Scholars Journal of Arts, Humanities and Social Sciences

Sch. J. Arts Humanit. Soc. Sci. 2015; 3(2C):533-537 ©Scholars Academic and Scientific Publishers (SAS Publishers) (An International Publisher for Academic and Scientific Resources) ISSN 2347-5374 (Online) ISSN 2347-9493 (Print)

DOI: 10.36347/sjahss.2015.v03i02.028

Religion and Fertility Behaviours among Christians in Kenya and India

Dr. Charles Mogote

Mount Kenya University, Kenya

*Corresponding Author:

Dr. Charles Mogote

Email: cmogote@mku.ac.ke

Abstract: The current study evaluates the implication of religious faiths on fertility behaviours among Christians in Kenya and India. A number of studies about differential fertility performances hardly focus on differential fertility behavior among Christians. The greatest forces pushing the world towards social tensions today is the population explosion, which has been a result of phenomenal reduction of the death rates, control of infectious diseases, sanitation improvement and medical progress. The standard of living in developing countries results from widespread poverty and economic backwardness and growing share of the world's population. The acuteness of the problem is because rigidity on religious beliefs and faiths amongst religious group emphasize moral cause as a traditional norm governing their social system in their communities. Kenya and India fall in the same canvas and their fertility levels continue to remain high due to socio-cultural and socio-economic factors. Their problem is fundamentally at the root of religions norms that never left chance for new techniques in planning their families and this made their decisions practically impossible. Surveys conducted on many aspects of fertility have provided detailed analysis of variables, which affect the general fertility levels. The study found out that the existences of individual goals imply existence of individual values. Thus, differences exist between individual and socio-cultural levels. Where religion and fertility are concerned, there are certain individual and their social goals involved. Moreover, the adoption level is the outcome of the various needs, goals and values at individual and social levels. Population policy goals are the means to achieving the condition of life thought desirable; they are neither isolated from national development policies, nor ends in itself. The unbridled growth of human population has brought in its shape problems such as unemployment, lack of education and pollution among others.

Keywords: Family planning, population policy rhythm

INTRODUCTION

There is a general concern for the study of population growth and fertility levels among developing countries [1]. The acuteness of the problem is the fact that there is high increase in population in Kenya and china. Keen interest goes to those national who focus their attention on social and economic development of its people. Developing countries included Kenya and India has high fertility levels due to religious customs and beliefs. There are questions related to the influence of religion, which becomes important area of enquiry.

The study of fertility among Christian of Kenya and India their adoption of family planning practices attracts attention. Several reports both national and international level are basing their arguments on religion, fertility and family planning behaviour. There are clear indicating reports of differential fertility among Christians. Roman Catholic fertility level is higher than Protestants. The study of this group is very essential to find out the religious impact on Catholics. There is no comparative study of Kenya and India, which could highlight the situation of Christian in these

countries with reference to fertility and family planning differentials. This study is helpful in evolving policies and programmes, which could bring change in attitudes towards adoption of family planning behaviour.

FERTILITY IN KENYA AND INDIA

Fertility is defined as the "actual reproductive performance of a woman or a group of women" [7]. A woman is considered fertile if she had ever born a child. Fertility is however, affected by variables like age at marriage, the proportion of women married at given time and the spacing of he births. Marital status influences fertility largely. The age at marriage in advanced countries is very late. This indicates lower birth rate. In developing countries, marriages take place at earlier age; this prolongs the period of reproduction and thereby increases birth rate.

Fertility in India and Kenya is related to customs and values prevalent in their societies. There are number of sentimental and attitudinal considerations influencing parental decisions to bear children. These considerations emanate from the belief that the major function of marriage is not only to have children but also to produce sons in a matrilineal system.

In India, the common cult in Hinduism prefers sons than daughters. They believe that a son has a part to play in religious ceremonies and duties like igniting the father's funeral pyre. The roles Girls are not pronounced upon death of their parents [2]. In Kenya, large size families are conferred higher status by the society and children are investment of the family. Girls brought in dowry (i.e. bride price given to their parents) and for the notion of having, large number of children has been accepted from the evolution of customs and beliefs that endeavors its subjectivity towards high fertility level.

Fertility among Christians is increasingly high under the influence of many factors related. Many factors like Status of women's employment, communication, infant mortality, socio-economic background, health, family welfare and modern technology [3] affect Fertility.

EDUCATION AND FERTILITY

The educational level of the wife and the husband were used as an indicator of modernization. Higher levels of education led to shorter period of breast-feeding and fewer polygamous unions. For married women under 35 years, this actually meant an increase in child bearing but even then increased education, leads to increased modern contraceptive use. Lower fertility for better-educated women in third world countries usually results from the use of birth control at that stage of married life when couples have as many children as they want [3]. This generally means that, educational differentials in fertility should be greater than the religious differentials.

An inverse relationship appears to have existed between fertility and educational level both in United States and some countries of Europe since the late of the nineteenth century. This relationship is now diminishing in some low fertility countries [4] [5].

Education may influence fertility directly by alerting attitudes and behavioral patterns of individual and directly affecting factors like age at marriage, acceptance of family planning along with infant and childhood mortality [6]. Studies support that education level up to metric and above for the husband has an average of one child less than all illiterate husbands who never went to any formal education [7][6]. It has been hypothesised that education of husband(s) is inversely associated with fertility. However, some theoretical reasons accept that women's education influences positive perception and control of fertility than men's education [8]. The average number of children born to married illiterate women at the age of 45 was high compared to educated women [9]. This

means birth rate decreases with the increase in the education of women and the consequent change in their role and status [8][9].

Moreover, an increase in family, non-agricultural wage employment opportunities raises the cost of their traditional child rearing activities as it raises family income level through increased direct employment and earning of husband and wife; a reduction in infant mortality trough extended public health programme and better nutritional status of both parents and children.

Analyses made by researchers reveal that education is the most important single variable in explaining the fertility decline [10]. The world fertility survey 2006 and United Nation 2000 report show that education may directly change attitudes, values and beliefs towards a small family norm and towards a style of child rearing that is relatively costly to the parents in time and money (higher child quality).

IDEAL NUMBER OF CHILDREN

Demographic evidence suggests that the accurate determination of expected family size of a given involves conceptual population methodological problem. In most Christian families in India, and other countries of the world tend to underestimate the cost and the exact size of their families based on their economic status [1]. In most developed countries, family planning is done and no risk is undertaken causing overlapping the economic status of an individual family size. In this case, it has been observed that the ideal number of children in India was 3.5 compared to 4.1 ideal numbers for the rest of the states in India.

Fertility among Christians of India and Kenya

The Christian's total fertility rate is lower in India than in Kenya. The Indian Christians try to sidetrack the cultural norms because of the prevailing economic situation in their families. Kenya from history is known by high fertility rate. Kenya fertility surveys have showed a significant decline in fertility. Fertility has declined from 8.1 births per woman in the mid – 70s to 5.4 births for the period 1990-92 [4]. The decline has accelerated recently, with fertility dropping by 20 percent between 1984-88 and 1990-92 [7]. In the years later, the world fertility survey reported that Kenya's fertility rate was high ranging from 4.7 children per woman to 7.2 this has been due to traditional Kenyan values and social structures favoring large family size [7].

FINDINGS

Religion and fertility

Kanitkar defines fertility from the wider perception, as the actual birth performances by a group of women or to the relative frequency with which the birth occur in total population exposed to it. It is the result of 'Fecundity' the psychological capacity to reproduce. On the other hand, fertility indicates the actual level of reproductive performance determined by social, cultural psychological as well as economic factors.

There are Biological and sociological factors, which affect human fertility [11]. In this study Pearl [11] was primarily concerned with explaining fertility differentials in the U.S.A and his classification failed to include many of the factors, which affect fertility of pre-industrial population. Fertility involves cultural values which are attitudes and interest engendered by a particular social structure and which in term motivate and the activities of individual who forms society [12]. He suggested the probable factors affecting fertility. These factors are traditions, religion, kinship structure and he concluded that many of these cultural are conductive to high fertility among the industrial societies.

Religion plays a very significant role in regulating fertility, religious beliefs and values rather than philosophy influence fertility [1]. Fertility differs according to different countries, U.S. fertility is highest among the Catholics, lowest among the Jews and Protestants have an intermediate level of fertility. Religiosity and fertility studied by Okun [13] established a strong inverse relationship between religiosity and the use of contraception and a positive relationship between religiosity and fertility among a cross section of women in Decca city. Gudorf [14] found similar findings around Roman Catholics in U.S. to those who attend Church regularly and abide by other religious perspirations. Students at Catholic colleges receive instructions in the Catholic philosophy of marriage and family and it may very well be that those ethnics who attend non-sections in situation are exposed to values, which are ethnical to those exposed by Catholics [14].

Christianity and Fertility

Christianity particularly Roman Catholism has a definite negative attitudes towards birth control other than the withdrawal and rhythm methods. The Roman Catholics are opposed to family limitation through artificial means and Catholic Church leaders have historically resisted the introduction of artificial contraception in various parts of the world [2]. Christianity does not stand in the way of restoring to the most prohibitive measure of abortion. According to Wiebe et al [8] abortion practices in Latin Church is prohibited. Nevertheless, among other studies half of the Catholic women use abortion as a method of reducing fertility [14]. Abortion is widely practices in the predominantly Catholic countries like Hungary. Despite to Vetican's absolute ban in late 1976 on sterilization to prevent pregnancy, an increased number

of female sterilization are being performed in Latin American particularly in Colombia [15]. Fertility among Roman Catholics is also found to be the lowest among different religious groups in Kerala (India). One finds fertility level of Catholics in the more developed countries is low compared to that of less developed countries.

DISCUSSION

In spite of the fact that Max Weber had contributed much towards causal understanding and historical process of Christians in Germany, his efforts in the question of mature capitalism in relevant to the current study of religion, fertility and family panning. The rise of mature capitalism in Germany affected the emergence of Protestants Calvinist ethnic, which remains the stain of the present Protestantism of the world. The religious ethic of the Protestantism paved a way as a system of Marxism of human conduct of which the spirit of mature capitalism drew the calling of the Protestants to control their fertility.

The study tried to elucidate (scrutinize) the reasoning of Max Weber's on his study about the spirit of Protestantism. Protestant Calvinist believes that the successful pursuit may be regarded as a sign of God's favour. Fertility is considered as a venture to any fecund women who believes that she had broken the urge of her pursuit endeavors as a sign of god's (tender mercies) favour. Thus, fertility control is considered ideal amongst Protestants group than the Roman Catholic. Since, mature capitalism was not based on simply the acquisitive urge; it regarded the performance of acquisitive behaviour as a kind of calling. Fertility control was also necessary, as a kind of rational activity, emphasizing order, some clues about behavioral components of Protestants towards the spirit of fertility control was positively undertaken.

The major contributory factor of Protestants towards successful way of living included the Maxims of action grounded in Calvinist ethics, which is directed to believers to behave in the spirit of fertility control. It is the maxim action that made the present protestant in developing countries (Kenya and India) to believe that having too many children without proper accumulated wealth and reinvest it for further production would sidetrack the spirit of Protestants. Therefore socioeconomic and religion are the determinant of mature capitalism of which fertility control is also determined by this variables. Beliefs about quotations from the Bible on Fertility (Gen 2:18) and fertility control (Tenets do not murder) are not preventing.

The Protestants acquisitive urge was not only comparing the spirit of Protestantism in Germany but also religion and the spirit of fertility control among Christians of Kenya and India. Thus the Protestants liberalism towards the acuteness of population growth is

a kind of calling inspired by the spirit of motive towards a better living standard Religion affects level of fertility. There are differences in fertility levels among religious groups.

In India, Muslims have higher fertility (4.41) than Christians do (2.87). Hindus have lower fertility (3.30) than Muslims do but higher fertility than Christians do. Religion affects more to Muslims than Christians do. What are the reasons behind this? One of the factors that reduce the influence of religion is perhaps, education. Education is higher among Christians of India. In spite of religion doctrines, encouraging fertility is controlled. The differences among the educational level of religious groups are simultaneously evident in fertility levels.

Fertility of Kenya is higher (5.4) is higher than India (3.4). Eighty two percent of the population of Kenya comprises of Christians. The influence of Christianity is more in Kenya than in India, where only 2.4 percent population are Christians. The effect of Christianity is evident in Kenya with high fertility whether education has any bearing on fertility in Kenya. Higher educated have lower fertility in Kenya. These are fertility differential in rural-urban context also fertility in rural Kenya (3.4). This indicates that a nation having overwhelming population of Christians also indicates marked rural-urban differentials. Such differentials are also seen in India.

Religious doctrines about pro-creation and fertility are seen to effect illiterate and rural people more than the educated and urban people whatsoever may be the religion of a country, it stands true in case of India as well as Kenya,. The results of I-NFHS and K-DHS are clear indicator of the differentials. It is therefore derived that the effect or spirit of religion is subdued because of the wide spread of education and urbanization.

Whatever may be the religion, it is difficult for an urban family to afford large family size. A desire to have high living standard and provide education to children further define the modern-rational way of life with lower fertility. The necessities change people. The study reveals that religious groups with conservative religious ideology and fundamentalist attitude are lagging behind to liberal religious groups having greater capitalistic attitude and investment orientation. The spirit of capitalism influences religious groups in various ways and one of them, which are proved from this study, is the spirit of fertility control.

Religious differentials are obvious in fertility behaviour and levels. The institutional –traditional dimension, although affecting the ideology, is not the behaviour in practice. The gap exists between what the religion preaches and what the people actually do. The

institutional traditional dimension is loosened because of the modern, industrial-educational influence. Greater the impact of later, higher will be the gap between tradition and actual practice. The impact of modernization increase access to the facilities. It includes family planning methods when the facilities are available and when there is socio-economic need, the adoption of the practices is inevitable. Although their use is contra dictionary with religion, people adopt it. The core religion continues and the practices like family planning gradually become peripheral to religious groups.

The spirit of fertility control inculcated more in liberal-religious groups with capitalist orientation does not state that conservation-religious groups are not affected by it. It is a contention of relativism; affecting more too liberal (Protestants) than conservatives (Roman Catholics). Thus, the spirit of religion influences the fertility behaviour and the modern socioeconomic structural characteristic can subdue the spirit of religion related to higher fertility normative structure. It is hard task to draw firm conclusions based on religion, fertility and family planning. However, a careful review of findings suggests at least two tentative major conclusions.

Where there is too much devotion towards religious fundamentalism and where socio-cultural norms are highly valued, the fertility is high; the children are considered as gift of God and who support family. Where there is national policy on population, family planning endeavors its subjectivity goals to limit fertility level. This implies that supply of family planning services through government channels will have no effect on fertility unless simultaneously change in religious fundamental is liberalized incorporated to socio-cultural norms. Moreover, this would be supported by socio-economic stability of an individual.

In Kenya and India, there is every supporting evidence and need for devising population policy to curb down population growth. Birth rate of both countries remains high due to customs and religious beliefs in relation to fertility performances. Their rates have made these countries into a situation where economic standards of the people are alarming. This has been the result of high fertility rate. The attitude towards family size limitation needs positive thinking. Hence, the change in attitudes for accepting birth control can be achieved through the assistance of church leaders, teachings towards the phenomena, government and non-government officials. Fertility control cannot be achieved solely through one channel, family welfare approach; it should be brought into the broad day today through mass communication, learning institutions, cultural shows, women group discussions (Maendeleo Ya Wanawake; Kenya National Language) interpersonal communication and inter-continental cultural dialogue.

CONCLUSION

Where there is too much devotion towards religious fundamentalism and where socio-cultural norms are highly valued, the fertility is high; children are considered as gift of God and who supports a family. Where there is national policy on population, family planning endeavors its subjectivity goals to limit fertility level. This implies that supply of family planning services through governmental channel will have no effect on fertility unless simultaneously change in religious fundamental is liberalized incorporated to socio-cultural norms. In addition, this would be supported by socio-economic stability of an individual. In Kenya and India, there is every supporting evidence and need for devising population policy to curb down population growth. Birth rate of their countries remains high due to customs and religious beliefs in relation to fertility performances. Their rates have made these countries growing into a situation where economic standards of the people are alarming. Hence, the change in attitudes for accepting birth control can be achieved through the assistance of church leaders, teachings towards the phenomena, Government and nongovernment officials. Fertility control cannot be achieved solely through one channel; family welfare approach, it should be brought into the broad day today through mass communication, learning institutions, cultural shows, women group discussions, interpersonal communication and inter-continental dialogue.

REFERENCES

- Esposito JL, Fasching DJ, Lewis T; World religions today. 2nd ed. New York: Oxford University Press; 2006.
- 2. Lee J. Jezewski MA. Attitudes toward oral contraceptive use among women of reproductive age: a systematic review. ANS Adv Nurs Sci, 2007; 30(1):E85–103.
- Abdul WA; Moral ethics in the Family system, Marriage and Reproduction, in Eniola, O.H. (ed), Socioeconomic and Behavioral Factors Affecting, 2006.
- 4. Ramu GN; Family Structure and Fertility" emerging patterns in an Indian city, published by Sage Publications, New Delhi, India, 1988.
- Oyewale MA, Olufemi LM, Olawuwo S; Religious Roles in Fertility Behaviour among the Residents of Akinyele Local Government, Oyo State, Nigeria. International Journal of Economy, Management and Social Sciences, 2013; 2(6):455-462
- 6. Chatters L, Taylor R, Lincoln K, Schroepfer T; Patterns of informal support from family and church members among African Americans. Journal of Black Studies, 2002; 33(1): 66-85.

- 7. Population Reference Bureau (PRB) World Population Data Sheet, Population Bulletin, vol. 63, No. 1, (March, 2008).
- 8. Wiebe ER, Sent L, Fong S, Chan J; Barriers to use of oral contraceptives in ethnic Chinese women presenting for abortion. Contraception, 2002; 65(2):159–63.
- 9. Schenker JG; Women's reproductive health: Monotheistic religious perspectives Int J Gynaecol Obstet, 2000;70:77–86.
- 10. Chatters L, Taylor R, Lincoln K, Schroepfer T; Patterns of informal support from family and church members among African Americans. Journal of Black Studies, 2002; 33(1): 66-85.
- 11. Pearl Raymonds; Natural History of population, Oxford University Press, New York, 1939.
- 12. Philipov D, Berghammer C; Religion and fertility ideals, intentions and behaviour: a comparative study of European countries. Vienna Yearbook of Population Research, 2007; 271-305
- 13. Okun BS; Religiosity and contraceptive method choice: The Jewish population of Israel. Eur J Popul, 2000;16:109–32.
- 14. Gudorf CE; Contraception and abortion in Roman Catholicism. In: Maguire DC, ed. Sacred rights: the case for contraception and abortion in world religions New York: Oxford University Press; 2003:55–78.
- 15. Maguire DC; Sacred choices: the right to contraception and abortion in ten world religions. Minneapolis: Fortress Press; 2001.