: more frequent coitus in winter, earlier resumption in the fall of menstruation after childbirth, men sleeping inside in winter, less field work in winter, psychological effect of cool weather, and perhaps better nutrition. Human fertility may be in rhythm with other natural fertility. Population growth could be cut in half if frequency of conception in summer prevailed all year.

A menstruating woman cannot enter the cowshed or fields. Having coitus then, or even the effect of her breath, is thought to reduce the life expectancy of the husband. There are many holy days, moon days, and other days and times when coitus is avoided, and violation is said to be bad for health and to produce bad offspring. Bangladesh Muslims tend to avoid coitus on Ramzān nights. Many disapprove of coitus in the day time, or naked, or in positions other than lying down. Some say violation of these restrictions is against Islam. All these restrictions are balanced by traditional earthy sexuality, as in classical Indian books of the sexual arts. But these many restrictions have some effect in depressing fertility.

Chapter IX: Beliefs Concerning Pregnancy and Childbirth

Many believe that the sex of a child can be determined by the time of coitus, day of the week, phase of the moon, whether the couple face each other on the left or right, length of duration of coitus, quantity of semen, time of orgasm, sex of children born to ancestors, and the like, as well as by the will of Allah. Twins are said to be caused by eating joint fruits. Deformities are caused by fault or sin of the mother or parents, coitus in forbidden times, mother's seeing a deformed person, the evil eye, Satan, or sin. Spontaneous abortion has many possible causes (25 listed). The quality of a baby and his future character can

be predicted by the shape of its forehead or fist, whom it resembles, time and circumstances of birth, and the like. In the world view of Bangladesh peasants, all events have causes, and there may be moral, physical, or environmental causes, evil influence, and divine will, all operating simultaneously, of which some are proximate and some ultimate causes.

Pregnancy and childbirth are normal events and medical help is not sought. Babies are delivered by midwives, old women relatives or neighbors, or the mother herself; only some can afford a midwife. Post-partum pollution on an average is 30 days for Hindus and 40 days for Muslims. Coitus resumes usually within 40 to 60 days.

Most people see no relation between breastfeeding and fecundity, but some say unused milk is fertilizer causing quicker conception. People believe breast feeding may be for 30 months, and it is a sacred duty in Islam. No other food is usually given for 9 months.

Different women are believed to have different natural birth intervals, and a woman's birth interval is pre-determined. The number of children to be born to her may be read in the placenta. Lactational amenorrhea is very long in Bangladesh, 17 to 20 months. Because of this and early resumption of coitus, post-partum abstinence would have to be extended for two years to have any effect on fertility, which is not likely to succeed as an induced means of reducing fertility.

Chapter X: Contraception

The rhythm method has long been known in South Asia and can be promoted. But there is a tendency to think the most fecund period is somewhat earlier in a woman's menstrual cycle than it actually is. South Asians often compute the menstrual cycle from the time of purification. Many couples extend menstrual abstinence into the fecund period, a traditional means of contraception. Coital abstinence is promoted by many cultural features in South Asia, but there is a feeling in Islamic tradition that coitus within marriage is necessary. Withdrawal has traditional Islamic support but people dislike it.

Herbal contraceptives are not known in detail to most villagers, but many (21 listed) are known to indigenous healers. These should be researched. Of traditional methods, douche and rhythm are preferred, withdrawal and abstention less so, and indigenous materials or herbs are used by few.

Of modern contraceptives, sterilization, pills, and condoms are almost universally known in Bangladesh. Those who have more frequent coitus use the pill more. Those who do not want more children need contraceptives for an average of 8 or 9 occasions of coitus a month, but some need three or more times that number. People are aware of problems with all the modern methods. Mâyâ brand pills are said by several interviewees to cause physical problems

more than other brands. Injectables and pills cause irregular menstruation and dizziness, both of which are considered symptoms of general disruption of "health." Sterilization is also considered bad for "health," but is increasingly popular. Because of the Bengali body image the side effects of oral and injectable contraceptives are magnified. Good health is related to social and moral behavior, and the body is not viewed as just a biological machine. Almost all disapproved behavior and attitudes are said to affect health, strength, and longevity.

Use of contraceptives is greater where they are most easily available, but availability is not the chief cause of fertility decline. The government family planning program is inefficient but is nevertheless the most important means of diffusion of family planning.

Chapter XI: Abortion and Infanticide

About 15% of women respondents admitted to knowing of a case of induced abortion, and 5% a case of infanticide, in their family or neighborhood in the previous 6 years; fewer men admitted to knowledge of such events. Most cases of illegitimate pregnancy end in abortion or infanticide. But abortions are also induced to limit the number of children, for spacing, or to terminate pregnancy in middle age.

Most people consider life to begin in the 5th or 6th month. Pious people say abortion is sinful, but women may tolerantly refer to instances of it for the above-mentioned reasons. Respondents and village professionals are split on the question of legalization, but the present law making it illegal is not enforced. The objection to abortion on the part of Muslims is more because of its association with illegitimacy than because of sin in destroying a fetus. People are not aware that Hānāfī law permits abortion within the first 120 days. There are many local abortifacients (44 listed). Incidence of induced abortion is likely to increase with more consciousness of control over childbearing.

In our small sample of reported locally known cases of infanticide more are caused by poverty, neglect, deformity, or family problems, than by illegitimacy; more men know of the former, but women know of the latter. Consideration of infanticide as immoral does not prevent its occurrence in cases of illegitimate births. Girls are not preferentially killed. Infanticide has been a conscious means of population control in many cultures, and in parts of India in historic times. It is against all accepted religious and moral principles in Bangladesh, but its incidence is likely to be the subject of more attention.

Chapter XII : Religion and Contraception

Proportionately more Muslims than Hindus have heard of each contraceptive method, but of those who have heard, more Hindus have used each method.

Muslim-Hindu differences are significant here, but in the correlation matrix there is no statistically significant difference between the two groups in use of modern, or of any, contraceptives. The proposition stated in the Preface, that religiosity is more important than religious affiliation, is borne out.

There are relationships between high scores on our measures of religiosity, and preference for traditional as against modern contraceptive methods. Of men who use abstention, douche, and rhythm, 98%, 96%, and 89% depend on God for number of children. Much fasting is associated with traditional methods, as is citation of negative opinion of religious leaders on family planning. An interesting finding of this study is the clear association of strict pardā with preference for traditional methods. More men acknowledge use of traditional methods, but more women acknowledge use of pill, tubectomy, IUD, foam, and injections, and they dislike saying that their men use the condom. Of those who cite negative opinions of religious leaders, few use sterilization or the pill.

Many reasons are given for religion-based opposition to family planning, but this may be declining. The field investigators in this study expressed the opinion that religion is a great obstacle, but some did not think so; female investigators, and women respondents, think so less than men. Male investigators noticed opposition of leaders to family planning as part of their power play. Most religious leaders say family planning interferes with God's will. Most respondents could not cite their religious leaders on this, but of those who could, 86% cited negative, 8% positive, and 6% ambiguous opinions; four times as many Muslims as Hindus, and four times as many males as females, cited negative opinions of religious leaders, and they are not older respondents. Very few can cite holy books on this subject.

Islamic literature supports all population control methods except infanticide. Literature of all 4 Sunni and Shi'ā *majhābs* support family planning. The most favorable is Hānāfī, which is the school followed by most Bangladeshis. The Prophet advised withdrawal, or *'azl*; that word in texts is interpreted also to mean abstention, "sealing of the womb," and induced abortion, and the latter was approved by Companions of the Prophet. Islamic law approves abortion within the first 17 weeks, which is in line with Bangladesh belief that the fetus gets life after 5 or 6 months. There are official pronouncements by Muslim functionaries in various countries supporting, and also opposing, different family planning methods. But Bangladesh villagers are more conservative on this than Islamic law requires because of their pro-fertility world view and the social importance of pious assertions and behavior.

2. Existing Viewpoints and Projects

(Mrs. Naseem A. Hussain is an additional co-author of Sections 2 and 4 of this chapter)

In this section the co-authors present observations about existing philosophies and approaches to the population problem, and about on-going projects, in the light of the findings of this study.

In the following two sections two further ideas are developed.

Not all the ideas and suggestions presented here are agreed upon by the four co-authors of this chapter; we do not present a cohesive program proposal, nor policy recommendations, but only suggestions generated by the anthropological approach of this study and its findings.

1. Urbanization

One viewpoint is that rapid urbanization may break the relationship between land fertility and human fertility, the rhythm with nature, and the philosophies and values favoring high human fertility generated by peasant culture. Our data show that urban people practice less pardā and use more contraceptives; persons holding modern-type jobs have less dependence on God to determine the number of their children, less pardā, and more coitus, but fewer children.

However, Bengal has always been a land of dispersed settlement, little clusters of homesteads and hamlets, with few towns, and even few nucleated villages which could grow into towns. Many Bengali people have traditionally managed their whole lives without access to towns, and even now literally half the people of Bangladesh do not use any of the services of towns. Trade is done in the periodic market (*hāṭ*) which often meets twice a week, of which there are some 5,000 in the country; apart from *hāṭ* days these are deserted and do not grow into towns. When the British left, Bangladesh was 3% urban, in 1961 it was 5½% urban; now it is 9% urban. There is no chance that diffusion of urban life-style will bring down population growth soon.

Moreover, Bangladesh does not have the resources to support huge urban concentrations. It has no metals, no minerals, no fuel except gas, little wood, little fiber, and almost no stones. The materials for urban industries and consumerism would have to be imported, and as there is no sign that agricultural or other exports could pay for them, they would have to be donated, and at an increasing level. Even in countries having such resources rapid urbanization of presently existing huge peasant populations is not possible on ecological grounds (Brown 1976).

Cities in agricultural countries find their own equilibrium with the countryside (World Bank 1975). Towns in Bangladesh and other poor agricultural countries may be urban in the sense of population concentration but not in the sense of life-style. This means not only urbanization of peasants, but "peasantization of the cities." The present cities and towns of Bangladesh, containing 9% of the population, can hardly expand to absorb all the population increase, much less grow to the point of taking population pressure off the countryside.

Generally there is not an absolute decline in the agricultural labor force in a country until it becomes about 50% urban (Davis 1975:78).

While more urbanization may be desirable and necessary, the question we face is how the peasant world view can change rapidly enough to lower fertility even within the context of traditional subsistence.

2. Separation of Production and Reproduction

The Marxist view is that a key aspect of economic development is the change of "mode of production" away from the family and kin and toward the individual. According to this approach (Macfarlane 1978) "where the units of production, consumption, ownership, and reproduction are one and the same the people will desire children and fertility will be high," "Attempts to bludgeon unwilling 'peasants' to give up what they perceive to be their economic livelihood are bound to fail" as long as the family and kin group rather than the individual form the basic unit of society. In contrast with family-dominated groups, in peer groups the individual "is drawn into social competition and accordingly feels the need to boost his effectiveness" (Sarmila in Polgar 1975(a)). Macfarlane (1978) examines the transformation of English society and finds that even before the 19th century it was not a kin-focused nor a child-focused society, and what remained of the peasant cultural matrix was broken by the industrial revolution and its urbanization.

The predominant values of Bangladesh rural society as shown by the quotations in this book cannot be subsumed under the terms feudal or capitalist; those terms refer to specific complex systems that emerged in Europe. A study of a village in Kushtia District by Arens and van Beurden (1977) documents vividly and in detail the harsh exploitation of poor rural people by those who have land, and suggests land reform and other structural changes from the Marxist perspective. But it is not shown how such changes will stop the doubling of population pressure on the land every 30 years, as now occurs, nor how the Marxist viewpoint that "population planning is production planning" (Faris in Polgar 1975(a)) could be made applicable in the case of Bangladesh.

The Chinese model is relevant. China remains over 80% rural, and what urbanization there is has probably had little effect on fertility (Aird 1978:241). The population control efforts are centered around the ideas that the state provides for old age security, many descendants or many sons are not necessary, lower infant mortality means fewer pregnancies are necessary, late marriage and long birth intervals are individually and socially desirable, women have equal responsibilities for production as men have, and the state has the capacity for total planning as well as care of the individual. The new values are promoted by local cadres, mass media, local political study sessions, and travelling propaganda groups (Aird 1978). However, it has been observed that the family is stronger than state propaganda would suggest, that there is still considerable desire for

sons, that arranged marriages persist even after 25 years of propaganda, that clan exogamy remains, and that "large numbers felt a distaste for public discussion of such intimate topics" as family planning (Goodstadt 1978:266).

It is not likely that individualism in production and consumption will develop quickly in Bangladesh, nor that the duties of the individual toward the family expressed in strong religious and ethical terms in quotations in this book, will fade quickly even under authoritarian government. While Marxist theorists refer to individualism, the tendency has been in China and other countries governed by such philosophies for individualism to be subsumed under stateism. All experience of Bangladesh rural people is that they would rather trust their kin than the state. Where individualism is idealized, nepotism is considered wrong, but where family and kin have to depend on mutual support as much as in Bangladesh, nepotism may even be considered a moral duty. Given the competition for jobs, reliance on kin is not likely to decline even in urban society. And in rural areas increasing landlessness and poverty and even declining levels of nutrition (Chen and Chaudhury 1975) mean that reliance on family and kin is becoming even more essential to individual well-being. Bangladesh cannot wait for hypothetical decline in these values to induce lower fertility.

3. Urbane Attitudes and Education

More appropriate models for Bangladesh are Kēraḷa state in southwestern India, and Śrī Lankā, both of which are very well known to the first author of this study. In the past, as in Europe and Japan, peasant societies attained low fertility through the "demographic transition" arising from industrialization and urbanization, education, and modern employment, of which Taiwan is an example in process today. A few also attained low fertility through community control (Section 4 below). More recently, in a few regions such as Kēraḷa and Śrī Lankā reduced fertility has been achieved by rural societies developing an urbane character.

These two regions have achieved lower population growth in the 1970s (1) without much increase in consumerism, (2) without physical urbanization, and (3) without authoritarian government or forced change of values. Most of the people remain poor, but their world view has expanded.

The main means has been education and the role of women. In Kēraḷa far-sighted *mahārājās* promoted education and other public services from the last century, and moreover education has been highly stressed by the Christians (mostly of the indigenous Marthoma church) who comprise 21% of the population. In both Kēraḷa and Śrī Lankā most persons are literate and almost all children attend school; lowland Sinhalas are over 90% literate. In both regions one can visit any remote hamlet and see people reading newspapers, which are also available in the tea shops. By contrast, most Bangladeshi rural people, even if literate, are virtual non-readers. In both Kēraḷa and Śrī Lankā people

have developed a sense of order and cleanliness, desire pleasant houses, and maintain a keen interest in current events and state politics. City and country side have more or less merged in the coastal zones.

As regards the role of women, first it must be said that their traditional position in South India and Śrī Lankā is different than in North India. In addition, some castes in Kēraḷa and a few in Śrī Lankā have a matrilineal tradition. Women do most kinds of work, manage shops, and in recent decades have gone heavily into employment in the health and education sectors.

The traditional religious beliefs are for the most part fondly held (in Kēraḷa half are Hindus, and a quarter each are Muslims and Christians; in Śrī Lankā the majority are Buddhists but there are Hindu, Muslim, and Christian minorities). There has been no attack on religious values to induce lower fertility.

Another similarity between these two regions and Bangladesh is the importance of the ancestral home, or homestead (*bāṛī*) in the case of Bangladesh. In Kēraḷa many people have the house name as part of their personal name. They tend to remain living in their traditional homes and improve them. While they often remain poor, through a wider view of the world they are willing to take action to restrain their fertility because social consciousness about the effects of over-population has increased, and because they know the effects of land subdivision by inheritance and the difficulty of their children getting jobs.

For Bangladesh, the chief means available to move in this direction is education. But our data suggest that a little education is not effective. Education through class 6 or 8 will help cause fertility to decline. Males should go beyond high school for pardā to decline. In a study of urban women in Bangladesh, Rafiqul Huda Chaudhury (1978) found that education of girls to grade 6 or 9 would go a long way toward more contraceptive use, and he found that work experience apart from education did not have much effect on contraception or on fertility. The Social Welfare Institute, University of Dacca, has organized surveys and done work in many villages. It is the opinion of its researchers also that family planning can be promoted as literacy and higher education increase.

Obviously, development of urbane attitudes in rural Bangladesh is a long-term process, still impeded by the effect of pardā restraining girls from going to secondary school, absence of female teachers in most schools (though the government plans to correct that), and low priority on education in many people's life experience. But this process must be accelerated in the interest of future generations, and meanwhile other approaches such as those suggested in Sections 3 and 4 of this chapter may be tried.

4. Local Level Economic and Social Development

Another approach, widely held by field agencies as well as by theorists, may be represented by the Bangladesh Rural Advancement Committee (BRAC). BRAC

has come to the conclusion that only a pronounced improvement in the standard of living and economic security can create motivation for smaller, families.

BRAC's family planning program is integrated into its general rural development programs. The method is to recruit village-level Lady Family Planning Organizers who provide services to their own communities; now over 100 of them are employed. In the areas where BRAC is active it offers the target communities a carefully planned health delivery program (BRAC n.d.(b)) in which the family planning project is merged. BRAC has tried to organzie forums such as village discussion meetings, village level workshops, and women's forums, to discuss family planning, and it also offers a planned functional literacy program. There has been some study of the local political processes and institutions (BRAC n.d.(a)), but not much seems to have been done to utilize the existing political set-up. Cooperatives are promoted to improve agriculture as the basis for economic improvement.

Some "acceptors" of contraception in the target areas were in BRAC's health care program, some in its cooperative program, some in its educational program, and some (22%) in no such program. Therefore "it is difficult to conclude from such data that these other rural development programs either promoted acceptance or discontinuation" (BRAC n.d.(c)). BRAC's "Oral Pill Follow-up Survey" based on 2363 pill "acceptors" showed an acceptance rate of 20%, acheived in the first two years, but the rate hardly increased after that (one reason being drop-outs from side effects of the pill). The latent demand has been met, and population growth in the BRAC area of work is 2.2% a year (BRAC n.d.(b)), lower than that for the country, but still threateningly high. "BRAC believes that neither a low-cost nor a high-cost program will progress beyond approximately 20% of the eligible couples. Ultimately, BRAC feels that family size will not be substantially limited until other basic needs are met– health services, employment, and social and economic security" (A.M.R. Chowdhury in Sattar 1979).

The Civil Officer's Training Academy (COTA), though not directly involved in family planning services, has produced some reports based on field studies. It is believed that economic security and self-sufficient economy are pre-requisites for wide adoption of family planning.

International Voluntary Services (IVS), which works in Sylhet District in agriculture, fish and duck culture, kitchen gardens, functional education, and women's programs, reports that discussion of family planning in that area is difficult because of religious opposition (in Sattar 1979). Therefore, IVS feels that the problem can be approached only indirectly through these economic projects and in discussions concerning health.

The Community Development Foundation (Save the Children U.S.A.) approached the issue in select villages as part of overall village development by mobilizing village leadership (CDF 1976). The unit of operation was the village.

In 18 months of effort 26% of eligible couples came to use contraception. This was a project in which much effort and coaching was put into overall income generation and resource mobilization such as could not be replicated on a wide scale.

Another approach is through cooperatives, mother's clubs, and youth clubs. The Comilla model in the 1960s was centered on cooperatives as the means of agricultural and economic development, and population and social reforms were to some extent worked into the cooperatives (M.A. Sattar, in Sattar 1979). A more recent form of this as an experimental project in the IRDP movement was to persuade the local cooperative societies to pass a resolution adopting family planning as one of the societies' activities, then to nominate a male and a female member each to be sent for a three-day training session at BARD so they could work as family planning agents for the society (Howie and Chowdhury in Sattar 1979). It is reported that the cooperatives responded and public discussion was willingly held on the matter of population and reproduction. This approach assumes the prior successful functioning of agricultural cooperatives, but in large parts of the country there are none, or they are not functioning. This also applies to proposed utilization of mother's clubs and youth clubs for such a purpose.

These efforts are largely guided by a premise of economic determinism. They assume that economic and social development is a prior condition to fertility decline, or at least they assume that family planning programs should be attached as riders on programs designed for economic and social development. Most of them report a measure of success, but not reduction of fertility to anything near replacement level.

From the perspective of this research, we may make the following comments: (1) Dependence on prior economic development for all rural areas of Bangladesh is impracticable because neither resources nor time are available. (2) Most of these efforts assume that the "village" is the most suitable unit for controlling fertility behavior, but we suggest this may not be so (Section 4, this chapter). (3) Economic and social development may tend to cause fertility to increase in the short-run; our data show that the poorest people are less fertile and the middle-class rural people not only have higher fertility but have more fertility-supporting beliefs. (4) The general ethos and values expressed in the quotations in this book, and in the preceding summary, seem far removed from the ethos of development literature and the program goals of many of the above-mentioned community development organizations. The world view is very different. We prefer to consider if there is some way the world view expressed in these quotations could throw up some means to limit fertility.

5. Swanirbhar

This movement also takes the "village" as the unit. The original idea was

that the village would manage its own socio-economic development and population control by setting up five committees to represent the landowners, the landless, artisans, women, and youth. These would be chosen by the *grām sabhā*, a village council composed of all the adult members of the village. An executive council would be composed of representatives of the five committees, which would send representatives to the Union Council. Each member of the executive committee would look after one aspect of development, such as forests, health, or livestock. The committees were to draw up village plans, to be incorporated into plans of the union, thānā, district, and nation. This form of village government has now been merged into the nationwide *grām sarkār* movement.

At the beginning of the *swanirbhar* movement there were a number of notable success stories, both as regards village government and fertility reduction. Organizers of the movement claim that through it contraception became rapidly popularized. It is said to have worked well in 71 out of 400 villages in 1976-77 (Rafiquz-Zaman 1979:29-30). The means of fertility reduction were encouragement of late marriage, prolonged breastfeeding, traditional methods such as *āzal* and rhythm, and modern methods.

It is claimed that where family planning was accepted by the local leaders, it has come out successful. But in a study of *swanirbhar* villages in Rangpur, Kushtia, and Jessore District (Hossain *et al.* 1978) success was found to be quite spotty. In Rangpur in some villages the movement was started by local initiative. But in Jessore 30% of the committees met only once, and another 40% dropped out after some time, leaving only 30% functioning. The union offices had lists of "committees" for visitors to see, but most remained inactive. The active ones were near the administrative centers or on communication lines, and had enthusiastic officers. Even where the committees were running, only a quarter to half the household heads were participating. But anyway, the majority of people expressed a positive attitude toward *swanirbhar*. The conclusion of the evaluation was that by this and the attendant discussions and publicity a more favorable attitude to population control did emerge, especially in Kushtia District.

It is our impression, and the observation of the fourth co-author of this chapter, that in most places *swanirbhar* works under the cover of local government institutions and officials, and has all the characteristics of an imposed structure in the village. Therefore, the villagers fail to consider it as their own institution in most cases, and it does not receive the support of the traditional local leaders. It is often led by younger leaders who see in it an avenue for their own advancement. But it is the traditional leaders, not the younger ones, who are given responsibility by the society for maintaining the moral code. They are the sole authorities for social control, and the villagers cannot disoblige them on behavioral matters.

The expansion of *swanirbhar* into the nation-wide *grām sarkār* movement, and the efforts to make *grām sarkār* take up population control as one of its

responsibilities, is too recent a development to be evaluated here. Two comments may be made. In India it took many years, and even decades, for the *pancāyet* form of village government to take hold and function. And in Bangladesh, it is not so much the village, but the hamlet, the *pārā*, which has traditional responsibility for behavior control, discussed below.

5. Contraceptive Distribution and Motivation

Many other programs work under the assumption that availability of contraceptives and motivation by local agents to use them will have the quickest results. For example, the Bangladesh Family Planning Association encourages voluntary participation of local people in distributing family planning materials as widely as possible. But this organization does not become involved in local leadership or institutions which might affect use of the materials.

Similarly, the Social Marketing Project seeks to distribute condoms and pills commercially at subsidized rates (Ciszewski, in Sattar 1979). An interesting finding of this organization is that adverse reaction to wide advertizing of these products came not so much from rural people as from urban people who felt uncomfortable with such public airing of "intimate" matters. This is understandable in view of the sensitivity of discussion of sexual matters as regards one's rank and social status. Social marketing programs aim at mass distribution, and fulfill only existing or latent demand.

The Village Education Resource Center (VERC) has been developing varied means of mass communication by printed and other visual materials. The outlook is to encourage workers to empathize with villagers and their viewpoints (Halim 1979). This agency does not conduct substantial field projects, but provides communication services to other government and private agencies.

The Directorate of Population Control and Family Planning runs the main program to distribute materials and motivate people to use them. We will not evaluate it here; some comments on its performance have already been cited. It is a huge program now having 38,000 employees: Family Welfare Assistants at the ward level, Family Planning Assistants at the union level, and Thana Family Planning Officers at the thānā level (Anisuzzaman 1980:11). Of the family planning workers, 66% say they are received cordially. Among persons who do not accept the services, 33% mention religion as the main hindrance, 26% want more children, and 18% fear health consequences of the methods (Anisuzzaman 1970:27). While there are many failures, this program is yet the most important means of spreading practice of family planning (Quddus 1980).

From the perspective of this research, we may only note that the general belief among those organizing this effort is that to the extent that it fails to achieve planned results, the cause is managerial. It is believed that if supporting health services were better, if the workers would give better information on side

effects, and if officers and field workers at all levels would be committed to their work, planned results could be achieved. Our main comment is that since there is only one Family Planning Assistant in each union (an imposed level of political organization), and one Family Welfare Assistant in each ward (having several villages), it is a totally imposed and mechanistic program. It is a necessary program to distribute materials, but it is not generated from within the ethos of the rural culture. Its values and premises are very different from those cited in the quotations in this book.

7. Health Services

Another approach is to attach family planning services as a rider to health service delivery. The health services are given largely for humanitarian assistance and the concerned agencies hope that one long-range effect will be fertility reduction.

A number of programs use local women after giving them some training. An early attempt at this was in 1965-69 under the Pakistan Government; many thousands of so-called *dāis* were recruited and given tiny monetary incentives to persuade people to accept family planning; they brought in an average of one IUD case per month each (Rafiquz-Zaman 1979:13) and most of the "acceptors" might have removed the IUDs. This was a spurious association between family planning and indigenous health care, for most of the *dāis* were not midwives at all. The present nation-wide program under the Directorate of Population Control and Family Planning, in the light of the earlier experience in which medical back-up was lacking, links family planning promotion with mother and child health care.

Many individual programs such as the Companiganj health program in Noakhali and the HEED health program in two thānās, are clinically based and have successfully recruited and trained local women, after overcoming initial opposition to the idea. The Christian Health Care Project is also clinically based and operates from 28 centers over the country (CHCP 1980) and it too employs and trains local women; its rate of success has been good for it offers excellent mother and child care as well as a full range of contraceptive services.

The Mennonite Central Committee (MCC) also uses the clinical approach, but expects clients to come to the clinic to receive supplies; this is successful especially in its urban centers among Bihāri population concentrations. Another approach has been developed by Gonoshasthya Kendra in Sābhār; local people are given substantial training as paramedics and work in close connection with medical doctors. All these programs emphasize the necessity of empathy with local people's viewpoints, most of them have conscientious and hard-working personnel, and all have recorded a measure of success in popularizing family planning through the clinical approach.

However, provision of health services may tend to cause population to increase and to promote fertility by reducing infant deaths, reducing pregnancy wastage, extending the life-time of marriage, reducing sterility, improving nutrition, and reducing length of breastfeeding; it is apparent from data in this book and elsewhere (Preston 1975) that increased health and higher life expectancy of infants does not particularly induce a corresponding decline in conceptions.

Medical back-up for use of contraceptives does seem necessary, in view of the concerns with "health" repeatedly expressed by our interviewees. At the same time, it seems that most of the allopathic doctors are unable to perceive the extent to which health and illness are cultural features, even within their own medical system. We have met allopathic doctors who could not begin to relate to indigenous concepts of sexuality, balance of body elements, classification of foods, and the like. Training in allopathy should include a component of training in understanding the several indigenous medical systems.

We recommend that some institute test the 21 indigenous contraceptives and 44 herbal and other abortifacients we have collected, as well as others we might have missed. In India the government has set up āyurvedic colleges.

At the same time, one of the necessary steps to improve family planning efficiency is to correct the multitude of wrong ideas related to time and circumstances of conception, effect of sexual activity on the body, and the like, at least as regards the contraceptive methods being promoted. This may be taken up as one of the services of the clinically-based family planning programs.

Our main comment about the health services approach to population control is that, like "rural development," neither resources nor time allow this to be set as a pre-condition. No matter how excellent the health service, unless small family size is individually internalized as a value in the culture, and supported by the local political and social system, the result will be only marginal slowing of population expansion.

8. Abortion

"Menstrual regulation" is now being offered not only in some of the above-mentioned clinical services, but by some District Family Planning Associations. There seems to be considerable demand for it, with lines of women waiting their turn. (Some women are told "the equipment is out of order" and are sent to a private entrance to pay a bribe; this also shows demand for the service.)

The quotations given above make it clear that the main moral objection to abortion in Bangladesh among Muslims is not that the fetus is destroyed, but that abortion is thought to be associated with illicit coitus.

In view of this, it is particularly suggested by the third co-author of this book that abortion should be legalized for *married* women only and that

they should provide proof of marriage. This would remove the association of abortion with illicit coitus. Abortion can then be justified on the ground that the Islamic texts and Hānāfī law approve of it within 120 days, and the Companions of the Prophet accepted this method. This would meet a significant latent demand for abortion, as in India.

There is also opinion among the co-authors, however, that because villagers *believe* abortion to be sinful, legislation is not feasible yet. There are several quotations given above which issue dire warnings of consequences of legalization of abortion. This matter will have to work itself out in the context of both population pressure and religious values.

9. Changes in Sexual Attitudes

Another approach concerns changes in sexual attitudes. The co-authors of this chapter do not make any recommendation on this point, but the second author has made a detailed study of this in relation to sex education (Aziz 1981). The quotations in this book show that people who claim local prestigious status make very conservative expressions about sex and pardā, but at the same time people who do not need these symbols of prestige are not so conservative. But society accords control of sexual behavior to those who are locally prestigious and who are conservative in these matters.

In most peasant societies sexual attitudes have been symbols of local prestige. However, in Euro-American societies sexuality has been opened up for public discussion and scientific investigation, and since the 1890s there has been a vast change in this matter, traced by Gagnon (1975). This has coincided with consciousness of the potential to control fertility, and with actual decline of fertility. But at each stage, it was asserted by traditionalists, as Gagnon put it, that "release of the sexual beast was dangerous and would produce collapse of the family, of religious institutions, and of society itself."

The basic attitudes about sexual behavior in traditional Europe and North America were much the same as in Bangladesh. Sexual "excess" was associated with social and political disorder; history books told students that Rome fell for this reason (similar to the quotations in this book that relaxation of pardā will bring disorder in society and harm to the country). God was considered the moral accountant (similar to our quotations about good and evil deeds being balanced out in the day of judgment). Pleasure was considered to bear a price and youth were made to feel guilty (similar to our quotations that youth will suffer dire results if they have sexual activities outside marriage). Masturbation was said to be bad and weakened the blood (as in our quotations). Nearly all acts of sex except marital coitus were prohibited and legislated against; it was said they were "unnatural" (as in our quotations), or crimes against nature, or perversions. These ideas

carried with them a felt need to "protect" those seen as weaker and more corruptible (as in pardā and as in opinions disfavoring sex education as anti-religious). Children's "innocence" was believed to be a real quality to be protected (in the quotations above innocent children plead for their parents to enter heaven). When Western anthropologists some decades ago began investigating sexual behavior in other cultures, such behavior was referred to as "primitive" (similar to the attitudes about sexual behavior of tribals or even of non-Muslim peasants in Bangladesh). As Gagnon says, the idea that sex itself could be blighted was a major shift from the earlier view that the only thing that could go wrong was use of sex in a sinful or criminal way. The main difference between the traditional attitudes prevailing in the West, and those in our quotations, is that the latter threaten more consequences of ill health, but there was some of that in the West also.

In the United States the Kinsey Report broke through the barrier of secrecy in the guise of a sociological study and told that the majority were practicing sexual acts illegal according to to the law books. It was only in the 1970s with Masters and Johnson's work that scientific work on sexual behavior came of age, "under the umbrella of medical and biological science" (Gagnon 1975).

In Bangladesh, experiments with sex education are being conducted, supported with UNFPA help, using school teachers. The problem is that most of the teachers are mature men whose attitudes are not changeable. Moreover, avoidance of discussion of sex is a symbol of respect of the distance between a senior and a junior in rank, so it is difficult for teachers to discuss it with students. It is certainly desirable to remove the multitude of wrong ideas about human fertility and sexuality so people can better control their own fertility, but the means for this will have to be worked out gradually.

These comments do not imply that opening up of sexual attitudes as in parts of the West are a pre-condition for fertility decline. Indeed, in China the opposite is the case. The highly puritanical attitudes derived from Confucianism of the old peasant order have been used by the authoritarian modern state to force later marriage and a low level of sexual experimentation, depressing the birth rate.

The present pattern of sexual attitudes in Bangladesh promotes high marital fertility but inhibits diffusion of sexual knowledge. This will have to be taken into account in any successful program to bring down fertility on a wide scale.

10. Changes in Religion

Ample evidence of the relationship between religiosity and high fertility are given in this book. This and other studies (Mahmud 1978) show that religious

leaders have a negative effect on family planning. The reason is social dynamics; those who control local resources also operate the most prestigious "occupational strategies" and hold positions of social pre-eminence; "the entire value system is geared to produce a situation where status can easily be monopolized" (BRAC n. d. (a): 124-25). Those with high local prestige must present an image of piety as regards sexual matters to justfiably claim the right to control the behavior of others in the community. The religious leaders, therefore, must present an image of piety even greater than that of the community leaders. This brief analysis summarizes much of what is in this book.

The main change in religion that occurs as peasant societies are affected by education and other modern forces, is that religion becomes more altruistic and philosophical, and less a matter of local prestige, piety, and control.

The Government has recently announced plans to change mādrāsā education to bring it to some extent into the "mainstream," with course offerings in science and social science (which in any case would be spurred by the unemployment rate among mādrāsā certificate holders). Family Planning International Assistance has participated with local authorities in convening meetings of Muslim religious leaders to discuss population and family planning. The National Institute of Population Research and Training has begun a program to organize reputed religious leaders who are willing to give "proper analysis" of religious principles which will not be contrary to family planning. These religious leaders are to visit rural areas and give lectures, and motivate the local religious leaders to be favorable to family planning.

It will be helpful to reduce the opposition of religious leaders to family planning. But the authors of this study, and especially the second co-author, feel that any large-scale efforts to "use" religious leaders to promote reforms and government programs may not be feasible. If they speak in religious meetings the congregations will expect to hear religion, not mundane programs which some of the congregation oppose. Society accords certain roles to religious functionaries, and these are for religious purposes, not government programs. When local community leaders and enough local people take the lead in supporting population control and family planning, the religious leaders will cease to find opposition valued from the viewpoint of piety and prestige. The religious leaders will continue to be supported by the people to the extent that they meet the felt needs of the people.

11. Incentives and Coercion

The final viewpoint to be presented here is that which says that volunteerism can never bring down population growth in peasant countries to replacement level, and that stronger action is necessary. Arguments about this have been

going on for a long time (Polgar 1975(b)). Many countries have offered incentives and disincentives. For example, in Singapore after three children one's maternity benefits and leave without pay are withdrawn; in Taiwan after a couple has three children in 10 years or less, educational bonds are reduced; in Egypt a profit was allowed for persons distributing pills; in India in tea plantations a savings account program was introduced for women with few children, and elsewhere prizes such as small transistor radios have been given for undergoing vasectomy. In Bangladesh small cash incentives have been given for sterilization, said to be compensation for time off work and direct costs of the clients. Monetary incentives have been often cited as successful in increasing contraceptive acceptance (Tufts 1973:60-62), especially among poor people.

Islamic law coerces people in many ways to behave in what is believed to be the public interest. This is accepted if it is to uphold moral or social values as traditionally defined.

We are not expressing any opinion on whether strong incentives or coercion are necessary in Bangladesh. We would point out, however, that if these are determined as necessary, they would be most successful if people are prepared to accept the compulsion (Dudley Kirk, in Tufts 1973:40). That means it would have to be within the world view and value system of the people, and within the micro-level political system, as discussed in Section 4 of this chapter.

3. Population as a Moral Issue

In this section we suggest that efforts be made to generate concern about fertility behavior as a moral issue; this view point has been developed especially by the first of the co-authors. Some success in this area is probably a pre-condition to the successful working of the approach suggested in Section 4 of this chapter.

The Individual's Duty to the Community

It is clear from the quotations in this book that practically all social and individual behavior advocated to maintain welfare in society is cast as 'moral duty' (*naitik dâyitta*), among which we have noted the following. Childbearing is a 'compulsory duty' (*faraj kāj*). "Procreation of offspring is a moral duty." "It is a moral responsibility for every Muslim to ensure continuity of one's lineage (*bangśa*) and increase its numbers." "To protect the 'hereditary group' (*jāti*) is everyone's duty." "The more children one has the more Allah's instructions will be followed." Proper raising of children is a moral duty for Muslims. Breastfeeding is a moral duty in Islam. Support of aged parents is a moral duty and those who fail to do so are wicked, beasts (*paśu*), and will suffer for it in the afterlife. Among Muslims "it is a religious duty to arrange

widow remarriage." Taking a morning bath has the force of a moral rule. "It is against religion to call a male doctor" to examine a woman in childbirth. "Allah has endowed humans with semen only to make use of it in the 'permitted way' (*hālāl path*)" "Pardā is part of religion." "Shame is part of religion."

Succinctly, whatever is required to bend the individual for the welfare of society, has the potential of being a moral issue. In addition to the points quoted above, any local offence such as a theft, infliction of injury on another, non-support of family, or disobedience of parents or authorities, is treated as a moral and religious offence, and if there is any question about principles the local headman may deal with it after consulting with local religious leaders.

On the positive side, giving to charity is one of the firm religious duties in Islam. The whole of Islamic legal tradition and the writings of scholars over the centuries on polity and the ideal Islamic social order have sought, under the aegis of God, to find ways to ensure individual welfare by ensuring the welfare of society.

We suggest that this aspect of Bangladesh and Islamic tradition not be ignored. Since this is already a moral and religious matter, it would not be difficult to make the presentation that population, or overpopulation, is now an issue of as great or greater significance than the issues discussed in tradition, because circumstances have changed, and now it is the moral duty of each person to restrain his fertility for the welfare of society as a whole and his descendants.

In Hinduism also, charity is a religious duty, and distribution of wealth to the needy is itself called *dharma*. Any number of supporting references in the Sanskrit texts can be cited to show that individual desires must be restrained in the interest of society. In the Sanskrit tradition the village is idealized as the social unit of reference, and this led to village exogamy in the North Indian heartland. We have quoted a Hindu interviewee to the effect that in former times population was not a problem as there was more prosperity, but if population control had been a problem then, "it would have become part of religion long ago."

Rather than attack religion as a hindrance to population control, it is better to develop a strong *positive* attitude toward the religious ethos by *supplementing* it with arguments that nowadays fertility behavior should be classed along with other aspects of behavior that must be controlled for the welfare of society. If social inducement of charity, support of parents, pardā, shame, and restraint on illicit sex are important, social inducement of fertility restraint is equally important now, and is a moral duty.

Most of the propaganda arguments about family planning voiced by the authorities are either economic arguments, or of the type "a small family is a happy family." The latter is a bit dishonest, and villagers have as good an idea about it as any official. Economic arguments about the family are also felt

better determined by people themselves than by any authority. The macro-level economic arguments do not move most people.

We suggest that the arguments in favor of family planning be centered on the individual's responsibility to his micro-community and his neighbors. Islamic teachings are clear on the rights (*adhikār*, *haq*) of neighbors (*pratibeśī*), who are of three types: related (*ātmīya*) neighbors, unrelated (*anātmīya*) neighbors, and temporary (*asthāyī*) neighbors. The importance of this is discussed by the well-known theologian Maodudi (1977).

> "A statement of Hazrat Muhammad as noted in a *Hādis* says that a person who does not behave well with his neighbors cannot have real faith in Allah. In another *Hādis* Prophet Muhammad stated that if a person eats well but his neighbor remains hungry, that man has no faith. Once Hazrat was told that a woman offered many prayers, fasted often, and gave great charities, but her neighbors were disturbed by her abusive words. He said that woman was a 'person of hell' (*jāhānnāmī*). The Prophet emphasized that if anyone brings fruit for his children a part of that must be sent to the neighbors' house . . . . The Prophet said if your neighbor certifies you to be a person of good qualities, then surely you are good . . . . A society where residents of the same village do not have mutual sympathy, affection, or dependence on each other can never be considered as Islamic."

It is a legitimate argument that the children born in a community should be properly trained and supported. The Qur'ān itself casts proper training and maintenance of children as a moral duty. The Prophet advised those who could not support a family to "take to fasting, for it is a means of suppressing sexual desire" (Bangladesh n.d.:15). This argument pertaining to the family may legitimately be expanded to apply to the neighborhood and community.

It is a legitimate argument that indefinite subdivision of the land and increasing landlessness and poverty should be stopped. The Prophet said, "It is a sin great enough for a man to leave his dependents uncared for." (Bangladesh n.d.: 15). This argument may also be expanded to apply to the community and its lands and resources.

It is a legitimate argument that it is morally improper for one family in the community to try to gain power over others in the community by increasing its numbers more than others. We have discussed earlier the theological fallacy that numerousness is a virtue. Uuder Islamic law a person is bound to maintain and support his poor relatives, the orphaned, and the poor of the community, and it is an error to think that one can exhaust all his resources on one's own children (Mahmood 1977:10).

Fertility restraint may be presented nation-wide as a moral duty the individual owes to the micro society. Then, if neighborhood or hamlet group meetings are held, as suggested in the following section, the groundwork will

have been already laid for fertility restraint to be presented as the individual's moral duty to the micro-community. Simple arithmetic of the effects of demographic growth, or doubling or tripling in the hamlet, may be presented, and the arguments may be couched in humanistic and moral terms and supported by appropriate textual references such as those given above. The existing latent but rather vague apprehension about population growth can be focused, and it should then not be difficult to class this along with the other aspects of behavioral restraint as necessary in the interest of the micro-community.

Community leaders take advantage of the religious ethos in exercising their power. Muslim headmen usually invoke the Qur'ān or Islamic teachings in coercing individual behavior about matters which the local people believe to be important on moral grounds, and people accept it because they believe it is necessary for the community. This aspect of society should not be ignored in policy.

Internalization of Behavior

We are convinced that most rural people are genuinely apprehensive about the effects of population growth. Most of the village professionals interviewed in this study would like to restrain it, even if they do not approve of the methods known to them or do not think their positions would allow them to advocate what may look like relaxation of sexual norms. Mahmud (1978:table 20) found that 80% to 95% of the Union Parishad members, school teachers, village leaders or *mātabbars*, and village doctors (but not religious leaders) felt that Bangladesh was deficient in food production, and a similar percentage felt the populaion growth rate was high. Most rural people are aware of increasing landlessness, and many farmers spontaneously express concern about subdivison of land by inheritance. There is some opinion that land quarrels have increased in the past two decades (Arens and van Beurden 1977:146). Men are concerned about the economic problems, while women are usally concerned to know about family planning so they will not be too burdened by children. Not many women oppose it on pious grounds.

This latent understanding can be translated into behavior affecting lower fertility if it is psychologically internalized. In any society the child socialization process perpetuates the dominant values. For example, in Bangladesh strictures about sexual behavior and pardā are impressed on children and made moral and religious issues by reference to the consequences of sin, and guilt is induced. Though people may question or even discard some of these values in youth, they often return to them in later life because such values were internalized as children. In other societies different values are internalized: respect of parents and elders, honesty, hard work, guarding one's honor or *izzat*, and kindness, are some that are described as internalized in different cultures in the anthropological

literature. Cultures in which violation of such core values induces pangs of conscience and a feeling of great embarrassment are sometimes referred to as "shame cultures." Of course, the modernization trend everywhere is toward individualism, and that trend can hardly be reversed. However, cultures have always developed mechanisms to bend individual behavior for the welfare of the group as forced by ecological constraints. The changes causing the pressure of population growth have come about so quickly that Bengali culture has not had time to respond, and must be assisted by policy. There is no time to wait for internalization of fertility restraint through child socialization, though that also is necessary in the long run. At present, the aim may be to make fertility restraint a matter of *conscience* through all possible policy mechanisms.

Keeping the issue in the forefront throughout the country is essential. Firm and outspoken political commitment at the top and at all levels of government is the first requirement, and the commitment must extend at top priority for years. While sloganeering and repetition may not have much effect when related to power politics, when it is related to genuine public welfare there is a certain acceptance of its legitimacy. We have quoted several interviewees' opinions that they should obey the government on this, and that even though family planning methods are sinful, in the day of judgment the sin will be excused because "all was done at the instruction of the government." "We should obey Government's order regarding birth control. People's attitude toward Government's order is good. However, most people are not satisfied with two children." The aim should be to restrain fertility to two children, not to obey the government, but because it is a moral duty to the community just like any other moral duty prescribed in religion and ethics.

Schools and the whole educational system may be used in this. Another method is to put this matter in the context of local story and song, most of which conveys some moral and religious message. We have quoted several interviewees' references to *pūthi* literature about how the ideal behavior of a woman affects the longevity of her son, and the like. In such media moral values are personified; hero-figures are made to embody valued and dis-valued behavior ideals of society. The concept of using local drama, literature, and music to convey such messages has been developed by the Village Educational Resource Centre in Sābhār (Shaikh Halim 1979). The UNFPA has collected data on this, and the Bangladesh Government has now geared up for a large program on non-formal population education. In China and other authoritarian countries all the media are used to convey a sense of moral responsibility to the state, but what is suggested here is that fertility restraint has to be internalized as a humanistic responsibility to the community, like all the other religious and moral duties expressed in the quotations in this book.

On the basis of intensive life-history studies of fertility behavior in India

and Nepal, Poffenberger (1976) also came to the conclusion that family-size values would have to be internalized.

The alternatives are few: (1) wait for "development" or education to take hold, (2) attach family planning as a rider to local economic and health programs, (3) distribute materials and "motivate" people by using outside agents, as is being done; these may reduce population growth to about 2% a year; other alternatives are (4) bureaucratic compulsion on a national level, or (5) no action. However, if fertility restraint can be incorporated into the local moral code by mobilizing the latent apprehension about population growth, the micro-communities themselves may be able to handle the matter, for they already have the mechanisms, as discussed in the following section.

4. Behavior Control at the Para Level

Some Examples of Moral Behavior Control

We present here 13 brief cases to show how moral behavior is enforced and coerced at the local level. (These cases are mostly taken from four village-study M. Phil. theses submitted to the Institute of Bangladesh Studies, Rajshahi University: Prafulla Sarker 1976; M. Q. Zaman 1977; Showkat H. Khan 1977; Naseem A. Hussain 1981.)

Most of this enforcement was done at the level of the *pārā*, which is the hamlet. Usually a few *pārās* comprise a village.

Case 1. A poor young woman named Hamida earned her living working in other people's homes. She complained to the headman (*mātabbar*) that Aminur Rahman had forced her and made her pregnant. Aminur Rahman was a prestigious and influential man of the *pārā* so the *mātabbar* did not announce his name publicly, but declared in a meeting that Hamida could not identify the guilty person. He advised that Hamida should induce abortion on the ground that she was poor and the child would increase her troubles. The *mātabbar* secretly managed to get 200 ṭākā from Aminur Rahman for Hamida's recovery. Hamida used an indigenous method for getting the abortion (Hussain).

Case 2. Some youths attended an open-air singing performance (*jātrā*) at a fair (*melā*). The headman (*sardār*) of East Pārā said in the mosque on Friday that it was un-Islamic to attend a *jātrā* or any other amusement in which both males and females participated openly; it was a religious offence. So, 15 youths were fined 20 ṭākā each and given 10 shoe strokes. They did not resist as that might lead to ostracism (*āṭak*) (Zaman).

Case 3. Two Hindu boys visited a divorced Muslim woman late at night in her brother's homestead, and were caught by her elder brother, who called for a judgment (*bicār*) of all the "council of elders" (*samāj*) of the village. The judg-

ment (*bicār*) council had the boys paraded around wearing garlands of shoes and made them pay 400 ṭākā jointly to the village *samāj*. Their parents were shamed, and the *samāj* of the Hindu Pāṛā to which they belonged was shamed. Some orthodox Muslims wanted to convert them to Islam and force one of the boys to marry the girl, but the *bicār* did not approve it (Sarker).

Case 4. A boy was caught trying to have intercourse with a goat. The headman (*sardār*) held three hearings on the case, decided it was a serious offence in Islam, and ordered 50 strokes with the whip (*duṛrā*) and a fine of 50 ṭākā. The family couldn't pay, so the whole family was put under 'social ostracism' (*āṭak*). But then the family members couldn't get work, so they surrendered to the *sardār*; the fine was reduced to 30 ṭākā and the boy was given another 50 stripes with the whip which put him to bed a second time for a week (Zaman).

Case 5. Aziz, a ricksha-puller, had illicit relations with Jabbar's wife. Jabbar stayed in town most of the time and Aziz met the wife in his absence. Jabbar complained to the headman (*mātabbar*) and demanded a divorce. But the *mātabbar* gave a verdict that Aziz should be given 100 shoe strokes publicly and Jabbar's wife should be whipped by her husband, and ordered Jabbar to take his wife home (Hussain).

Case 6. Rahman, a young mechanic, married a girl in town. The marriage was conducted in Rahman's friend's house secretly because the girl's father was opposed. Only her elder brother was present. When Rahman brought his wife to his village home the *pāṛā* residents questioned her chastity and the legality of the marriage. Rahman narrated the whole story to the headman (*mātabbar*) and surrendered to him. The *mātabbar* arranged a meeting of elders where the girl stated that she willingly married Rahman. Rahman apologized to all the *pāṛā* residents for his fault. He explained that he was unable to invite all for a feast, but he gave an expiatory feast to the influential men of the *pāṛā* (Hussain).

Case 7. A village had two *pāṛās*, one for locals and one with in-migrants, each of which had a 'council of elders' (*samāj*). A man in the *pāṛā* of locals was accused of illicit sexual relations and ostracized by his *samāj*. So he and his kin set up a new *samāj* within his *pāṛā*. Later, at a marriage ceremony in the in-migrants' *pāṛā* the headman (*prāmāṇik*) demanded 20 seers of sweets to be paid by the groom's party, but that demand was rejected. So that *samāj* split also, and a new mosque was built; one mosque became identified as Hānāfī and the other as Muhāmmadī (Khan).

Case 8. Jaya, a Hindu girl who had studied to Class 7, was unmarried, but had a lovely face and attracted the attention of the boys of the *pāṛā*. She used to dress nicely and roam about the *pāṛā* at all times, and visited the town also. The boys of the *pāṛā* gosipped with her often. The headman (*mātabbar*) accused Jaya's father of allowing his daughter to become a loose character and break pardā. The *mātabbar* passed a verdict that the father should whip Jaya

publicly and arrange her marriage within one year, and control her movements up until that time, or he would be ostracized by the *pāṛā* residents. Jaya's father had to make a public apology (Hussain).

Case 9. The boys of a village arranged a music performance (*jātrā*) and some actresses from town participated. Some young villagers engaged in merry-making with the actresses, chatted together, and went together to tea shops publicly with them, which was a break of social discipline. The notables of each *pāṛā* jointly took a decision to order that 100 shoe strokes be given to each of the boys in front of the elders in each *pāṛā*, and the boys had to apologize for their guilt (Hussain).

Case 10. A man married a girl of questionable chastity from the nearby town as second wife without getting permission from the headman (*sardār*) or even informing him. People said if the *sardār* did not take this seriously people might start ignoring the local headman. The accused himself requested in 'Friday prayers' (*jumā*) for the *sardār* to hold a trial (*kācārī, bicār*). The man confessed his guilt and asked for a decision as to how his marriage could be made socially acceptable. The *kācārī* decided that he should throw a feast to the *samāj* members, and the matter was settled (Zaman).

Case 11. Abul Gani, a small peasant who had no child, married a second wife. The second wife, Amina, was young and beautiful and came from a well-to-do family. After one year she gave birth to a son. Amina boasted of her beauty and of her son and began to treat the first wife badly. She demanded that Gani divorce the first wife, but he refused. So, there was constant bickering in the family. Amina demanded luxury goods from Gani and often quarrelled, and spoke with a loud voice. The *mātabbar* accused Gani concerning his wife's conduct, and said this had bad influence on other women in the *pāṛā*. The *mātabbar* visited Gani's house and threatened Amina also. She was fined 30 ṭaka and had to make an apology. The *mātabbar* passed a judgment that if she continued her behavior she would be whipped publicly by her husband, and her family would be socially ostracised by the *pāṛā* residents (Hussain).

Case 12. Manu, a poor young woman who earned her livelihood by working in others' houses, was unmarried but was found to be pregnant. The *mātabbar* enquired and Manu confessed that Ahmed, the nephew of a rich man, had made her pregnant. The *mātabbar* arranged a meeting and declared that Ahmed should marry Manu, so he did (Hussain).

Case 13. Zamir Ali, a medium-level peasant was hot-tempered and would beat his wife for minor offences. He would quarrel and shout, and the wife would also shout. Zamir publicly announced divorce twice, and when he announced it a third time his wife returned to her father's house. Zamir then regretted his behavior and appealed to the *mātabbar* to make a compromise. The *pāṛā* people thought that the divorce had already been made final because they had heard Zamir shout it a third time. But the *mātabbar*

made arbitration. Zamir's wife expressed publicly her willingness to stay with her husband, and Zamir accepted her back. The *mātabbar* noted that there were four children and divorce would cause more sorrow, so on grounds of morality he decided against the divorce and ordered that no further quarreling should break out (Hussain).

Is Hamlet-level Population Control Possible ?

It is clear from these cases that there is acceptance of hamlet-level coercion of behavior considered necessary to uphold moral standards for the welfare of the community, and religious rationale is usually given. The question now is whether population control can similarly be made a moral matter to be implemented at the hamlet level.

There are some examples of peasant societies in which fertility has been tightly controlled by local communities. We cite four.

First is the example of pre-modern Tokugawa, Japan (McNicoll 1975). The usual late 18th century village was but a hamlet, with an average of only 80 households (about the same size as larger *pāṛās* in Bangladesh). The village or lineage group would control its population by several means. Often the number of households was fixed and a new one could be started only if an old one died out. The eldest son inherited, so the younger sons were forced to migrate to cities. Village elders also made decisions about marriage and divorce; "effective fertility could be lowered by means of late marriage, abortion, or infanticide." Limitation of village population was an important factor in enabling peasant economic levels to rise and also in increasing urbanization in the country.

A second example is pre-industrial Europe, in which numerous peasant communities in countries such as Switzerland and Ireland maintained very high age of marriage and celibacy. This was supported and even generated by strict moral and religious behavioral codes. In searching for community-level mechanisms that might work in Bangladesh, Demeny (1975:319) refers to these many communities "that routinely kept one-third or more of each birth cohort in the celibate state during their entire adult life span". Our data suggest that celibacy would probably not be successful in Bangladesh, but these examples from different cultural areas show that there are a number of options open for mechanisms of community-level population control.

A third example is rural China (McNicoll 1975). The traditional village was an economic unit and fostered social cooperation. After the communist government came to power it re-organized land holding and set up neighborhood agricultural producers' cooperatives, and above them, village-level collectives. After 1948, these were grouped into communes (similar in size to a union in Bangladesh) and an attempt was made to transfer all administrative func-

tions to that level. The attempt failed and thereafter the village units (which became production brigades) and the neighborhood cooperative units (which became production teams of some 30 or 50 households, about the size of *pāṛās*) operated much as before. The government instituted a fertility-reduction strategy in three parts: (1) an extensive educational and propaganda campaign, (2) a free delivery system for family planning services, and (3) stimulation of anti-natalist social pressures within communities. Brigade leaders have been given a certain latitude in how they would strive to reduce fertility (Aird 1978; Goodstant 1978). The brigade, or in urban areas the ward (or street) committee would allocate its quota of births among the residents according to a certain set of priorities: newly-weds first, then couples with only one or two children, then couples whose youngest child was five or so years old (McNicoll 1975:15). It is undertain from travelers' reports to what extent this is widely imposed.

A fourth example is the island of Bali in Indonesia, which is also relevant to Bangladesh. People live in hamlets called *banjar* having an average population of 700 each (about the size of two average *pāṛās*. These have been selected as units of operation for the family planning program, which has been highly successful (Hull, Hull, and Singarimbun 1977). The hamlet council which represents all families, runs the program. The *banjar* is traditionally a strong social and administrative unit, provides mutual aid, and facilitates coperation in work, recreation, and ceremony. Bali is Hindu, male doctors are accepted, and IUDs can be inserted by males, which is not true of all Indonesia. However, the main cause of success of the program has been community initiative. Marital fertility in Bali was the highest among Indonesia's provinces in 1971, but just five years later 39% of its women were using contraceptives. Field workers and *banjar* heads were trained in dealing with effects of the contraceptives and in the need for community action and pressure for all to accept birth control in the interest of the community.

At this point we refer to two articles concerning Bangladesh by writers with wide experience in population control theory and performance. Both conclude with thrusts groping toward community-level action as the only approach that might possibly lead to success in population control. Paul Demeny (1975), after reviewing the centralized character and long chain of command in the official Bangladesh family planning program, considers alternatives. He considers a nation-wide set of incentives to accept particular methods, such as sterilization, or a nation-wide set of incentives to affect the costs and benefits of having children, to be unpromising. He concludes by recommending that means be developed to enhance the capacity of small communities in Bangladesh to recognize and solve population problems. "The center must lead but must not attempt to prescribe ready-made recipes on how to develop, and that includes the stance on the specific composition, style, and tempo of population control

measures the local levels wish to adopt." He also points out that "there are natural units for performing various tasks: the appropriate unit cannot be arbitrarily chosen." He focuses on the village. The point we make is that such an approach requires detailed knowledge of which natural units in the society function to perform which tasks. Most of the behavior-control cases cited above were at the *pāṛā* level.

The second article is by Arthur and McNicoll (1978) which reviews the population situation in Bangladesh in considerable detail. Those authors see the problem as "a local societal structure the government cannot quite reach". They cite the Chinese commune as being about the size of the union in Bangladesh, though the villages and production groups within the commune are really responsible for behavior control. The authors conclude that "intermediate level" strategy is essential, meaning something intermediate between the government and the individual, but they grope for what that might be.

A further comment on the community-level approach is that this "makes heavy demands on political and administrative capacity" (McNicoll 1975:19). This was discovered in Bangladesh too, in the *swanirbhar* effort; evaluators observed that "government officers have to work much harder than they are normally used to" (Hossain *et al.* 1975:43).

Natural and Administrative Units

The components of Bangladesh society are as follows. The individual is part of a household (*ghar*) which is often part of a homestead (*bāṛī*) having related families. These are grouped into small 'residential kinship units' (*guṣṭhī*) in which women are members, and in addition each individual man or woman is part of a shallow 'lineage segment' (*bangśa*). These kinship units are not suitable for promoting population control.

The homesteads are grouped into clusters which form hamlets (*pāṛā*). The structure and function of the *pāṛā* is described below. It is common to virtually the whole of Bangladesh, though in some places it might have different names; on the eastern side it may be called *kāndi*, and among the Khāsi tribe it is *punji*. In Comilla a unit called *reyāi* (Bertocci 1974:91) seems to be similar to a small *pāṛā*. In some districts there are also recognized neighborhoods within the *pāṛā*; in eastern and southern districts these are called *āṭi*, or in Sylhet, *hāṭi* (BRAC n.d. (a):4). If Bangladesh has 65,000 villages of 1,200 or 1,300 people each, with three or four *pāṛās* in a village on the average, each *pāṛā* would have 300 or 350 people, or 40 to 70 households. There might be a quarter million *pāṛās* in the country.

The village (*grām*) is an entity recognized all over Bangladesh, but it is a little difficult to grasp. One cannot usually see the bounds of a village, even from the air; what one can usually distinguish is the naturally-grouped *pāṛās*.

To one familiar with the clustered and tightly nucleated villages of western India, or those of China or Mexico, the villages in Bangladesh seem "elusive," as described by Bertocci (1970, 1972). Many Bangladeshis say their villages are not elusive to them; they do have functions. At the same time, there is no single definition of "village" but several definitions: (1) census village, dating from Pakistan times, (2) revenue village (*mauza*), dating from Mughal and British times, which may or may not coincide with the census village, (3) social village in the sense of local leadership and recognition as a *grām*, and (4) functional village having a "central place" such as shops, periodic market (*hāṭ*), school, mosque, or graveyard. In addition, English-speaking people usually use the word "village" and "villager" to mean countryside or rural resident. Bangladesh has about 67,000 census villages, having an average population of about 1,300 each. But village boundaries may shift and new *pāṛās* may spring up because of population growth, evosion and flooding, and shifting of rivers. The *grām* had no administrative functions assigned by the government until the recent introduction of *grām sarkār*.

In India the *pancāyet* movement of village government was introduced in the early 1960s in some states, and at first it tended to create new means of local exploitation. But gradually over 15 and 20 years, at least in the southern and western states, *pancāyets* assumed more all-round responsibility for development and have become more democratic institutions. In those parts of India, the *grām* is usually physically nucleated and cohesive, whereas in Bangladesh the settlement pattern is more dispersed. In Bangladesh certain economic development projects could be best operated with the village as the unit. But moral behavior is more commonly dealt with by the *pāṛā* than the village.

The *samāj*, literally "society," is a council of chief men of respected lineages, or elders, or a brotherhood of all household heads, depending on local tradition. The studies of villages done in different parts of the country show no consistency in the pattern and all the following are found: one *samāj* for the village (Arens and van Buerden); no *samāj*, but one *sabhā* for the village (Anwarullah Chowdhury); the *samāj* as "residential brotherhood" (Thorp); one *samāj* of the headmen of 10 *reyāis* (Bertocci); 15 *samājes* in the village, depending on the size and strength of the *guṣṭhis* (*Zaman*); 6 *samājes* in 3 *pāṛās* in the village (S.H. Khan); 2 *samājes* in 2 *pāṛās*, one *samāj* for the Hindus, one *samāj* for the Assamis (migrants from Assam), one *samāj* for the rickshaw-pullers and one *samāj* for the poor peasants (Hussain); one *samāj* for each of 6 Hindu castes and one for all Hindus, plus one *samāj* for each Muslim *majhāb*, and one for each of 3 *pāṛās* in the village (P. Sarker). The *samāj* often has the function of adjudicating cases, either by judgment (*bicār*) or by compromise (*śālis*), and thereby enforces moral behavior among the people under its jurisdiction. But since there is no

standard *samāj* unit in the country it is hardly possible to devise a program in which population limitation could be seen as the responsibility of the *samāj* everywhere. If the *pāṛā* were officially recognized and given responsibility for population control or other matters, it might be that in time each *pāṛā* might tend to form a *samāj*.

The ward is an electoral unit comprising several villages and having about 6,000 people. One female Family Welfare Assistant is assigned to each ward as her territory of operation. The ward has no administrative or social functions and would not be a natural unit for local population control.

The union is comprised of three wards and has about 18,000 or 20,000 people. It has a Union Parishad of elected members and a Union Chairman. The Chairman performs important functions as a link between the local people and government, and in some cases the Union Parishad may conduct a re-trial of cases heard by local *samājes* or other bodies of elders. But in general the union officials are seen as extensions of national bureaucracy and are not given authority by the people to settle behavioral, moral, and economic problems such as they entrust to local headmen. For this reason we do not see the union as a natural unit for community population control.

The thānā is comprised of several unions, depending on population, and the average thānā has 180,000 or 200,000 people. It is the local administrative headquarters for all government programs, as in agriculture, education, and family planning, and it has a police station. It is also an imposed administrative category which people see as an extension of the government downward, not of their society upward. Few rural people have contact with higher administrative levels: sub-division, district, division, or national government in Dacca.

Among these, the only units suitable for community-level population control are the village and the *pāṛā*, and it is our feeling that in most cases personal and intimate matters such as control of moral behavior rests naturally at the *pāṛā* level. It is the *pāṛā* which acts as a community to ostracize violators, and it seeks to keep knowledge of behavioral matters from getting outside attention. So, we feel that any program to develop community responsibility for population matters should begin there.

Structure of the Pāṛā

The hamlet, often called *pāṛā*, may have some 40 to 70 households, though it also might be much smaller. There may be three or four, or more, to a village. It is the local community with which people most closely identify. In general, the *pāṛā* has the following characteristics;

(1) It is a recognized social unit over virtually the whole of the country, though occasionally known by other names.

(2) It is always geographically defined.

(3) It is always named; the names are often common words such as East Pāṛā, South Pāṛā, Hindu Pāṛā, or a name of a well-known leader, or an occupational name.

(4) It practically always has a headman whom people entrust with maintaining order in the micro-community. The leader may be called *mātabbar*, *pradhān*, *sardār*, *prāmāṇik*, *maṇḍal* or *moṛal*, differing by region within the country or by local use of such terms to designate kin group leaders or other prestigious local men. The headman's position is derived from an informal composition of hereditary influence, strength of kin group, economic position, and personal qualities, by local consensus. Occasionally there may be two headmen in a *pāṛā*, or factionalism may incapacitate the headman, but in most cases people accept his judgment in maintaining norms of behavior and social order.

(5) The hamlet or *pāṛā* has corporate functions; it may collectively support an orphan or a student, assist in expenses of a wedding or funeral, or its members may put aside savings under the headman's instruction for a community project.

(6) The hamlet or *pāṛā* is often an ethnic or sub-ethnic group such as Hindus, or a caste, or a Muslim *majhāb*, or an occupational group, or a tribal group, or an in-migrant group (S. Khan); it may be a grouping of kinship units, or rarely a single kinship unit (Sarker 4; Zaman 54; S. Khan 81). Where most *pāṛā* residents are Muslims, behavioral norms and punishments are patterned after Islamic tradition, but where they are Hindus or other groups, different behavioral norms and punishments may be applied. The world view and value system of a *pāṛā* is therefore generally shared by its residents, and different *pāṛās* may prefer different means of fertility limitation.

(7) The *pāṛā* may have a mosque, but not necessarily. If it has one, the mosque committee would represent the interests of the *pāṛā* in this aspect of life.

(8) The *pāṛā* and its headman are interested in all important events of life of its residents, and each person must respect its authority in important life decisions. For example: the *sardār* must be informed of a marriage that is planned (cases 6 and 10 above); he may arrange marriages, and may determine who may be invited to the marriage feast (Zaman 62). The *sardār* sees that each adult male attends mosque, observes Ramzān, attends occasional sermons of the *pīr*, and attends rituals of deceased *samāj* leaders (Zaman-55); after a Hindu boy's initiation and ear-piercing ceremony he should bow to the *samāj* members, and at the circumcision ceremony of a Muslim boy key *samāj* persons must be invited (Sarker 95-96). The *sardār* performs ritual and ceremonial functions (Bertocci 1970:20).

(9) The *pāṛā* often has a body of elders such as a *samāj*, or its leaders sit in a village *samāj* to hear cases and make decisions. Cases of moral behavior

are often decided by *bicār*, or judgment (as most of the cases cited above); another method is by *śālis*, or compromise, which is often used for land disputes or inheritance problems (Zaman 78). The *bicār* is usually at the *pāṛā* level; only in exceptional cases is it conducted at the village level (Ellickson 1972:55-59).

(10) The whole *pāṛā* acts together to enforce moral behavior, under the lead of its headman; he also tries to solve other problems which may occur in any community. Problems and disputes are usually kept within the *pāṛā* to avoid wider embarrassment or involvement of outsiders. At the order of the headman the *pāṛā* will ostracize or socially boycott a guilty party (cases 2,4,7,8, and 11 above), which means people won't sit or eat with the accused, nor employ him, and he is in a state analogous to ritual pollution. If a guilty party has to publicly accept punishment, or apologize, or give an expiatory feast (cases 6 and 10 cited above), it is to the prominent men of the *pāṛā*.

The co-authors of this chapter do not at all underestimate the practical difficulties of the approach suggested here, among which are the following:

(1) The logistics of dealing with a quarter million hamlets or *pāṛās* is overwhelming.

(2) There is no mechanism for official recognition of the *pāṛā* or its functions, nor of its headman, nor of its *samāj* or body of elders.

(3) The functions of different units overlap or are not clearly defined: neighborhood or *āṭi*, *pāṛā*, and *grām*; headmen of these geographical entities and headmen of kinship units; different and overlapping *sāmajes* or councils of adjudication— all differ according to region and circumstance.

(4) Some *pāṛās* are too small, strung out on the banks of dead rivers to escape flooding. In Anwarullah Chowdhury's study village (1978:36) there are 16 *paras* for 2,428 people.

(5) Factionalism may cause a *pāṛā* to split or may incapacitate its leadership, or divide it into several *samājes* (Thorp; S. Khan).

(6) Headmen are usually relatively "rich" and tend to exploit others. Exploitation by the landed local elite is shown in every study we have access to. Local prestigious persons are given less punishment, especially less physical punishment, than others who commit the same transgressions of behavioral norms, or their bad deeds are hidden by the headman (cases 1 and 10 above). Arens and van Buerden (1977:49-51) heard in their Kushtia village of 30 men and 15 women engaging in illicit relationships and knew about several illegitimate children; these matters were hidden because often the women were poor and the men were rich. In one case of adultery :

> "Several of the village court members who were to punish the man and woman, have or have had secret relationships with women themselves, one of them even with this women in question, and one had once made another woman pregnant. In fact, they act in exactly the same way

as the man they were going to punish. The only difference is that they have the power, and the small peasant does not."

However, if abuse is more blantant than they accept, *pāṛā* members can take action, as in case 7 cited above in which a group split off from a headman who demanded too much sweets at a wedding.

(7). If there are any incentives given for a *pāṛā* to reduce its fertility, or any rewards or recognition, the headman will certainly benefit from them first.

On the positive side, there is no other entity in Bangladesh society in which a matter so personal and intimate as fertility control could be discussed at the community level, and no other entity which has common enough interest to induce group discussion on the matter, or enforce it according to social norms.

There is no collection of vital statistics in Bangladesh. However, the *pārā* headman does have informal knowledge of the family composition of the residents.

Most *pāṛā* headmen feel responsible for the physical welfare of their *pāṛā* members and realize that their own economic position and social standing depends much on the general welfare. They will not be opposed to family planning as religious leaders are. Mahmud (1978:56-60) found in his study that *mātabbars* as a group do think of the welfare of the individual as regards family size, and they also generally think that the nation's resources are strained by population growth; 80% of them believe population growth is high, 70% believe food supply is deficit, and 91% would give positive advice on family planning if asked; 40% of them have actually been consulted on the question of family planning. These men are expected to uphold traditional morals; therefore many favor early marriage and are opposed to abortion; those having *mādrāsā* education are more conservative, as are those who are older, and those having large families. But such leaders are familiar with the effects of land fragmentation. Many of them could be found who have a willingness to participate in population limitation, for they are men of experience and common sense. But the government will have to take the lead in popularizing the concept that fertility control is also a moral matter about which a community should be responsible.

Organization of Group Discussion in the Hamlet or Pāṛā

There are two ways of approaching the *pāṛā*: (1) informally, by organizing discussions among interested persons, and (2) by official recognition of the political structure of the hamlet and the function of the headman. We prefer to begin with the former (this idea is developed by the second auther of this chapter).

Informal group discussions may be organized within the *pāṛā* beginning by those who are already "acceptors" of family planning. There should be separate discussions by males and females, and for males there should be separate groups organized by generation, as father and son, or elder and younger relatives,

cannot mutually discuss sex. Such meetings may be held for parental generation, current generation, and children's and grandchildren's generation. Indeed, if there is much age difference elder and younger brother cannot discuss sex, so there may be senior and junior groups.

At first these groups will consist of ever-users of contraceptives. For each group a convener will be chosen. He may be a headman, headman's relative, or other prominent person if such a person has been using contraceptives and is willing; otherwise any willing person may be chosen. The conveners will be motivated by the understanding that since they have been practicing contraception for the good of the community, others should be encouraged to do likewise, so that no lineage or family group feels that by limiting progeny they will suffer any disadvantages more than others.

The convener and the group will meet informally and discuss among themselves their personal experiences one by one concerning their use and knowledge of the various methods. Each participant will be free to state his opinion openly. Through such frank discussion it is expected that the merits and demerits of each method will be identified by the participants themselves. The major points of discussion may be recorded by the convener. Problems and questions with the methods can be referred to the appropriate government or other extension agents, or to thāna officers, for both technical and medical problems. The group can perform a service to the participants by enabling them to air their problems and make referrals where advice is needed.

Each group may discuss in some detail the effect of unchecked population growth in the *pāṛā* for the next 10, 20, or 40 years, and consider the available resources, land fragmentation, and the like. The groups may get some assistance in making simple projections from the agent stimulating the formation of the groups.

Once a group is formed and has had some discussion, the convener will ask each participant to bring with him to the next meeting a prospective user of family planning. In this way the group may grow until all potential and interested persons attend. Time and place of the meetings will be decided by the participants, and the whole exercise will be purely voluntary.

For females similar groups will be formed. There need be no separation of females on the basis of age or generation, but each group will be organized within a visiting neighborhood (*āṭi*) rather than for the whole *pāṛā*, so that the women can discuss these matters with persons they know well, and they will not have to move out of the zone they are accustomed to. The rest of the procedure will be the same as for males.

Discussions in such intimate groups will have much greater value and credence than motivations by the paid family planning field workers. As these groups come to discuss the future implications of population growth on the wel-

fare of the *pāṛā*, those who use contraceptives will be motivated by better understanding of the situation, and by a sense that all should share equally in the effort of fertility reduction, and will bring other *pāṛā* residents to the meetings.

If fertility limitation as a moral issue is presented by the various authorities, in schools, public media, medical facilities, and the like, it will be easier to find persons to serve to convene the discussions. The groundwork will have already been laid that this is an issue on which all should bear responsibility. The agent can then more easily identify someone who has practiced contraception already, to take responsibility as convener and exercise leadership for the public welfare.

The agent of government or private organization who goes to a *pāṛā* to identify potential conveners and help organize such discussions should be mature enough to have the respect of its people when he speaks on such a personal subject, but he or she should not have many children.

There are youth clubs (*sangha, klāb*) in some areas, though not necessarily limited to a *pāṛā*; these organize sports, collect funds, or serve as forums for discussing issues. Hashem (1979) found in a study that the majority of city college students would be willing to work to popularize the idea of family planning in their home areas during vacations. Such students may serve as agents to initiate discussion of this in the youth clubs. But youth cannot directly motivate the village elders on such behavioral matters, for the society gives the elders authority.

Once this issue is brought up in the various discussion groups as one on which the community might act as a unit for its welfare, as in any other restraint of behavior on moral grounds, the exact mode of action taken will be decided at the initiative of the community, in accord with the moral and religious principles of the religious group, *majhab*, caste, sect, or other sub-ethnic group of the *pāṛā*.

If the headman does not participate, or opposes the meetings because he does not control them, he may be given some honorary role such as patron and gradually drawn in as a supporter by the request of the *pāṛā* residents and by understanding of the necessity of the action for protection of the community welfare.

The above procedure is idealistic, but is based on a decade's field experience of one of the co-authors in promoting rural acceptance of family planning and health measures. In view of the desirability of a humanistic approach to the problem of population, we suggest that this method be tried as a pilot scheme in a few divergent areas of the country.

Other *Pāṛā*-Level Program Possibilities

An alternative to the above procedure is official recognition of the hamlet or *pāṛā* as a territorial unit, and of its headman, and recognition of its *samāj* or creation of one if there is none. This would take much time and bureaucratic organization. It may be necessary if the above-mentioned approach is not successful and if incentives and disincentives are to be given to induce community-

sponsored fertility control.

Raising consciousness of population issues through group discussion has been tried at other levels; there has been some success in experimental projects with it in IRDP (Howie and Chowdhury, in Sattar 1979), and at the village level in a program called Total Life Approach for Rural Community Development (N.M. Khan, in Sattar 1979). In some villages in Rangpur District, a number of meetings were held, oaths of self-reliance were administered by village elders to all the villagers, and a number of steps were taken to promote agriculture and better use of labor. Then, in a general meeting of the residents of the village, a presentation was made showing what the village might be like in 15 years, or in 40 years, at the present rate of population increase, considering agricultural potential:

> "This simple arithmetic example stimulated the villagers, and spontaneous discussion ensued whereby many other factors were cited, i.e. poor families with more children, fragmentation of land, difficulties in cultivating fragmented plots, schooling of children, health and sanitation problems, and resultant poverty. The committee and villagers were convinced that they must do something to keep their population at the same level to raise the standard of living. It was then decided that, during the time of Hazrat Mohammed the Prophet (Sm), 'ajal' (withdrawal) was practiced and they would use it along with other methods, if available."

The results in the case of Kujipukur and Batasan-Durgapur were that in one year in former the growth rate came down to 0.5%, and in the latter to zero. These results were checked by many people (Rafiquz-Zaman 1979:29) and this was one of the bases from which the *swanirbhar* movement grew. But that movement has become bureaucratized so that the genius of solutions to problems through local-level values has been partly stifled. In addition, it appears to us that though the village might be a natural unit for some economic "development" projects, the natural smaller community of the *pāṛā* is better for behavior modification on sexual matters. The approach suggested here for raising consciousness of population as an issue may be used at the *pāṛā* level in support of making fertility control a moral issue.

Incentives and Coercion at the *Pāṛā*-Level

We are not making any judgment as to whether or not strong incentives, disincentives, or coercion will be necessary in Bangladesh. We have given above some such methods tried in other countries.

We agree with the viewpoint that any non-voluntary method raises the issue of the right of privacy versus assertion of power by the state, and can only be justified if the population density becomes so acute as to outweigh the individual right (Dudley Kirk, in Tufts 1973:40; Veil 1978); "compulsory methods

to bring down population growth can only become feasible if the people, realizing the urgency of the population crisis, are prepared to accept the compulsion."

The main comment offered here is that if the relevant authorities feel that forceful incentives, disincentives, or coercion are necessary, it is better that they be undertaken at the local community level than in an all-embracing and monstrous bureaucratic program. Actions taken at the *pāṛā* level often coerce individuals, as shown in the 13 cases quoted above, and if it is seen as for the benefit of the whole community, it is accepted. People are coerced to remain continent while unmarried, to practice pardā, to respect the authority of the *pāṛā* headman, to get community approval of marriage, and the like, mostly in the name of religion. Islamic law permits coercion of individuals in many other ways for the public welfare.

In China, where responsibility for restraining fertility is often put on the "work brigade," or on the city ward, it is admitted that in regard to population, "many local leaders are inclined to resort to coercion as the best way to get things done, that the central authorities know this is the case, and that they wish at least for the record to disclaim responsibility for such tactics" (Aird 1978:244).

Bangladesh is very different from China in that local leadership is not responsible to control moral behavior on behalf of the state but only on behalf of the micro-community, and in line with its moral values and world view.

We recognize that if incentives such as "development" projects are given to *pāṛās* to reward them for fertility limitation, the *pāṛā* leaders may personally gain, or abuse community residents for their own purposes using these projects. If disincentives are offered, local prestigious people may find ways to manipulate and avoid them. Inequality may even tend to increase temporarily. But inequality is already there, and is increasing because of poverty in any case. Agencies looking at micro-communities from the outside may have to accept some features of local society and political behavior which the community people accept, and not try to change everything all at once. Many traditional leaders abuse their power in the view of outsiders, but they retain their leadership because what they provide the community in support of its core values is more important.

Raising consciousness of moral responsibility for fertility-limitation in the micro-community will run counter to many beliefs expressed in the first part of of this book. It will gradually erode the ethos linking human fertility with land fertility. It will work against the sentiment expressed by 83% of our respondents in favor of dependence on God for number of children, though already about half say they depend on their own choice too. It will work against pardā if it becomes recognized as an important enough issue so that women in pardā can talk about and receive modern contraceptives. At the same time, it will tie in with the altruistic and humanistic qualities of the religions and help people gain a wider world view by enlarging their understanding of their own potential

to change situations. The main religious opposition will come from those accustomed to using religion to support their claim to moral authority over others. These people should not be alienated, but drawn through discussions to understand that fertility limitation is simply one more aspect of behavior over which *pāṛā* leaders may exercise moral authority, if the people do not take enough initiative on their own. We believe that in this way the hamlet or *pāṛā* as the unit of operation can solve its problems for the welfare of its residents in the context of its own beliefs and values.

Table 1

LIST OF INVESTIGATORS AND RESEARCH COMMUNITIES
(SEE MAP IN PREFACE)

Investigator	Location	District	Description
1. Mrs. Nilufar Alam	Kazla, Paba Thānā	Rajshahi	Suburban poor, recently settled
2. Mrs. Piara Begum	Bosepara, Boalia Thānā	Rajshahi	City, high and middle income
3. Mrs. Patrika Rani Devi (deceased)	Shankarpai, Bagmara Thānā	Rajshahi	Isolated rural, no transport
4. Miss Monowara Begum	Jobra, Hathazari Thānā	Chit.	Rural, 2 miles from university
5. Mrs. Ranjita Kundu	Sagar Kandi, Sujanagar Thānā	Pabna	Isolated, on Jamuna bank
6. Mrs. Nasima Karim	Arambag, Motijheel	Dacca	City, high and middle income
7. Mrs. Basara Begum	Chikanmati, Domar Thānā	Rangpur	Large village, thānā headquarters
8. Mr. Profulla Chandra Sarkar	Mohanandatahali, Paba Thānā	Rajshahi	Rural, 1 mile off road
9. Mr. K.M. Ashraful Aziz	Charmukundi Matlab Thānā	Comilla	Rural, adjacent to thānā headquarters
10. Mr. Golam Mustafa	Chhoto Routa, Domar Thānā	Rangpur	Rural, 2 miles from railway
11. Mr. Shishir Ranjan Paul	Kashinagar	Mymen.	Village 2 miles from railway
12. Mr. Nadiruzzaman	Amjhupi, Meherpur Thānā	Kushtia	Isolated rural
13. Mr. Mahatabuddin	Bormi, Shripur Thānā	Dacca	Large village, 1 mile from road
14. Mr. Shadizzaman	Shankai-Nazirpur, Kotwali Thana.	Jessore	Semi-urban, 2 miles from Jessore
15. Mr. Ramesh Chandra Pramanik	Mirzapur, Sherpur Thānā	Bogra	Village 8 miles from Bogra
16. Mr. Ziaul Karim	Boufal, Boufal Thānā	Patua.	Thānā town
17. Mr. Shaiful Hashan	Belghat	Sylhet	Rural, near road

Table 2

RELIGIOUS AND SOCIOECONOMIC FACTORS AND FERTILITY IN 17 RESEARCH COMMUNITIES

Ranked by completed fertility	District	Location	Sex of investigator	% Muslims	% who depend on God for number of children	Average pardā, scale 1-7	% with no education	% with 1 to 5 years education	% with secondary school certificate and above	% with income Taka 6000+ per year	% with land under 2 acres	% with land over 3 acres	Average no. bedrooms	Average household size	Average no. sons dead	Average no. daughters dead	Average no. children ever born (standardized by age and sex)	Average no. children ever born, age 25-34	Average no. children ever born, age 45+
1.	Chit.	rural, near univ.	F	78%	87%	2.8	68%	91%	3%	20%	38%	9%	1.0	5.5	.60	.55	4.8	3.4	5.9
2.	Raj.	isolated rural	F	59	93	3.2	96	96	4	23	14	34	2.0	5.4	.85	.75	5.0	4.3	5.9
3.	Rang.	rural	M	58	28	1.3	52	72	18	37	45	25	1.8	5.4	.61	.48	4.3	2.2	6.0
4.	Dacca	city, Motijheel	F	93	90	1.2	21	33	45	81	78	11	2.3	6.3	.38	.29	3.7	2.8	6.3
5.	Syl.	rural	M	63	99	4.5	49	84	4	39	22	17	1.5	5.9	.78	.80	4.9	2.6	6.4
6.	Mym.	rural	M	66	99	3.8	77	89	6	27	56	8	1.5	5.7	.84	.55	5.0	2.2	6.4
7.	Patu.	rural	M	70	92	3.9	29	51	32	55	45	31	2.2	6.3	.58	.58	5.0	3.5	6.9
8.	Dacca	rural	M	54	99	3.6	57	82	9	31	63	13	1.7	6.0	.49	.44	5.0	3.3	7.0
9.	Raj.	city	F	69	28	1.0	19	40	3	75	63	5	2.4	6.4	.41	.34	4.8	4.0	7.2
10.	Bogra	rural	M	73	97	2.9	76	92	2	30	43	31	1.7	5.7	.78	.77	5.3	3.8	7.2
11.	Kush.	isolated rural	M	97	92	3.4	74	82	6	19	31	22	2.3	6.7	.59	.59	5.8	3.8	7.4
12.	Com.	rural	M	78	95	—	37	68	5	—	31	15	1.7	6.4	.91	.66	6.0	2.4	7.4
13.	Rang.	thānā town	F	68	88	1.7	35	67	17	54	56	25	1.9	6.4	.67	.45	5.3	4.4	7.7
14.	Pabna	isolated rural	F	62	91	1.9	76	93	2	39	58	15	1.5	6.2	.78	.76	5.5	3.0	7.7
15.	Raj.	semi-urban	F	86	84	3.0	86	92	3	32	92	5	1.5	5.9	.75	.61	5.2	4.8	7.9
16.	Raj.	rural	M	69	87	—	46	86	9	—	36	33	1.9	6.3	.71	.53	5.8	3.1	8.3
17.	Jes.	semi-urban	M	91	76	2.3	52	83	7	40	52	14	2.0	6.4	.78	.59	5.2	3.8	8.7

Table 3

RELIGIOUS AND SOCIO-ECONOMIC FACTORS AND FERTILITY IN 17 RESEARCH COMMUNITIES: CORRELATION MATRIX

	Mean	Standard deviation	Correlations: Av. no. children ever born	Correlations: % Muslims	Correlations: % who depend on God for number of children
Average no. children ever born (standardized by age and sex)	5.09	.55	1.00		
% Muslims	72.5	12.9	.19	1.00	
% who depend on God to determine number of children	83.8	21.9	.35	.11	1.00
Average pardā, scale 1-7	2.63	1.19	.32	.10	.61*
% with no education	55.8	23.0	.27	-.09	.35
% with 1 to 5 years education	76.4	19.0	.47	-.22	.40
% with secondary school certificate and above	10.4	11.4	-.61	.21	-.03
% with income Taka 6000+ per year (as of 1977)	40.1	18.0	-.55	.12	-.37
% with land under 2 acres	48.3	19.5	-.35	.25	-.18
% with land under 2 acres, rural only	45.4	18.1	-.10	.12	-.10
% with land over 3 acres	18.3	10.0	.24	-.27	.16
% with land over 3 acres, rural only	17.4	11.2	.38	-.33	.19
Average no. bedrooms	1.8	.4	-.11	.28	-.31
% joint or extended families	16.2	5.4	.41	.32	-.00
Average household size	6.05	.4	.39	.50	.06
Average no. children dead per 100 born, under age 35 only	22.5	6.6	-.02	-.39	-.09

*Males only

F values: Av. no. children ever born 117.72 (significant)
% Muslims .71 (not significant)
% who depend on God for no. of children 2.09 (significant)

For this sample of 17 research communities, a correlation of .24 is significant at $p<.05$

Table 4

FERTILITY, CHILDREN DEAD, AND DEPENDENCE ON GOD FOR NUMBER OF CHILDREN, IN 17 RESEARCH COMMUNITIES: CORRELATIONS

	Mean	Standard deviation	Correlation: av. no. children ever born (unstandardized)
Average no. children ever born (unstandardized) : age 24	2.29	.93	.02
age 25-34	3.38	.78	.32
age 35-44	5.41	.74	.26
age 45+	7.08	.84	.70
Average no. children dead: sons	.68	.15	.52
daughters	.57	.15	.44
Average no. children ever born (standardized by age and sex)*	5.08	.55	.97
Percent who depend on God to determine number of children	83.1%	21.9	.34

F value: 89.86 (significant)

For this sample of 17 research communities, a correlation of .24 is significant at $p<.05$

*Parity, standardized by age and sex, for 2825 respondents:

Age	M	F
15-19	2.71	1.47
20-24	2.88	2.80
25-29	2.00	3.71
30-34	3.08	5.11
35-39	4.08	6.13
40-44	5.37	7.55
45-49	6.16	7.35
50-54	7.19	6.84
55+	7.38	6.24
	5.1	5.0

Table 5

RELIGIOSITY, CONTRACEPTION, AND FERTILITY: CORRELATION MATRIX

	1. Muslim	2. Worship	3. Prayers	4. Festival	5. Ritual for child	6. Pilgrimage	7. Having religious leader	8. Fasting	9. Reading religious books	10. Pardā	11. Amulet for child	12. Amulet for self	13. Depend on God	14. Depend on self	15. Rel. leader opinion	16. Holy days abstinence	17. Advice on population	18. Any contraceptive use	19. Modern contraceptive use	20. Fertility
1. Muslim	1.00																			
2. Worship	-.08	1.00																		
3. Prayers	.33	.17	1.00																	
4. Festival	-.11	.02	.11	1.00																
5. Ritual for child	-.02	.06	.11	.22	1.00															
6. Pilgrimage	-.06	.07	.03	.13	.07	1.00														
7. Having religious leader	-.16	.13	.08	.01	-.00	.24	1.00													
8. Fasting	.33	.10	.33	-.03	.03	.02	.06	1.00												
9. Reading religious books	-.06	.09	.01	-.06	-.20	.06	.18	.06	1.00											
10. Pardā	.15	.15	-.00	-.13	-.20	-.01	.08	.10	.27	1.00										
11. Amulet for child	.10	.06	.02	.04	.11	.06	.03	.01	.03	.09	1.00									
12. Amulet for self	.05	.05	.06	.08	.14	.10	.07	.03	-.02	-.00	.18	1.00								
13. Depend on God	.06	.09	.10	-.08	-.04	.06	.07	.11	.06	.14	-.06	.06	1.00							
14. Depend on self	.00	.02	-.07	.02	.12	-.03	-.22	-.12	-.09	-.03	-.01	-.10	-.21	1.00						
15. Relig. leader's opinion	.14	.05	.01	-.04	-.00	.03	.03	.07	.04	.11	.11	.00	.09	-.02	1.00					
16. Holy days' abstinence	-.07	.20	-.07	-.04	-.08	.01	.13	.03	.22	.38	.09	-.03	.11	-.04	.12	1.00				
17. Advice on population	.02	-.14	.09	.02	-.05	.06	.09	.16	.02	-.04	-.00	.06	.20	-.32	-.01	-.04	1.00			
18. Any contraceptive use	-.01	.02	.03	.13	.19	.08	-.10	.03	-.16	-.19	.01	.12	-.07	.17	-.06	-.10	-.11	1.00		
19. Modern contraceptive use	.01	-.03	.06	.12	.16	.06	-.15	-.02	-.21	-.35	-.02	.08	-.10	.17	-.07	-.22	-.11	.72	1.00	
20. Fertility	.01	.04	.13	.03	.03	.10	.10	.06	-.03	.03	.01	-.07	.10	-.02	.03	.07	.01	-.02	.03	1.00

Sample size: 1671. Correlation of 0.1 is significant at $p < .05$

Explanation: The following 20 characteristics have been reduced to —/+ except where it is indicated that they are scaled

1. Muslim religious affiliation
2. Usual attendance at (weekly) worship at mosque/temple/shrine/church, scaled 2 to 4 times per month
3. Frequency of prayers, scaled 1 to 5 times daily
4. Expenditure of Taka 50+ on religious festival per year
5. Performance of any ritual to get child or for its welfare
6. Pilgrimage ever made to sacred place of 5+ miles
7. Having a pir/guru/gosāi/religious teacher
8. Fasting 2+ days per year
9. Reading or hearing religious books, scaled 2+ days per week
10. Pardā, scaled 1 to 7
11. Tābiz given to child for any purpose
12. Tābiz worn by self for any purpose
13. Stated dependence on God for number of children, scaled no/don't know/yes
14. Stated dependence on own choice for number of children, scaled yes/don't know/no
15. Negative opinion of respondent's relig. leaders on family planning
16. Abstinence from coitus on 1+holy days per year
17. Respondent's advice on population problem, scaled positive/none/negative
18. Ever use of any contraceptive method
19. Ever use of any modern contraceptive method
20. Number of children ever born to those aged 45+ scaled 0+

Table 6

RELIGIOUS AFFILIATION, FERTILITY, AND DESIRE FOR MORE CHILDREN

Average number of children ever born N=2825*

		Muslims			Hindus			Others
	N=	All	M	F	All	M	F	
	2825	2050	1270	780	716	468	248	59
Age<24	2.5	2.6	(2.8)†	2.4	2.1	2.2	2.1	1.4
25-34	3.4	3.5	2.7	4.4	3.2	2.3	4.3	3.0
35-44	5.4	5.5	4.9	6.9	5.1	4.4	6.6	5.4
45+	7.0	7.4	7.6	7.0	6.3	6.3	6.4	4.1
Average:	5.1	5.2	5.3	5.0	4.8	4.7	5.0	3.9
Percent who desire more children, age < 34								
Yes	31.8%	31%	33	28	35	38	29	37
No	47.2	47	41	55	47	41	55	49
Don't know	21.0	22	26	17	19	21	16	14

*This sample contains 72.6% Muslims, 25.3% Hindus, and 2% others

†Numbers in parentheses are from insufficient data to be reliable

Table 7

RELIGIOUS AFFILIATION AND DEPENDENCE ON GOD FOR NUMBER OF CHILDREN

Percent who say they depend on God to determine number of children N=1671*

	Males				Females			
	N	Yes	No	Don't know	N	Yes	No	Don't know
	949	815	105	21	722	565	123	32
Muslims	699	87.4%	11.0	1.6	523	81.4	15.5	3.1
Hindus	225	82.6	12.9	4.5	189	72.0	20.1	7.9
Others	25	100	.0	.0	10	(50.0)	(30.0)	(20.0)
Average :		86.6%	11.1	2.2		78.5	17.1	4.4

*In secondary sample: Muslims 73.1%, Hindus 24.8%, Buddhists 1.2%, Christians .2%, others (tribal) .7%

Table 8

SECT AND FERTILITY

Religion and sect	N= 2825	Average no. of children ever born: All	Age 45+
Muslim	2050		
Sunnī	1590	5.2	7.4
Shi'â	8	3.4	
NR	452	5.2	7.3
	Average :	5.2	7.4
Hindu (patron deities)	716		(ranked)
Lakṣmī	137	5.0	7.0
Kṛṣṇa	73	4.7	6.6
Durgâ	35	4.1	6.4
Harī	34	5.3	6.2
Nārâyaṇ	23	5.3	5.8
Dayāmay	23	4.7	5.7
Kālī	22	3.5	4.4
Others*	56		
More than one	188	5.3	7.0
NR (no response)	125	3.8	4.8
	Average :	4.8	6.3
Buddhist	34	3 7	3.7
Christian	4	(2.5)	
Others (Santāl)	21		
Bhuia/Mahato	13	4.1	
Bhuni	7	(5.0)	
Other	1		
	Average :	4.4	5.3

* Viṣṇu 9, Gobinda 8, Gurudeb 7, Śiba 5, Rām 6, Gaurānga 3, Ganeś 2, Sani Ṭhākur 2, etc.

Table 9

DEPENDENCE ON GOD FOR NUMBER OF CHILDREN, AND FERTILITY

Number who say they depend on God to determine the number of their children, and average number of children ever born

N=1671

		Males					Females				
		All	Age <24	25-34	35-44	45+	All	Age <24	25-34	35-44	45+
No*	228	105=11.1%	7	42	41	15	123=17.1%	34	56	19	14
	4.0	3.7	2.7	2.6	3.8	7.0	4.2	2.4	4.0	6.7	5.6
Don't know	53	21=2.2%	1	6	9	5	32=4.4%	14	4	10	4
	4.1	313	.0	(2.3)	(3.9)	(4.0)	4.6	2.1	(4.5)	6.5	(8.3)
Yes	1380	815=86.6%	31	197	264	323	565=78.5%	131	206	130	98
	5.3	5.3	3.2	3.0	4.7	7.3	5.3	3.2	4.6	7.1	7.2
NR	10	8	1	2	3	2	2	0	1	0	1
	6.6										
Total	1671	949	40	247	317	345	722	179	267	159	117
	5.1	5.1	3.0	3.0	4.6	7.2	5.1	3.0	4.1	7.0	6.7

*After each of these four responses, first horizontal row is number who depend on God and second is average number of children ever born.

Table 10

DEPENDENCE ON OWN CHOICE FOR NUMBER OF CHILDREN, AND DEPENDENCE ON GOD FOR NUMBER OF CHILDREN

Is number of children determined by own choice?	Is number of children dependent on God's will?							
	Males				Females			
	All	Yes	No	Don't know	All	Yes	No	Don't know
N=	949	815	105	21	722	565	123	32
No	272	268	1	2	227	226	1	0
Yes	504	385*	104	8	429	292*	121	14
Don't know (NR=2.8)	171	160	0	11	64	45	1	18

*40.6 % of males and 40.4 % of females who say they depend on God, also assert that they depend on own choice to determine the number of children.

Table 11

DEPENDENCE ON GOD FOR NUMBER OF CHILDREN, AND DESIRE FOR MORE CHILDREN

Dependence on God for number of children	Percent who do not want more children						N=1671
	All	M	F	Age <24	25-34	35-44	45+
Yes	54.3	54.3	54.3	29.0	39.0	57.1	76.2
Don't know	41.5						
No	62.3	55.2	68.3	39.0	63.3	68.3	79.3

Table 12

USE OF TĀBIZ FOR SELF

Reason for use	N=1671	Reason for use	
Avoid difficulty, disease	72	Barrenness	4
For getting a child	32	Acidity	4
Liver pain	32	Evil influence of planets	3
Fear of evil spirit	30	Paralysis	3
Weakness	25	Labor pains	3
Rheumatic pain	25	Leg pains	3
Evil air	24	To increase intelligence	3
Waist pain	21	Hand pain	2
Fear	21	Piles	2
Infant mortality	19	Hysteria	2
Head disease	18	To get husband's love	2
Various diseases	17	Persistent fever	2
Unknown disease	17	Cholera	2
For betterment of children	17	For marriage	2
Nocturnal emission	16	Skin disease	1
For sound health	16	Breast enlargement	1
Fear of snakes	14	Heart disease	1
Asthma	13	For good business	1
Disease of semen	12	Sleeplessness	1
Bad dreams	8	Fever in delivery	1
Chest pain	8	Tetanus	1
Safeguard from enemy	8	Nervousness	1
For betterment of family	8	Lack of memory	1
Menstrual trouble	8	Back ache	1
Indigestion	8	More than one reason	94
Enlarged testicle	6	Total: 41% use	674
Evil eye	6	38% of males use	
Pregnancy difficulty	6	45% of females use	
To get a male child	6		
Stomach disease	6	54% of age <24	
Fever	6	41% of age 25-34	
To avoid natural abortion	5	54% of age 35-44	
Cough	5	39% of age 45+	
Prevent premature death	4	Do not use tābiz	961
		NR	36

Table 13

TĀBIZ GIVEN TO CHILD, AND DEPENDENCE ON GOD FOR NUMBER OF CHILDREN

Reason tābiz given to child N= 1671		*
Evil air	69	80%
Fear	54	83
Various diseases	41	83
Evil eye	40	95
For betterment of children	37	40
Guard from disease, trouble	36	92
Fear of ghost	32	100
Excessive crying	25	92
Bed wetting	18	83
Frequent fever	15	
Unknown disease	13	
For long life	12	
For sound health	11	
Physical weakness	11	
Infant mortality	10	
Evil spirit possession	9	
Liver pain	8	
Asthma	8	
Nocturnal emission	6	
Indigestion	6	
Cough	5	
Skin disease	4	
For education	4	
Bad dreams	4	
Headache	3	
Paralysis	3	
For weaning	3	
For success in examination	3	
Snake bite	2	
Epilepsy	2	
Listlessness	2	
Leg pain	2	
Enlarged testicle	2	
For increased intelligence	2	
Tetanus	2	
Jaundice	2	
Disease from childbirth	2	
Madness	2	
Cholera	1	
Defective eye-sight	1	
Acid stomach	1	
Burning	1	
Lung tumor	1	
Dog bite	1	
Vomiting	1	
Anger	1	
Urinary trouble	1	
Pneumonia	1	
Rheumatic pain	1	
More than one reason: given by 10% of males given by 7% of females	140	88%
For specific problems	461	90
For general welfare	191	69
Total who gave tābiz: given by 41% of males given by 39% of females	652	84
Did not give tābiz	971	81
NR	48	

*Percent who say they depend on God to determine the number of children

Table 14

USE OF TĀBIZ, AND PARDĀ

	Average pardā, scale 1-7			
	Males		Females	
	Yes	No	Yes	No
Use for self	4.4	3.9	3.0	2.8
Use for child	4.2	3.9	2.9	2.8
Average:	4.1		2.9	

Table 15

RELIGIOUS PERFORMANCE IN REGARD TO CHILDREN, AND DEPENDENCE ON GOD FOR NUMBER OF CHILDREN

N=1671

Muslims' rituals	
Milād māhfil (men perform chant in honor of the Prophet, usually after wish is fulfilled)	124
Ākikā (naming ceremony)	91
Mānasī at dargā (giving sweets, money, etc. at tomb of a pīr)	30
Sadkā (distribution of a portion of one's wealth)	13
Qur'ān Khāni (reading whole Qur'ān)	10
Mānasī for śirni (distribution of sanctified sweets)	9
Giving food to beggars	7
Nafal rozā (extra fasting)	6
Others (prayers, dān khairāt, doā-iunus pāṭh, korbānī, mānasī at mosque)	6
	296
Hindus' rituals	
Ṣaṣṭhī pūjā (fertility goddess)	22
Mānasī for hariluṭ (throwing food, flowers in temple)	15
Satya Nārāyaṇ pūjā	13
Kālī pūjā	10
Mānasī at Kālī temple	7
Ṭhākur bhog (food offering to deity)	7
Manasā pūjā (goddess of serpents)	6
Annaprāsan (first rice feeding ceremony for child)	4
Mānasī at temple (consecration of sweets etc.)	4
Others (pūjās to 9 different deities, prayers, sacred songfest, sacrifice, food for beggars, fasting)	29
	117
Performance of more than one Muslim and / or Hindu ritual in regard to children	178
	Total 600

Dependence on God for number of children:

	M	F		M	F
Performers of these rituals: Muslims	86.7%	77.1%	Hindus	78.3%	63.8%
All: Muslims	87.4%	81.4%	Hindus	82.6%	72.0%

Table 16

FASTING, AND RELIGIOUS AFFILIATION, AND FERTILITY, AND DEPENDENCE ON GOD FOR NUMBER OF CHILDREN, AND DESIRE FOR NO MORE CHILDREN

	No. of days fasting per year by religion						Av. no. children ever born		% who depend on God for no. of children		% who desire no more children	
	Muslim		Hindu		Bud.	Other						
	M	F	M	F								
	698	520	225	187	14	20	All	45+	M	F	All	Age<34
Nil	112	58	80	17	4	0	4.6	7.0	71%	68%	54%	39%
1-2	6	2	44	14	0	9	4.6	8.0	100	67	46	31
3-4	7	4	20	33	0	4	5.2	7.4	90	74	60	45
5-9	17	8	24	33	4	5	4.8	5.6	88	62	62	53
10-29	236	169	40	79	5	0	5.0	7.2	88	72	55	43
about 30	273	219	9	3	6	0	5.3	7.3	92	91	54	33
31+	47	60	8	8	0	0	5.9	7.2	91	85	61	40
						Average:	5.1	7.0	87%	79%	55%	40%

Table 17

WEEKLY WORSHIP, AND PARDĀ, AND DEPENDENCE ON GOD FOR NUMBER OF CHILDREN, AND FERTILITY

Usual no. of days per month worship in mosque, church, or shrine			Average pardā, scale 1-7		% who depend on God for no. of children		Average number children ever born	
	M	F						
	943	666	M	F	M	F	All	Age 45+
Nil	320	552	3.8	2.9	85%	79%	4.9	6.7
1	90	29	2.7	2.0	76	44	4.4	6.5
2	67	6	4.5	(3.7)	86	(67)	5.7	7.5
3	38		4.5		95		4.8	8.2
4+	428	79	4.4	3.0	88	71	5.8	7.7
		Average:	4.06	2.88	86.6	78.5	5.1	7.0

Table 18

DAILY PRAYER, PARDĀ, AND FERTILITY

Usual number of prayer times per day			Average pardā, scale 1-7		Av. no. children ever born	
	M	F				
	946	678	M	F	All	Age 45+
Nil	400	183	3.5	2.9	4.4	6.8
1	91	41	3.9	2.5	4.8	6.5
2	90	95	4.7	2.3	5.3	7.3
3	60	34	3.8	2.7	5.1	7.4
4	37	24	4.6	2.2	4.7	7.1
5+	268	301	4.7	3.2	5.8	7.5
		Average:	4.1	2.8	5.1	7.0

Table 19

READING RELIGIOUS BOOKS, AND PARDĀ, AND DEPENDENCE ON GOD FOR NUMBER OF CHILDREN

Number of days per week religious books are read	Number		Average Pardā, scale 1-7		% who depend on God for no. of children	
	M	F	M	F	M	F
	941	721				
Nil	143	225	3.8	3.2	76%	83%
1	91	48	3.9	2.4	86	75
2	47	48	4.7	2.8	98	81
3-6	68	69	4.4	2.2	96	71
7	52	87	4.6	2.9	88	79
Occasional	30	82	5.1	2.3	97	48
Listen only	510	162	3.9	3.1	87	91
		Average:	4.06	2.88	86.6%	78.5%

Table 20

PILGRIMAGE, AND DEPENDENCE ON GOD FOR NUMBER OF CHILDREN

Distance of longest pilgrimage (miles)	Number		% who depend on God for no. of children	
	M	F		
	941	720	M	F
Nil	505	443	85%	81%
0-4	37	93	70	67
5-19	51	45	90	78
20-49	168	16	94	56
50-99	59	16	93	75
100-199	56	25	86	80
200-499	39	21	77	86
500+	8	2	(N=1)	(N=2)
Hajj	1	5	(N=0)	(N=2)
NR	17	54	(N=17)	(N=44)
		Average:	86.6	78.5

Table 21

HAVING A RELIGIOUS PRECEPTOR, AND DEPENDENCE ON GOD FOR NUMBER OF CHILDREN, AND FERTILITY

	Number		% who depend on God for number of children					Av. number children ever born	
	M	F	Yes			No	Don't know		
	949	722	All	M	F			All	Age 45+
No preceptor	443	420	78%	80	76	18	4	4.6	7.2
Have pīr/ guru/gõsāi	339	141	89	90	86	8	3	5.6	7.3
Have religious teacher	93	77	81	96	62	17	2	5·0	6.1
Have pīr/ guru/gõsāi and religious teacher	59	81	94	97	91	4	3	6.2	7.4
NR	15	3							
	Average:		83	87	79	14	3	5.1	7.0

Table 22

BELIEF ABOUT STATEMENTS ON POPULATION IN RELIGIOUS BOOKS, AND RELIGIOUS AFFILIATION, AND DEPENDENCE ON GOD FOR NUMBER OF CHILDREN

"Can you give any statement from your religious books about population or its control?"		Religious affiliation				% who depend on God for number of children
		Mus.	Hin.	Bud.	Other	
	N=1671	1222	414	20	25	
1. Don't know/incomplete answer	1402	1053	324	11	14	82%
2. No statement in religious books	236	141	85	9	11	88%
3. "It is necessary to educate each child, but this is not possible if there are too many. Therefore, it is better to control birth by means of *āzal* (withdrawal) and *safāri* (traveling)." (Hādis)	11	11				
4. "Fasting for self-restraint is better than getting married, if you are unable to maintain your children." (Qur'ān)	7	6	1			
5. "Killing a child because of economic inability is a crime because God is the authority of creation and maintenance." (Qur'ān)	6	4	2			
6. "Excessive number of children is the symptom of poverty."(Qur'ān)	6	6				items 3-7,
7. "Killing a child is prohibited."	3	1	2			67%

Table 23

OPINIONS OF RELIGIOUS LEADERS

Respondents' volunteered statements of what their religious leaders have said about family planning and population control

	N= 1671		Muslim 1222	Hindu 414	Others 35
Negative opinion	177	Acceptance of family planning is sin	54	8	0
		Family planning is offensive to religion	55	1	0
		Family planning interferes in God's will	30	0	0
		Family planning is totally anti-Islamic	10	1	0
		Family planning means fighting with God	4	0	0
		Control births by avoiding coitus	3	1	0
		Family planning is hateful	2	1	0
		Number of children can be controlled if religious performances are properly done	0	3	0
		Family planning deviates from religion	2	0	0
		Sterilization is sin	1	0	0
		Family planning is the same as murder	1	0	0
			162	15	0
			=13.3%	=3.6%	
Ambiguous opinion	17	Opinion both for and against	10	0	1
		Family planning is not sin, but destroying children is sin	3	1	1
		Three children is enough	1	0	0
			14	1	2
Positive opinion	13		9	4	0
NR	1464				

Percent who depend on God for number of children:	M	F
negative response	88.4%	93.8%
no response	85.4	77.4

Percent who give religious leaders' response as negative:	All	Age <24	25-34	35-44	45+
Males	15.2%	10.0	17.8	15.5	13.6
Females	4.6	4.5	5.6	3.1	4.2

Table 24

PARDĀ, AND RELIGIOUS AFFILIATION, AND DEPENDENCE ON GOD FOR NUMBER OF CHILDREN, AND DEPENDENCE ON OWN CHOICE FOR NUMBER OF CHILDREN

Pardā, scale 1-7*	Religious affiliation								N=1522		% who depend on God for number of children		% who depend on own choice for number of children	
	Percent		Muslim		Hindu		Buddhist		Other					
	M	F	M	F	M	F	M	F	M	F	M	F	M	F
	874	648	651	466	198	172	14	6	11	4				
1	14.8%	23.0%	70	118	56	29	13	4	11	4	57%	59%	74%	75%
2	3.9	35.6	28	141	5	86	1	1			85	89	62	56
3	11.8	9.9	75	42	25	21					91	87	47	65
4	10.5	5.2	68	22	21	11					93	88	58	70
5	48.3	19.3	337	105	73	18		1			93	86	48	56
6	2.1	.6	18	3		1								
7	8.6	6.4	55	35	18	6					96	93	38	63
											86.6	78.5	53.2	59.6
Average pardā (scale 1-7)														
	4.06	2.88	4.3	3.0	3.6	2.6	1.1	1.8	1.0	1.0				

*1. Can go out for work or shopping
2. Can go outside village
3. Can visit any part of village
4. Can appear before strangers around the homestead
5. Can visit neighbor's homestead
6. Can appear before unrelated people in the house
7. Complete pardā

Table 25

MENOPAUSE AND PARDĀ

Number of years past menopause, and average pardā (scale 1-7)

	Males*		Females	
	N	Av. pardā	N	Av. pardā
0	753	4.0	535	2.8
1-2	22	4.1	30	3.5
3-4	16	3.9	13	4.1
5-9	41	4.3	12	2.8
10+	21	5.2	6	2.5
Average:		4.1		2.9

*Males' responses concerning their females' menopause and pardā

Table 26

PARDĀ AND FERTILITY

Average pardā, scale 1-7	Average number of children ever born											
	Males						Females					
	N	All	Age <24	25-34	35-44	45+	N	All	Age <24	25-34	35-44	45+
1	150	3.7	(1.8)	2.6	3.4	6.3	155	4.1	2.8	3.3	6.3	6.0
2	34	5.2		(3.5)	3.8	7.0	228	5.4	3.3	5.0	7.7	6.6
3-7	690	5.3	(4.0)	3.1	4.9	7.3	265	5.1	2.5	4.8	6.9	7.6
Average:		5.1	(2.8)	2.6	4.7	7.0		5.0	2.4	4.3	6.8	6.9

Table 27

PARDĀ, AND DESIRE FOR NO MORE CHILDREN

Average pardā, scale 1-7	Males N	Males % who want no more children	Females N	Females % who want no more children
1	150	48.0%	155	66.5%
2	34	(79.4)	228	54.4
3-7	690	53.6	265	51.3
Average:		54.2%		56.2%

Table 28

MARITAL HISTORY, AND PARDĀ, AND FERTILITY

	Number M	Number F	Av. pardā scale 1-7 M	Av. pardā scale 1-7 F	Av. no. children ever born. N=1671 All	Av. no. children ever born. N=1671 Age 45+
	949	722				
Married, 1 spouse	693	585	4.0	2.8	4.8	7.1
Married, 2+spouses	27	7	3.8		6.6	8.5
Currently separated	0	0				
Currently divorced	1	0				
Currently widowed	7	37		2.9	4.8	(4.6)
Divorced/remarried	61	17	4.4	4.7	4.9	6.8
Widowed/remarried	66	11	4.0	5.0	7.1	8.0
Others/NR	94	65			6.0	7.6
	Average:		4.06	2.88	5.1	7.0

Table 29

AGE OF MARRIAGE, AND PARDĀ, AND DEPENDENCE ON GOD FOR NUMPER OF CHILDREN, AND FERTILITY

Age at first marriage			Average pardā, scale 1-7		% who depend on God for number of children		Average number children ever born			
	M	F					All ages		Age 45+	
	949	722	M	F	M	F	M	F	M	F
<13	95	318	4.7	3.1	92%	88%	5.9	5.8	7.7	7.2
14	12	99	3.8	2.8	92	72	6.1	4.5	8.0	6.5
15	18	112	4.2	2.9	100	73	6.7	5.2	8.8	7.4
16	32	86	4.3	2.7	94	72	5.4	4.9	7.8	7.0
17	23	29	3.8	2.8	91	76	5.4	4.2	6.8	(8.0)
18	87	37	4.2	2.6	92	62	5.4	4.3	7.0	(6.8)
19	33	8	3.9	(2.0)	95	63	5.1	(2.8)	9.4	
20-24	321	25	4.3	2.2	85	56	5.1	2.3	7.3	
25-29	256	5	3.7	(1.2)	85		4.6	(1.6)	6.8	
30+	72	3	3.5		72		4.5		6.6	
	Average :		4.06	2.88	86.6	78.5	5.1	5.0	7.0	6.9

Table 30

FAMILY TYPE, AND LAND, AND EDUCATION, AND PARDĀ, AND FERTILITY

Family type (percents)	N=	Age	% having land, acres		% having education		Average pardā, scale 1-7		Av. no. children ever born	
	2825	50+	.2	3+	Nil	SSC+	M	F	All	Age45+
Single person	.7%	57%	62%	5	81%	10			2.9	3.6
Nuclear	63.0	20	57	14	60	7	4.0	3.0	4.9	6.8
Augmented nuclear	20.0	20	44	24	45	12	4.3	2.7	4.5	6.6
Joint*	14.0	48	31	33	54	6	4.1	2.5	6.5	7.8
Large extended	2.3	22	23	37	42	9	4.0	2.6	5.0	6.9
Average:			49.8	19.4	55.8	12.5	4.1	2.9	5.1	7.0

*Joint family is two or more related nuclear families (parents and married son, or two married brothers) sharing same cooking facilities.

Table 31

WHY MORE CHILDREN ARE DESIRED, AND INCOME, AND EDUCATION, AND FAMILY TYPE, AND HAVING NO SONS/DAUGHTERS

Reasons volunteered why more children are desired (percents) N=1671

	All	M	F	Income <4000 taka	Education Nil	Education 9+	Joint/ extended family	Have no living son	Have no living dau.
N who desire more	1150	766	384	583	639	195	140	104	854
Sex preference	25%	23%	31%	24%	22%	36%	21%	38%	19%
Unable to answer	24	24	26	24	27	19	26	16	19
Depend on God	16	20	8	16	20	3	19	8	10
Have less than desired	11	9	14	10	9	16	14	7	13
Childless	9	8	9	8	7	13	7	21	21
Continuity of lineage	5	6	3	6	6	3	4	8	6
Old age security	5	5	3	6	5	4	5	5	4
Family size norm	1.8	1.8	1.8	2.0	1.3	2.6	2.1	3.6	3.7
Pregnant now	1.2	1.6	.5	1.4	1.4	.5	.7	.4	.4
Want child by 2nd spouse	1.2	1.2	1.3	1.0	1.6	1.0	1.6	.0	.4
More than one reason	.9	.9	.8	.7	.9	2.1	.7	1.7	1.3
Social stigma	.5	.5	.5	.9	.6	.0	.7	1.3	1.3
Funeral ceremony	.2	.3	.0	.3	.2	.0	.0	.0	.2

Table 32

WHY NO MORE CHILDREN ARE DESIRED

Reasons volunteered why no more are desired (percents) N=2825

	All	Age<24	25-34	35-44	45+
% who desire no more:	56.1	31.4	41.6	59.6	74.0
Number:	1568	100	333	456	697
Economic problems	34%	29	47	43	22
Enough children	26	31	29	33	20
Too old	21	11	7	6	40
Widowed/separated	11	16	8	10	12
More than one reason	4	3	8	4	4
Ill health of one or both parents	2	3	13	2	1
Fear of decreased living standard	2	7	3	2	0
Shyness	1	0	0	0	1

Table 33

SEX PREFERENCE

Percent who want more children	0 living		1 living		2 living		3 living	
	sons	dau	sons	dau	sons	dau	sons	dau
Male respondents	71%	57	42	37	20	27	(14)	(15)
Female respondents	64	55	34	31	13	20	(7)	(10)
Percent of those who want more who give sex preference as the reason								
Male respondents	31%	20	25	33	33	29	(19)	(40)
Female respondents	37	30	48	43	45	55	(54)	(70)

Table 34

DESIRE FOR MORE CHILDREN

Percent who desire more N=2825

	All		Age<24		25-34		35-44		45+	
	M	F	M	F	M	F	M	F	M	F
Yes, more*	23.9%	23.3	41%	57	45	28	25	6	9	3
No more	53.9	59.8	34	30	29	54	52	75	72	80
Don't know	22.2	16.9	25	13	26	17	23	19	19	17

*Number more desired

by males: 1, 11.6%; 2, 8.0%; 3, 3.2%; 4+, 1.1%; =23.9%

by females: 1, 13.4%; 2, 7.7%; 3, 1.8%; 4+, .4%; =23.3%

Table 35

CHILDREN BORN, AND DESIRE FOR NO MORE CHILDREN

Males						Females					
Number of children ever born		Percent who desire no more children				No. of children ever born	Percent who desire no more children				
		Age	25-	35-			Age	25-	35-		
	N=1764	<24	34	44	45+	N=1061	<24	34	44	45+	
0	142	0%	0%	0%	44%	82	0%	0%	0%	29%	
1	153	9	4	15	21	80	4	21	(57)	(67)	
2	168	(29)	34	34	41	96	34	36	(80)	(83)	
3	183	(43)	30	44	50	131	43	55	(62)	(85)	
4	180	(75)	59	56	64	121	(73)	64	67	70	
5	202	87	55	52	71	102	81	61	95	82	
6	183	V	56	63	77	105	V	76	80	68	
7	143		88	74	77	102		71	80	95	
8	116		V	60	79	81		60	68	96	
9+*	294			80	82	161		V	81	85	

*Includes NR

Table 36

SONS AND DAUGHTERS DEAD AND ALIVE, AND DESIRE FOR NO MORE CHILDREN

Number of sons and daughters, dead and alive, and percent of each group of respondents who desire no more children N=2825

	Sons dead			Dau. dead			Sons alive			Dau. alive		
	N	M	F	N	M	F	N	M	F	N	M	F
0	1695	46%	54	1802	45%	54%	572	14%	17	660	22%	29%
1	671	58	67	647	64	73	691	46	53	718	51	60
2	281	74	72	243	73	63	612	69	75	579	63	66
3	107	78	66	88	64	73	485	71	80	449	71	76
4	42	82	86	29	88	84	248	77	86	233	77	70
5	16	V	V	11	V	V	122	76	73	120	69	81
6	8			4			57	83	71	46	84	91
7	1			1			25	(89)	(73)	14	(77)	(83)
8+	4			0			13	V	V	6	V	V

Table 37

SONS AND DAUGHTERS DEAD, AND DEPENDENCE ON GOD FOR NUMBER OF CHILDREN

Number of sons dead		Dependence on God for number of children (percents)			Number of daughters dead		Dependence on God for number of children (percents)		
	N= 1627	Yes	No	Don't know		N= 1627	Yes	No	Don't know
0	979	80%	17%	3%	0	1044	80%	17%	3%
1	388	87	10	3	1	373	87	9	3
2	171	90	8	2	2	134	92	7	1
3	49	94	4	2	3	49	96		4
4+	40	95	5		4+	27	93	3	3
	Average:	83.1	13.7	3.2			83.1	13.7	3.2

Table 38

CASTE[1] AND FERTILITY

Hindu caste (jāti) as given by respondents	N=716	Av. no. children ever born: All	Av. no. children ever born: Age 45+ (ranked)
Kāyastha (orig. writers)	34	5.7	9.4
Karmakār (blacksmiths)	18	6.2	9.0
Ghoṣ (orig. milkmen, sweets makers)	31	6.2	8.7
Sāhā (not a caste; title esp. of business groups)	25	4.9	8.4
Dās (not a caste; title of fishers, Mahiśyas, etc.)	30	4.7	7.1
Kuṇḍu (businessmen)	10	4.8	7.0
Baiśya (not a caste; the 3rd varṇa rank)	44	5.8	6.7
Pāl (caste cluster, esp. potters)	60	5.0	6.4
Śīl/Narasundar/Nāpit (barbers)	16	5.4	6.2
Brāhmaṇ (caste cluster; 1st varṇa rank)	31	4.5	6.1
Baiṣṇab (not a caste; a devotional sect)	42	4.2	6.0
Kaibarta (caste cluster of cult. and fishers)	18	5.5	6.0
Hāluāi (cultivators)	13	5.6	5.9
Jele (fishermen)	71	4.3	5.7
Namaśūdra (mostly agricultural laborers)	113	4.3	5.6
Mahiśya (cultivators)	20	4.6	5.0
Śūdra (not a caste; the 4th varṇa rank)	51	3.8	4.8
Kṣatriya (not a caste; the 2nd varṇa rank)	24	3.8	4.7
Other middle castes/groups[2]	20	4.0	5.0
Other lower castes/groups[3]	18	6.1	(10.7)
NR	27	5.1	7.2
Average for Hindus:		4.8	6.3

[1] "Caste" in English is strictly defined as the endogamous (intra-marrying) group, but jāti is defined as any hereditary or intrinsic group.

[2] Subarṇa Baṇik (goldsmiths) 4, Sūtradhar (carpenters) 4, Mārwāṛī (merchant group from Rājasthān) 3, Baṇik (merchant caste cluster) 3, Ṛṣī (not a caste; saint) 2, Baidya (orig. doctors) 1, Sarba Sindu 1, Bhūimāli 1, Kangśabaṇik (brass merchant) 1.

[3] Rajak (orig. washermen) 9, Rabidās (title used by Muci caste, cobblers) 3, Māli (not a caste; gardener) 3, Māl 1, Rajbangśi (landowners) 1, Harijan (not a caste; Indian term for lowest class of castes) 1.

Table 39

PADABĪ[1] AND FERTILITY

Padabī and av. no. children ever born				Padabī and av. no. children ever born			
	N= 2766	All	Age 45+ (ranked)		N	All	Age 45+ (ranked)
Kārikar	17	6.5	9.6	Rāy (H)	15	4.9	6.7
Śikdār	24	5.2	8.8	Saiyad	127	4.6	6.6
Munshi	15	5.9	8.7	Sarkār	46	6.4	6.4
Kuṇḍu (H)	13	5.7	8.5	Pāl (H)	60	5.2	6.4
Ghoṣ (H)	33	6.1	8.4	Śāh	36	5.1	6.3
Caudhurī	33	5.3	8.3	Kāzī	19	3.7	6.3
Pradhān	28	5.8	8.2	Sūtradhar (H)	13	5.9	6.3
Bepārī	22	5.8	8.1	Śīl (H)	18	5.2	6.2
Maṇḍal	152	5.8	8.0	Dās (H)	106	4.3	6.0
Biśvās	32	5.3	7.9	Hājī	10	5.0	5.7
Tarafdār	9	6.0	7.8	Karmakār (H)	61	4.3	5.7
Mīr	20	4.7	7.7	Khandakār	17	6.1	5.6
Sardār	83	5.3	7.6	Prāmāṇik (H)	12	4.1	5.4
Mullā	121	5.0	7.5	Maṇḍal (H)	15	4.1	5.3
Prāmāṇik	48	5.2	7.5	Barman (Jele) (H)	64	4.3	5.3
Sāhā (H)	63	5.4	7.4	Hāldār (H)	27	4.1	5.3
Śekh	502	5.2	7.4	Gāzī	19	4.7	5.0
Ākanda	25	4.8	7.4	Narasundar (H)	11	4.3	4.5
Fakīr	19	4.8	7.3	Kaibarta Dās (H)	26	3.7	4.5
Bhūiyā	34	5.8	7.3	Other Muslim[2]	150		
Khān	89	4.7	7.2	Other Hindu[3]	122		
Miyā	88	4.9	6.8	NR (M)	266	5.0	7.1
Sarkār (H)	42	6.3	6.7	NR (H)	14	5.1	6.4
					Average::	5.1	7.0

[1] Padabī is lineage or family name, "title." Listed are the names given by respondents, but some of them are caste or occupation names and not padabīs. Some households do not have any padabī. M=Muslim; H=Hindu.

[2] Mṛdhā 20, Hāolādār 19, Tālukdār 12, Maulavī 11, Dāi 11, Āowāl 10, Monin 8, Mātabbar 5, Pāṭhān 5, Mallik 4, Piādā 3, Daftarī 3, Caukidār 2, Kabirāj 1, Ukīl 1, Paṇḍit 1, etc.

[3] Bhaumik 10, Biśvās 10, Datta 8, Cakrabartī 8, Ācārjya 8, Sardār 7, Adhikārī 6, Śarmā 5, Bhāduī 5, Nāth 5, Māli 4, Majumdār 4, Āgarwāla 3, Sannyāsī 1, Caudhurī 1, etc.

Table 40

OCCUPATION, AND DEPENDENCE ON GOD FOR NUMBER OF CHILDREN, AND PARDĀ, AND FERTILITY, AND FREQUENCY OF COITUS

Main occupation of household	N= 2825*	% who depend on God for number of children (ranked)	% practicing pardā, 3-7 on scale	Av. no. children ever born		No. times coitus in preceding week (abstention excluded)
				All	Age 45+	
Artisan[1]	101	96%	52%	5.3	8.0	2.8
Day laborer	440	93	74	4.4	6.5	3.0
Traditional low occupations[2]	38	92	60	4.6	6.0	2.0
Cultivator	756	90	85	5.9	7.2	2.4
Misc. common occupations[3]	192	90	83	5.0	7.2	2.3
Traditional professions[4]	62	85	68	6.2	7.1	1.6
Fishermen	101	85	45	4.2	5.9	2.8
Business, trade	505	80	60	5.1	7.2	3.0
Salaried employment ("service")	409	72	44	4.6	7.1	3.4
Modern occupations[5]	84	71	77	3.8	4.4	(4.6)
Teacher	74	68	50	4.1	6.1	3.2
Servant	37	60	60	3.5	4.4	1.9
Student[6]		45	20			1.8
Average :		83.1	63.1	5.1	7.0	2.6

[1] Artisan: potter, 24, carpenter 22, blacksmith 22, goldsmith 16, weaver 15, oil presser 2.

[2] Traditional low occupations: barber 12, washerman 11, cobbler 9, boatman 5, midwife 1.

[3] Misc. common occupations: ricksha-puller 64, hawker 39, tailor 30, beggar 19, cartman 14, milkman 14, woodcutter 10, pālki bearer 2.

[4] Trad. professions: doctor 33, priest/imām 15, kabirāj 5, deedwriter 1.

[5] Modern occupations: driver/conductor 30, contractor 24, mechanic 31, lawyer 6, engineer 3.

[6] Student: not enumerated among these household occupations.

*Occupation and fertility refer to the first sample of 2825 households; dependence on God, pardā, and coitus refer to the second sample of 1671 individuals from the households of the first sample.

Table 41

LAND AND HUMAN FERTILITY

Land owned (acres)	N= 2825	%	Average number children ever born: All	Age <24	25-34	35-44	45+
<.2	1408	49.8%	4.5	2.1	3.3	5.2	6.7
.2- .4	131	4.6	4.9	(1.0)	3.1	5.0	6.8
.5- .9	215	7.6	4.6	2.9	3.0	5.4	6.3
1 - 2.9	526	18.6	5.3	3.3	3.6	5.3	6.9
3 - 4.9	245	8.7	6.0	3.0	4.3	5.2	7.3
5 - 9	200	7.1	6.7	5.5	4.0	6.6	8.5
10 -19	67	2.4	6.4	6.7	4.4	6.5	7.4
20 -29	19	.7	6.4		5.4	6.6	7.0
30 -39	12	.4	7.5	(5.0)	(4.0)	(10.3)	(11.0)
40+	2		(4.0)		(4.0)		
Average:			5.1	2.6	3.4	5.4	7.0

Table 42

LAND TENURE TYPE AND HUMAN FERTILITY

Land tenure type	N= 2825	Average number children ever born: All	Age <24	25-34	35-44	45+
None	1355	4.5	2.1	3.3	5.2	6.7
Bargā	66	4.8	2.5	3.0	5.1	7.2
Owned	1116	5.5	3.3	3.6	5.5	7.0
Mixed (owned and leased)	284	6.2	3.5	3.8	6.1	7.7
Other	5					
Average:		5.1	2.6	3.4	5.4	7.0

Table 43

INCOME, PARDĀ, AND DEPENDENCE ON GOD FOR NUMBER OF CHILDREN

Annual income*		Pardā, scale 1-7		% who depend on God for no. of children	
Taka	N= 2825	M	F	M	F
<2000	507	3.9	3.3	91%	84
2-4000	815	3.9	3.5	88	82
4-6000	229	4.5	3.9	94	91
6000+	1064	3.7	2.6	80	73
NR	210			93	92
Average :		4.06	2.88	86.6%	78.5%

*1977 prices

Table 44

INCOME, AND FREQUENCY OF COITUS, AND FERTILITY, AND DESIRE FOR NO MORE CHILDREN

Annual income*		No. times coitus in preceding week (abstention excluded)		Av. no. children ever born					% who desire no more children		
	N=				Age	25-	35-			Age	24-
Taka	2825	M	F	All	<24	34	44	45+	All	<24	35
<2000	507	2.7	3.0	4.0	2.4	3.0	4.5	5.5	52%	31	37
2-4000	815	2.0	3.8	4.6	2.1	3.4	5.3	6.4	51	20	37
4-6000	229	2.3	5.1	5.0	1.8	3.5	5.4	7.2	49	44	34
6000+	1064	2.9	3.6	5.7	3.6	3.7	5.9	7.8	62	43	50
NR	210	2.0	1.8	5.8					62		
Average:		2.5	3.6	5.1					56.1	31.4	41.6

*1977 prices

Table 45

NUMBER OF BEDROOMS, AND RELIGIOUS AFFILIATION, AND PARDÂ, AND EDUCATION, AND FERTILITY, AND DESIRE FOR NO MORE CHILDREN

Number of bedrooms		Religious affiliation, %		Average pardā, scale 1-7		Education, (% read across) Nil		9+		Av. no. children ever born		% who want no more children	
	N=										Age	Age	
	2825	Mus.	Hind.	M	F	M	F	M	F	All	45+	25-34	35-44
1	1267	44%	52%	4.0	3.2	65%	74%	11%	6%	4.1	6.0	34%	48%
2	857	31	32	4.0	2.6	50	58	22	15	5.2	6.9	47	63
3	408	17	11	4.7	2.5	40	37	31	23	6.3	7.9	55	82
4	149	6	4	4.5	2.9	38	25	22	38	7.2	8.2	58	78
5+	67	3	2	4.9	1.7	34	19	34	31	7.3	9.4	(62)	(71)
NR	42												
			Average:	4.1	2.9	52%	62%	18%	13%	5.1	7.0	41.6%	59.6%

Table 46

EDUCATION, AND RELIGIOUS AFFILIATION, AND PARDĀ, AND DEPENDENCE ON GOD FOR NUMBER OF CHILDREN

Class passed	N=	Religious affiliation (cumulative %)				Average pardā, scale 1-7		% whc depend on God for no. of children			
		Males		Females				Yes		No	Don't
	2825	Mus.	Hind.	Mus.	Hind.	M	F	M	F		know
0	1577	100%	100%	100	100%	4.0	3.4	93%	85%	6%	4%
1	28	48.2	48.8	41.4	31.0	3.9					
2	85	46.6	47.7	41.0	30.6	4.0	3.4				
3-5	453	40.8	44.7	38.7	29.4	4.5	2.8	89	74	13	3
6-8	221	27.8	23.1	24.2	10.9	4.3	2.3	87	75	17	
9-10	106	20.7	13.1	15.4	4.4	4.4	2.0	80	(45)	28	
SSC	127	16.2	10.3	11.8	2.4	4.3	1.9	72	62	27	
HSC	99	11.5	5.0	7.2	.8	3.8	1.3	67	53	37	0
BA/BSc	97	7.0	3.5	3.0	.4	3.0	1.1	67	(54)	35	0
P. Grad.	32	1.4	1.1	1.2	.0	2.2	1.0	(73)		(23)	
					Average:	4.06	2.88	86.6	78.5	13.7	3.2

Table 47

EDUCATION, AND FERTILITY, AND DESIRE FOR NO MORE CHILDREN

Class passed	N=	Av. no. children ever born						% who desire no more children					
	2528	M	F	Age <24	25-34	35-44	45+	M	F	Age <24	25-34	35-44	45+
0	1577	5.0	5.2	2.4	3.7	5.5	6.7	52%	59%	28%	42%	56%	72%
1	28	5.0	4.3		3.0	4.6	7.1				(29)	(73)	(78)
2	85	5.4	4.4	1.3	2.6	5.7	7.8	52	(29)		26	55	68
3-5	453	5.7	5.1	2.3	3.8	5.8	7.5	56	57	35	36	63	74
6-8	221	5.5	6.0	3.3	4.1	5.9	7.4	59	79	38	55	69	84
9-10	106	6.0	4.2	3.3	3.1	5.9	8.0	70	70	47	50	79	86
SSC	127	5.3	3.8	2.5	2.9	5.0	8.0	56	67	40	50	63	77
HSC	99	3.4	2.6	3.2	2.1	3.6	6.2	50	49	28	46	60	77
BA/BSc	97	4.2	4.1	(6.3)	2.1	2.7	7.5	51	(53)	(86)	37	50	(92)
P.Grad.	32	3.4	2.0		2.6	2.5	5.0	44	(33)		(29)	(50)	(57)
Average:		5.1	5.0	2.6	3.4	5.4	7.0	54	60	31	42	60	74

Table 48

FREQUENCY OF COITUS

Number of times coitus in preceding week (percents) N=1671

	All		Age<24		25-34		35-44		45+	
	M	F	M	F	M	F	M	F	M	F
0	36.4%	34.3	25.0	26.3	26.3	28.5	31.5	40.9	49.3	51.3
1	21.0	11.6	10.0	8.9	17.0	13.9	22.7	12.6	23.5	9.4
2	16.5	11.8	20.0	16.2	15.8	12.4	22.1	8.2	11.6	8.5
3	11.8	10.8	25.0	12.8	16.2	12.7	11.7	9.4	7.2	5.1
4	6.0	8.6	5.0	12.3	7.3	10.1	6.6	6.3	4.6	2.6
5	4.4	4.3	2.5	3.4	11.3	5.2	2.8	5.0	1.2	2.6
6	1.1	2.9	5.0	4.5	2.0	3.7	.9	1.9		
7	1.5	2.9		1.1	3.6	4.1	.9	3.8	.6	1.7
8+	.4	6.8	7.5	12.3		7.9		3.1	.3	.9
NR	.9	6.0			.4	1.5	.6	8.9	1.7	17.9
Those who had coitus, average number of times in the week										
	2.5	3.6	3.3	3.9	3.0	3.7	2.3	1.9	2.0	2.7

Table 49

FREQUENCY OF COITUS, AND FERTILITY, AND DEPENDENCE ON GOD FOR NUMBER OF CHILDREN

Number of times coitus in preceding week and average number children ever born N=1671	All		Age<24		25-34		35-44		45+		% who depend on God for number of children	
	M	F	M	F	M	F	M	F	M	F	M	F
0	5.8	5.6	(6.8)	2.6	3.5	4.8	4.9	7.2	7.2	7.1	86%	76%
1	5.5	6.0	(5.3)	3.3	3.1	4.8	4.4	8.6	7.7	9.1	92	82
2	4.5	4.4	(1.9)	2.9	2.2	4.1	4.9	6.5	6.6	7.5	86	79
3	4.3	4.3	1.7	3.0	3.2	4.2	4.2	5.5	7.0	(6.5)	80	77
4	4.2	4.4		2.8	3.4	3.9	3.9	8.1	5.9	(8.0)	86	68
5+	3.5	5.0	(3.0)	3.3	2.5	4.3	4.1	6.6	6.9	(6.5)	86	82
Average:	5.1	5.0	2.8	2.9	2.6	4.3	4.7	6.7	7.0	6.9	86.6	78.5

Table 50

FREQUENCY OF COITUS, AND DESIRE FOR NO MORE CHILDREN

Number of times coitus in preceding week, and percent of each category who desire no more children N=1671

	All		Age<24		25-34		35-44		45+	
	M	F	M	F	M	F	M	F	M	F
0	64%	61	(60)	24	40	57	50	74	85	82
1	61	69		44	40	59	47	95	60	81
2	50	51		31	26	52	63	69	60	80
3	46	60	(20)	35	33	68	57	73	25	83
4	33	57		36	(44)	63	29	(80)	(50)	(67)
5+	30	36		26	26	29	(46)	(57)		

Those who had coitus in the week:	M	F	
who want no more children,	2.2	2.8	times
who want 1 more,	2.4	3.3	times
who want 1+ more,	2.9	4.2	times

Table 51

FREQUENCY OF COITUS AND PARDĀ

Percent who had coitus in the preceding week, by pardā (scale 1, none, to 7, complete pardā) N=1671

	Males				Females			
pardā:	1	2-3	4-5	6-7	1	2-3	4-5	6-7
Did have	61.3	58.6	63.6	65.9	68.4	62.2	54.1	66.7
Did not have	38.7	41.4	35.6	31.9	29.7	34.0	37.6	22.2
NR	.0	.0	.1	(2.2)	1.9	3.8	8.3	11.1
Those who had, av. no. times in the week	2.99	2.01	2.51	2.50	3.76	3.94	3.32	3.42

Table 52

FREQUENCY OF COITUS AND RELIGIOUS AFFILIATION

Percent who had coitus in the preceding week, by religious affiliation N=1671

	All		Muslims		Hindus		Others	
	M	F	M	F	M	F	M	F
Did have	63.1%	59.5	64.4	58.0	57.5	64.3	(64.3)	
Did not have	35.9	34.5	34.9	34.6	40.6	33.5	(35.7)	
NR	1.0	5.9	.7	7.4	1.9	2.2		
Those who had, av. no. times in the week	2.49	3.61	2.52	3.61	2.39	3.56	2.20	

Table 53

FREQUENCY OF COITUS AND MENOPAUSE

Number of times coitus in preceding week N=1671

	Total				Number of years past menopause* (NR=225)											
	M		F		Nill				1-4		5-9		10-14		15+	
	No.	%	No.	%	M		F		M	F	M	F	M	F	M	F
	930	100	707	100	737	100%	525	100%	38	42	39	10	16	4	33	2
0	334	36	244	35	237	32	152	29	23	26	24	5	14	2	32	2
1	194	21	83	12	146	20	52	10	11	3	13	1	2		1	
2	156	17	82	12	129	18	66	13	1	4	1	1				
3	111	12	77	11	100	14	69	13	2	1	1					
4	57	6	60	9	53	7	55	11	1	1						
5	42	5	31	4	42	6	30	6				1				
6	10	1	21	3	10	1	21	4								
7	13	1	21	3	11	2	19	4								
8+	4	0	46	7	4	1	45	9								
NR	9	1	42	6	5	1	15	3		7		2		2		
Those who had coitus, av. no. times in the week																
	2.5		3.6		2.6		3.9		1.5	1.9	1.2	(2.7)				

*Males' responses refer to their wives

Table 54

FREQUENCY OF COITUS AND MENSTRUAL STATUS

Number of times coitus in preceding week (percents) N=1671

	Males		Females	
	All	Wives in menstruation	All	In menstruation
0	35.9%	77.8%	34.5%	60.7%
1	20.0	11.1	11.7	7.9
2	16.8	4.3	11.6	4.3
3	11.9	3.4	10.9	4.3
4	6.1	.0	8.5	2.9
5	4.5	1.7	4.4	1.4
6	1.1	.0	3.0	2.1
7	1.4	.9	3.0	2.1
8+	.4	.0	6.5	6.4
NR	1.0	.9	5.9	7.9

Menstrual status in preceding week	M	F
No	83.0%	79.5%
Yes	4.3	20.1
Don't know	12.7	.4

Table 55

ABSTINENCE ON HOLY DAYS, AND FERTILITY

Days of abstinence from coitus	N= 1671	Av. no children ever born: All	Age 45+ (ranked)
Menstrual+religious days	138	6.0	8.6
Other days	38	6.7	6.5
Religious days only	135	5.6	7.4
Moon days+religious days	285	5.4	7.4
Moon days+menstrual days	37	4.5	7.2
Moon days only	269	4.7	7.0
Ramzān	13	6.8	6.5
Moon+religious+menstrual days	15	5.5	6.5
Menstrual days only	101	4.1	5.8
Ekādaśī only	8	3.0	
Total	1039		
NR/not applicable	632	4.8	6.9

Number who abstain on special days	
Moon days	612
Religious days	558
Menstruation	291
Other days	38
Ramzān	13
Ekādaśī	8
Friday	3
Muharram	2
Sunday	1
Wednesday	1
Thursday	1
(more than 1 each)	

Table 56

SLEEPING ARRANGEMENTS AND FREQUENCY OF COITUS

Sleeping arrangements, percents					N=1671				Coitus in previous week			
	Males				Females				Percent Those who had,			
	Age	25-	35-			25-	35-		who had		av. no. times	
	<24	34	44	45+	<24	34	44	45+	M	F	M	F
By self	22%	9	10	18	4	4	6	19	60%	42	2.3	2.2
with spouse only	26	19	10	16	21	9	8	16	66	64	2.7	3.4
With other(s)*	52	72	80	66	75	87	86	75	64	71	2.5	3.9

*M: with Br, .5%; So, 4.8%; Da, 1.0%; G'child, .2%; more than 1, 64.3%
F: with Si, .5%; So, 3.1%; Da, 7.1%; G'child, .8%; more than 1, 68.2%

Table 57

RESUMPTION OF COITUS AFTER DELIVERY, AND DEPENDENCE ON GOD FOR NUMBER OF CHILDREN

Number of days after delivery before coitus usually resumes			Percent of respondents		Percent who depend on God for number of children	
	M	F	M	F	M	F
	949	722				
1-19 days	3	1				
20-39 days	43	55	5.9%	10.4%	88%	58%
40-59 days	380	217	49.0	40.3	87	87
60-90 days	318	221	41.1	41.1	90	76
3-4 months	11	8	3.9	8.2	77	63
4-6 months	14	34				
6-12 months	5	1				
1 year +	0	1				
NR	175	184			83	86
Average:					86.6	78.5

Table 58

CONTRACEPTIVE METHODS AND RELIGIOUS AFFILIATION

Methods, percents having heard or used, and percents of Muslims* N=1671

	Never heard		Heard, never used		Formerly used		Now using (ranked)		No response	
	All	Mus.	All	Mus.	All	Mus.	All	Mus.	All	Mus.
Traditional										
Douche	53.3%	51.6%	26.3	30.6	.5	.4	10.4	9.5	9.5	7.9
Rhythm	40.1	37.2	39.6	44.5	3.8	3.4	7.2	6.9	9.4	7.9
Withdrawal	46.7	40.5	37.3	44.2	2.3	2.7	4.2	4.8	9.5	7.9
Abstention	55.9	53.8	30.7	34.7	.7	.5	3.6	3.5	9.2	7.5
Indigenous	46.3	46.2	39.4	41.3	1.0	.7	2.1	2.4	11.2	9.4
Modern										
Pill	5.0	3.8	65.5	66.4	8.5	9.2	11.2	11.0	9.8	9.5
Condom	9.3	9.3	71.2	72.0	4.8	5.0	7.5	7.6	7.2	6.1
Tubectomy	4.3	3.4	85.2	87.8	.0	.0	3.0	2.4	7.5	6.3
Vasectomy	2.0	2.0	88.0	89.2	.0	.0	2.1	2.1	7.9	6.6
IUD	25.2	22.4	65.7	69.5	.9	.9	.8	1.0	7.4	6.2
Foam/jelly	51.3	47.4	33.4	37.3	2.0	1.9	.8	1.0	12.6	12.4
Injection	38.6	33.9	51.3	57.1	.7	.9	.5	.7	9.0	7.4

*Each respondent was asked about each method, and up to 5 could be listed. Those "now using" may include those using occasionally. Responses refer to self or spouse. Sample contained 73.1% Muslims.

Table 59

CONTRACEPTIVE METHODS, AND PARDĀ, AND DEPENDENCE ON GOD FOR NUMBER OF CHILDREN, AND FASTING, AND OPINION OF RELIGIOUS LEADERS

Number using or having ever used	N=1671		Average pardā, scale 1-7		% who depend on God for number of children		% who fast	30+ days per year	%who cite negative opinion of religious leaders on family planning
	M	F	M	F	M	F	Nil		
Traditional									
Douche	115	67	5.1	3.9	96%	82%	4%	41%	7.1%
Rhythm	119	64	4.2	2.9	89	75	15	35	14.2
Withdrawal	48	60	3.6	2.8	81	83	18	39	26.9
Abstention	42	29	5.5	3.6	98	76	10	41	(8.5)
Indigenous	20	31	4.4	2.8	85	90	12	37	25.5
Modern									
Pill	135	194	3.6	2.7	76	68	17	33	7.9
Condom	121	84	3.6	2.0	73	60	25	24	14.6
Tubectomy	17	34	3.9	2.5	82	62	24	33	(3.9)
Vasectomy	29	6	3.7	(3.7)	86		37	34	(2.9)
IUD	7	22	(3.3)	2.9		64	(21)	(21)	(10.3)
Foam/jelly	26	19	4.0	2.1	58	68	(20)	24	(17.8)
Injection	3	16	(1.5)	2.8			(21)	58	(10.5)
	Average:		4.1	2.9	86.6	78.5	16.2	38.0	10.6

Note: Each respondent was asked about each method, and up to 5 could be listed. Responses refer to self or spouse.

Table 60

CONTRACEPTIVE USE, AND FERTILITY

Number of users, and average number of children ever born N=1671

	Age <24	25-34	35-44	45+
All respondents	219	514	476	462
av. no. children born:	3.0	3.7	5.4	7.1
Users of traditional methods	51	156	140	111
av. no. children born:	3.0	3.8	4.9	8.2
Users of modern methods	65	175	137	55
av. no. children born:	3.2	3.9	6.1	7.2

Note : A user may use several methods, either at the same time or consecutively

Table 61

CONTRACEPTIVE METHODS, AND FREQUENCY OF COITUS

	Number using contraceptive methods now					Frequency of coitus in preceding week and percent who use each method		
	All	Age <24	25-34	35-44	45+	0 times	1-2 times	3+ times
Traditional								
Douche	174	15	60	60	39	12.1%	15.0%	5.8%
Rhythm	120	11	41	38	30	7.7	8.6	5.8
Withdrawal	69	11	29	18	11	2.7	4.4	6.0
Abstention	60	6	11	15	28	5.1	4.2	1.2
Indigenous	34	8	15	9	2	.5	2.5	1.2
Modern								
Pill	187	40	84	47	16	8.8	10.3	15.8
Condom	125	15	50	49	11	6.4	8.8	8.2
Tubectomy	51	3	18	19	11	2.4	3.4	3.4
Vasectomy	35	1	7	11	16	2.0	3.2	1.4
IUD	14	4	8	2	0	1.0	.6	1.0
Foam/jelly	12	0	5	7	0	.9	.6	.8
Injection	8	2	3	2	1	.7	.4	.4

Note: Each respondent was asked about each method, and up to 5 could be listed; "using now" may mean occasional use. Responses refer to self or spouse.

Table 62

DROPPING OF CONTRACEPTIVE METHODS

Number who dropped, and reasons		Now using	Number who dropped, and reasons		Now using
Rhythm	56	120	**Condom**	68	125
Possibility of failure	28		Less sex satisfaction	39	
Old age	13		Possibility of failure	13	
Got sterilized	4		Objection by wife	4	
Got pregnant	2		Got sterilized	4	
Use pill	1		Got pregnant	3	
Not given	8		Use pill	2	
			Not given	3	
Withdrawal	35	69			
Less sex satisfaction	21		**IUD**	15	12
Possibility of failure	8		Bleeding	8	
Old age	2		Malfunction of device	4	
Got sterilized	1		Menstrual trouble	2	
Not given	3		Got sterilized	1	
Pill	139	187	**Injection**	11	8
Loss of health	37		Loss of health	6	
Dizziness	27		Irregular menstruation	5	
Got sterilized	19				
Got pregnant	13				
Weakness	11				
Irregular menstruation	7				
Vomiting	1				
Not given	19				

Table 63

DISTANCE OF AVAILABILITY OF CONTRACEPTIVE SUPPLIES

	% who can obtain within		
	1 mile	3 miles	5 miles
All those who ever used all supplies	42%	84%	98%
Those presently using the pill	44	85	
Those presently using the condom	61	94	
Those who stopped using the pill	45	85	
Those who stopped using the condom	42	81	

Table 64

CONTRACEPTIVE METHODS, AND RESEARCH COMMUNITIES

Contraceptive methods ever used, and district and rural-urban status of the 17 research communities N=1671

	Dacca city	Rajshahi city	Rajshahi suburb	Jessore suburb	Rangpur thana town	Rangpur rural	Kushtia rural	Bogra rural	Patuakhali rural	Dacca rural	Rajshahi rural	Sylhet rural	Rajshahi rural	Comilla rural	Chittagong rural	Pabna rural	Mymensing rural
	98	120	118	100	116	117	103	117	100	136	43	98	38	97	69	97	104
Traditional																	
Douche	9	7			1			24	20	11	43	66			1		
Rhythm	8	10	17	15	13	5	15	13	20	29	3	23	3	6	2	1	
Withdrawal	24	4	2	4	21	8	9	4	19	3	4	1		3	1		
Abstention	4	3	3		3			14	9	5	25		4	1			
Indigenous	1	1	3	11	24	1		3		1	2	2	1				1
Modern																	
Pill	36	37	35	23	45	19	14	31	23	15	8	3	3	7	15	10	5
Condom	13	29	3	14	33	27	12	19	10	17	5	11	3	1	4		4
Tubectomy	5	9	17	2	3		3	3		7	1		4		1		
Vasectomy			1	3	3	3	13	1	4	3	1		2	1			
IUD		3	6	2	10	2	1	1	2						1	1	
Foam/jelly	2	2		2	14	8	4	4	4	3		1					
Injection		1	15				2						1				

Table 65

ABORTION, PARDĀ, AND DEPENDENCE ON GOD FOR NUMBER OF CHILDREN

Induced abortion known of in family or neighborhood Liberation to 1977	N=1671	Average pardā, scale 1-7 M	Average pardā, scale 1-7 F	Percent who depend on God for number of children M	Percent who depend on God for number of children F
Yes, known	156	3.5	2.6	79%	54%
No, none	333	3.4	3.5	83	84
Don't know	1111	4.2	2.8	88	85
NR	71	Av.: 4.1	2.8	86.6	78.5

Table 66

ABORTION AND RELIGIOUS AFFILIATION

Induced abortion in family or neighborhood Liberation to 1977 and the means of inducement
N=1671

			All	M	F	Muslim	Hindu	Other
Yes, known	156							
		Allopathy	33	15	18	24	9	0
		Potent root	32	10	22	27	5	0
		Kabirāj	18	14	4	13	5	0
		Operation	9	5	4	7	0	2
		Homeopathy	4	2	2	4	0	0
		More than 1	60	10	50	42	17	1
			156	56	100	117	36	3
				=6.1%	=14.5%	=10.1%	=9.0%	=9%
No, none	333							
Don't know	1111							
NR	71							

Table 67

INFANTICIDE, PARDĀ, AND DEPENDENCE ON GOD FOR NUMBER OF CHILDREN

Infanticide known of in family or neighborhood Liberation to 1977	N=1761		Average pardā, scale 1-7		Percent who depend on God for number of children	
			M	F	M	F
Yes, known	52		2.8	3.4	50%	73%
no, none	509				79	84
Don't know	1091				90	75
NR	19	Av.:	4.1	2.9	86.6%	78.5%

Table 68

INFANTICIDE, REASON, AND SEX OF CHILD KILLED

Infanticide known of in family or neighborhood Liberation to 1977 and the reasons	N=1671		All	M	F
Yes, known	52				
		Mother unmarried	20	3	17
		Poverty	14	13	1
		Neglect	8	1	7
		Deformity	7	0	7
		Jealousy of step-parent	2	1	1
		Parent wants re-marriage	1	0	1
			52	18	34
			=3.1%	=1.9%	=4.9%
		Sex of child killed:			
		boy	34	12	22
		girl	14	3	11
		both killed	1		1
No, none	509				
Don't know	1091				
NR	19				

Table 69

RESPONDENTS' ADVICE CONCERNING POPULATION, AND RELIGIOUS AFFILIATION, AND PARDÅ, AND DEPENDENCE ON GOD FOR NUMBER OF CHILDREN

Respondents' volunteered opinions on what to do about the population problem	N= 1671	Religious affiliation: Muslim M 699	Muslim F 523	Hindu M 225	Hindu F 189	Average parda, scale 1-7: M	F	Dependence on God for number of children: 1380	%
1. Everyone should control birth	339	135	123	48	31	4.4	2.8	292	86%
2. (Negative opinion)	101	40	45	8	6	4.7	4.1	99	98
3. *Propaganda, mass communication needed	72	36	7	23	6	3.3	2.4	35	49
4. *Operation should be compulsory after 3 or 4 children	44	3	23	7	11	4.8	3.0	38	83
5. *Mass education needed	42	31	1	8	2	2.2	(1.7)	11	26
6. *Prohibit early marriage	25	25				4.8		23	(92)
7. *Modify present family planning methods to avoid side effects	20	2	14	1	3	5.7	1.2	8	40
8. Self control is the best means	17	14		3		3.7		15	88
9. Family planning for the poor is necessary for economic reasons	17	5	5	5	2	3.8	3.9	14	82
10. Two children is enough	14	2	5	1	6	(1.0)	2.6	12	86
11. (More than one opinion offered)	12	8	3		1	5.0	(2.3)	11	92
12. *Contraceptives supply should be free	9	3	3	1	2	(3.3)	(1.4)	3	(33)
13. *Family planning should be compulsory	9	5	1	3		4.3	(1.0)	7	(78)
14. *Spread of injection method needed	8	6	1		1	4.5	(3.5)	6	
15. *Spread of pill method needed	6	1	4		1	(5.0)	(3.2)	6	
16. *A good amount of money should be given to those volunterring for sterilization	4	2	2			(5.5)	(5.0)	4	
17. *Law should fix higher age of 1st marriage, also prohibit plural spouses	4	1	2		1	(4.0)	(1.3)	2	
18. *Operation is the best method	3	2	1					2	
19. Use of force in population control must be abolished	2	2						2	
20. *Government should fix the permissible number of children	2	1			1			1	
21. *Sincere family planning workers needed	2	2						1	
22. *Legalize abortion	2	2						1	
23. *Enforce single marriage	1	1						1	
24. *Tax should be imposed on excess children	1	1							
25. (NR; incomplete answer)	915	369	283	117	115	3.4	2.3	786	
Average:						4.1	2.9		83.1%

	Age groups (percents to be read across) Males <24	25-34	35-44	45+	Females <24	25-34	35-44	45+	%who depend on God
*Specific positive suggestion offered (N=254)	5%	29	38	28	27%	49	17	7	58.7%
"Everyone should control"	2	25	38	36	24	41	21	14	86.1
Negative response offered		8	26	66	22	38	20	22	98.0

Table 70

OPINIONS WHETHER A CHILD BRINGS ITS OWN FOOD WITH IT
(VILLAGE PROFESSIONALS)

	N	Child brings own food	Child brings own food but must struggle to get it	Struggle is necessary to get food
Village leaders	9	5	3	1
Teachers	12	8	2	2
Salaried employees	13	3	3	7
F P workers	8	1	2	5
Social workers	5	1	1	3
Allopath doctors	11	4	3	4
Homeopath doctors	8	3	3	2
Kabirāj	8	5	3	
Midwives	8	6		2
Maulavī, pīr	16	12	4	
Fakīrs	2	2		
Ōjhās	2	2		
Others	5	1	3	1
	107	53 (49%)	27 (25.5%)	27 (25.5%)

Table 71

DESTINY VERSUS FAMILY PLANNING

(VILLAGE PROFESSIONALS)

Occupation	N= 152	Stated belief regarding number of children: Destiny; opposes family planning	Destiny; supports family planning	No destiny; supports FP
Political leader	14	6	7	1
Teacher	16	2	6	8
Salaried employee	15	5	7	3
Family plan. worker	15	1	10	4
Social worker	4		4	
Allopath doctor	15	4	8	3
Homeopath doctor	11	2	8	1
Kabirāj	12	2	10	
Midwife	12	4	8	
Maulavī, pīr	15	8	7	
Purōhit	8	3	4	1
Fakīr, sannyāsī	4	3	1	
Ōhā	1		1	
Abortionist	2	1	1	
Barber	2	1	1	
Others	6		6	
		27.6%	58.6%	13.8%

Table 72

DESIRED NUMBER OF CHILDREN (VILLAGE PROFESSIONALS)

	N	1	2	3	4	5	Uncertain/ God's will
Village leader	13		4	4	2	1	2
Teacher	19		13	4	1		1
Salaried employee	15		4	5	3		2
Family planning worker	17	1	8	6	2		
Social worker	5	1	2	1	1		
Allopath doctor	13	1	2	6	2		2
Homeopath doctor	11		1	8	2		
Kabirāj	11	1	1	3	2		4
Midwife	10		1	2	4	1	2
Purōhit	6			5			1
Maulavī, pīr	16		1	3	1	2	9
Fakir, sannyāsī	4	2		1	1		
Ōjhā	2			2			
Abortionist	2				1		1
Barber	2		1	1			
Others	6		2	2	2		
	152	7	40	53	24	4	24

Table 73

REASONS FOR WANTING SEVERAL CHILDREN (VILLAGE PROFESSIONALS)

	N	To give 1 or 2 sons for religious education	To increase the numbers in God's kingdom	Old age support	Family strength and solvency	Social and national prosperity; diversity of occupations	Boy brings dowry in marriage, though girl brings problems
Village leaders	10	1	1	4	3	2	1
Teachers, FP workers	21	2	1	6	4	7	2
Other salaried employees	11		4	4	1	5	1
Allopath, homeopath doctor	16	5	3	9	1	5	1
Religious professionals	18	4	4	4	7	1	1
Kabirāj, midwives	13	1	2	5	4	4	
Others	10	2	1	7		2	1
	97	14	17	40	21	29	7

Table 74

OPINIONS ON TIMING OF FIRST CHILD
(VILLAGE PROFESSIONALS)

Village professionals	N	Number of years after marriage within which first child should be born						
		1	1-2	2-3	3-4	4-5	5+	don't know
Village leader	14			8	4		1	1
Teacher	15	1	2	6	2	2	1	1
Salaried employee	12	1	2	3	3		2	1
Family planning work.	13		2	6	2		3	
Social worker	5		1	3			1	
Allopath doctor	12	1	2	3	2	1	3	
Homeopath doctor	9	1	2	2	3			1
Kabirāj	14		3	4	2	1	1	3
Midwife	10		2	3	1		1	3
Purōhit	5				1	1	3	
Maulavī, pīr	14		2	4	3		1	4
Fakīr, sannyāsī	3		1	1				1
Ōjhā	2		1	1				
Abortionist	2							
Barber	2			2				
Other	6			2	2	1	1	
	138	4	20	50	25	6	18	15
Percent:	100%	2.9	14.5	36.2	18.1	4.4	13	10.9

Table 75

OPINIONS ON GIRLS' EDUCATION
(VILLAGE PROFESSIONALS)

Village professionals	N	Level of education approved						
		Only religious	Class 1-5	6-10	10	11-12	BA	MA
Village leader	18	1	3	1	5	1	4	3
Teacher	17	2	1	1	4	1	4	
Salaried employee	15	1	1	2	6	1	3	1
Family planning worker	14	-		2	6	1	4	1
Social worker	5				2	1	1	1
Allopath doctor	12		1	2	6		3	
Homeopath doctor	11			2	5		4	
Kabirāj	12	1	3	2	4	1		1
Midwife	11	1	3	2	1	1	2	1
Purōhit	6		1	1	3			1
Maulavī, pīr	16	7	2	1	6			
Fakīr, sannyāsī	5	2	1	1	1			
Ojhā	2	1	1					
Abortionist	2	1	1					
Barber	2		1	1				
Other	7	1	1	1	4			
	155	18	20	19	53	7	26	12
Percent:	100%	11.6	12.9	12.3	34.2	4.5	16.8	7.7

Table 76

OPINIONS ON FREQUENCY OF COITUS AND HEALTH
(VILLAGE PROFESSIONALS)

	N	Less coitus is better for health	Frequency of coitus should be limited	Frequency of coitus not related to health
Village leader, employee, teacher	21	13	6	2
FP and social worker	16	5	4	7
Allopath doctor	13	3	4	6
Homeopath doctor	11	5	2	4
Religious functionaries	21	14	4	3
Kabirāj, midwife	16	11	3	2
Others	7	3	3	1
	105	54	26	25
Percent:	100%	51.4%	24.8%	23.8%

Table 77

FREQUENCY OF COITUS AND PURIFICATION BATH
(VILLAGE PROFESSIONALS)

	N	Post-coital bath required by piety causes less coital frequency	Post-coital bath naturally desired causes less coital frequency	Bath requirement not related to coital frequency
Maulavī, pīr, Muslim saint	19	13		6
Other Muslims	99	15	35	49
Hindu priest, saint	8	5	1	2
Other Hindus	23	12	9	21
	149	46	45	58

Table 78

OPINIONS ON ABORTION
(VILLAGE PROFESSIONALS)

Opinion	Professional group N=144
Should be legalized (44%)	Social and FP workers; but village leaders, salaried employees, and allopathic doctors even divided on the issue
Not be legalized (56%)	Some from all professional groups, especially religious and medical practitioners
Against Islam; sin	Some from all professional groups
Against Hinduism	Only 1 Hindu priest
Moral degredation	Modern and traditional medical practitioners
Will increase social disorganization	Kabirājs and Muslim leaders; scattering of others

Table 79

LIST OF INTERVIEWEES

(KEY TO CODE AFTER EACH PARAGRAPH QUOTED)

	Code No.	Rural-urban	Muslim-Hindu	Occupation, self or spouse	Education	Income
Males:	1	R	Hindu	homeopath		low
	2	R	M	herbalist		low
	3	R	M	cultivator		low
	4	R	M	tailor		low
	5	R	M	cultivator		low
	6	R	M	cultivator	prim.	low
	7	R	M	teacher	sec.	low
	8	R	M	laborer	nil	low
	9	R	Hindu	shoe mender	nil	low
	10	R	M	business, farm	sec.	high
	11	R	M	cultivator	sec.	high
	12	R	M	agri. labor	nil	low
	13	R	M	grocer shop	maktab	low
	14	R	M	kabirāj, cult.	prim.	middle
	15	R	Hindu	tailor	sec.	low
	16	Urban	M	service	prim.	middle
	17	Urban	M	service	prim.	high
	18	Urban	M	service	prim.	middle
	19	Urban	M	mason		low
	20	Urban	M	teacher	sec.	middle
	21	R	M	imām	prim.	middle
	22	R	M	maulavī	madrāsā	middle
Females:	1	R	M	cult, business	nil	low
	2	R	M	mechanic	prim.	low
	3	R	Hindu	cult, service	prim.	middle
	4	R	M	cultivator	nil	middle
	5	R	M	compounder	sec.	middle
	6	R	Hindu	business	prim.	low
	7	R	M	business, cult.	sec.	middle
	8	R	M	cult, tailor	prim.	middle
	9	R	Hindu	compounder	sec.	middle
	10	Urban	M			
	11	Urban	M			
	12	Urban	Hindu	service	prim.	low
	13	Urban	Hindu	cultivator		middle
	14	Urban	M	service	sec.	middle
	15	R	Hindu	midwife	nil	low
	16	R	M	midwife	prim.	middle

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* List of previous publications, such as, annual reports, working papers, scientific reports, special publications and theses and dissertations, can be obtained on request. For further information, write to Head, Library and Publication Branch, International Centre for Diarrhoeal Disease Research, Bangladesh, G. P. O. Box 128, Dacca 2, Bangladesh.