

Chapter I

General Background and Objective of the Study

A. INTRODUCTION

Background of the Study

Although population does not seem to be a concern of public administration, in many instances population considerations are as significant in identifying development objectives and formulating policies as the administrative capability of the government agency designated to implement these policies. In fact, population limits the range of variables that affect the structure of organizations, their policy goals and the types of program which may be successfully pursued. Thus, population constitutes one of the important elements of the environment of the administrator and of the governmental system within which he works.¹

There is in the world today a "clash of opinions" with respect to the ideal population size that is conducive to the attainment of national development objectives. Notwithstanding the controversy on the merits of population control through family planning programs, it is an accepted view in some parts of the world that if the gains of economic development are not to be overtaken by rapid increases in population, then the social implementation of family planning is inevitable.² In the Philippines, for instance, the national effort to curb the rapidly rising population has become a moral necessity in the aim to improve the living conditions of the greater majority of the people. Hence, the government, with the intention of coordinating with various groups and agencies, especially the Roman Catholic Church, has encouraged the adoption of certain activities that aim at population control.³

To implement its family planning program, the Philippine Government has passed laws, such as Republic Act No. 6365 and Presidential Decree No. 79, among others, which aim to enhance the acceptance of the prescribed family planning behavior. By social intent, these fertility control policies seek to ameliorate

family life through better nutrition and health care, and through economic considerations, enhance individual welfare by increasing the share of every Filipino in economic development and minimizing the detrimental effects of excess population growth in congested places.⁴

The adjustment of a country's operative laws on population control is increasingly becoming not only relevant but, at certain points, of prime importance. While a population policy through legislation is not the only strategy for government intervention, it is widely accepted as the most effective and viable method. Thus, in the formulation and implementation of fertility control policies, decision makers and program managers consider diverse group interests, especially those which are religious-moral in nature. In fact, there is increasing empirical evidence in demographic literature which tends to show that religion has a significant influence on the fertility behavior of the population.⁵

In the Philippines, there seems to be an emerging consensus that religious opposition to family planning policies can lead to the collapse of the whole family planning program. For instance, Muslim Filipinos deeply cherish Islam as "a way of life." This fact certainly means that the doctrinal position of Islam on family planning should be considered in the formulation of policies. Muslim opposition to the program stems from the lack of information that family planning is a scientific means to ensure the happiness of a family and cannot, therefore, be unIslamic or against the Holy Qur'an. Consequently, a vast majority of the Muslim Filipinos are opposed to the family planning program because they feel that it conflicts with Islamic beliefs. Moreover, they suspect that the program has evil intentions to reduce the Muslim population in Mindanao.

On a broader level, the significant influence of religion on human fertility may be inferred from the actual knowledge, attitude, and behavior of the population towards family planning. In the Philippines, for example, what figures in family planning is the people's conception of good and evil, of right and wrong, which is an important aspect of their religious beliefs. A relevant

study, therefore, is necessary to determine what religious beliefs of the people greatly affect family planning behavior.

Statement of the Problem

The study addresses the fertility behavior of the Muslims in the Philippines, a religious-minority group, in a given cultural setting and the extent by which their religion and the government, through its fertility control policies, have influenced family planning behavior.

In a general sense, the study is designed to ascertain whether there is empirical support for the hypothesis that the fertility behavior of a certain ethno-religious-cultural group like the Muslim Filipinos is strongly influenced by their religion. Specifically, this study will attempt to know whether the doctrinal position of Islam on family planning is consistent with existing government fertility control policies, or whether Islam is a considered input in actual population policy formulation.

Although there exists a sizeable number of studies on the various aspects of population in the Philippines, certain vital areas of population concern have remained unexplored, such as the socio-psychological dimensions of the Muslim communities. There is an apparent lack of comprehensive studies on the fertility level among the Muslim population in Southern Mindanao and the relationship between Islam and family planning in the Philippines.

Likewise, there seems to be no substantive surveys on Muslim fertility in the Philippines since the start of the population census in the country. Consequently, policy-makers have depended on information that are based on false assumptions and surveys which often present an inaccurate picture of the Muslim society. This may be explained by several factors, namely: religious opposition and hostility towards government census-takers and researchers (especially if they are **non-Muslims**); the unstable conditions in many Muslim areas make census-takers and researchers resort sometimes to extrapolations based on extremely limited surveys; and the mobility of portions of the Muslim population, which makes it difficult if not impossible to determine trends of growth.⁶

Moreover, the study will attempt to analyze the current status of the Philippine fertility control policy in general. The existing laws on population control have not been the subject of any study in the Philippines to determine their effectiveness, in spite of certain doubts that relevant government policies have not fully encouraged the desired family planning behavior among the populace. Knowledge of the actual effects of these population control policies on the recipient beneficiaries of the program is significant in identifying which laws should be considered for amendment or repeal.

Briefly, this study poses the following basic questions:

1. What is the doctrinal position (based on the Holy Qur'an and the "Traditions" of Prophet Muhammad) of Islam on Family Planning?
2. To what extent have the government fertility control policies taken into consideration the doctrinal position of Islam on family planning?
3. What is the level of knowledge and attitude (in terms of agreement or disagreement) of the Maranao Muslims regarding the Islamic doctrines on family planning?
4. What is the relationship between the Maranao Muslims' religious beliefs (in terms of knowledge and attitudes towards the doctrines) and their perceived family planning behavior?
5. What is the level of knowledge and attitude (in terms of agreement or disagreement) of the Maranao Muslims regarding government fertility control policies?
6. What is the relationship between Maranao Muslims' knowledge and attitudes toward the policies and their perceived family planning behavior?

7. Given certain demographic and socio-economic characteristics, what is the relationship between Maranao Muslims' knowledge and attitudes regarding doctrines and policies and their perceived family planning behavior?
8. Given the Maranao Muslims' minority group status or consciousness, what is the relationship between their knowledge and attitudes toward the doctrines and their perceived family planning behavior?

Significance of the Study

This study was undertaken as an initial response to the long-felt need for an intensive and comprehensive survey on the knowledge, attitudes, and behavior of the Muslim Filipinos *vis-a-vis* the government family planning program. Indeed, such effort is timely and relevant considering that, at present, our country's demographic literature lacks sufficient information on the Muslim Filipinos' attitudes towards family planning, which could be beneficial in the planning of related population activities tailored to the cultural realities of the Muslim communities in the Philippines. Hence, the findings of the study will be very useful as reliable information base for the formulation of more relevant family planning policies at the national, regional, and local government levels.

In other words, the importance of this study draws from its ability to provide empirically based knowledge as inputs to policymakers and planners for more acceptable and effective population strategies and actions. Moreover, it will assist program managers and planners in their role to influence the policymakers and to provide feedback on policy implementation when the time comes to formulate policies consistent with the religion of the target population.

For other countries where the Muslim communities are integral components of their population, the study may generate strong interest among population agencies, especially at the international level, to administer similar research activities to supply them with enough baseline data about the demographic

and socio-economic characteristics of the Muslim population, more specifically those related to their respective population programs.

B. MAJOR THEORETICAL PERSPECTIVES OF THE STUDY

Population Policy and Fertility Values

Population policies designed explicitly to limit or enhance fertility are relatively recent phenomena. To date, their impact has been far less than expected, perhaps because the cultural context within which families make fertility decisions has been neglected. It is also possible that policymakers base their decisions on statistical and other types of information which may in fact misrepresent the real world. Nevertheless, with more and more frequency, governments are designing policies meant to encourage families to have more, or to have fewer children. Many such policies raise, or lower, the cost of having children: other policies provide services, if the response is consistent with the policy, or deny them if it is not.

The formulation of government policies, apparently, must consider the culture of the society, if the policies are to have the impact intended. General developmental policies need to be reviewed to ascertain their political impact on population dynamics. Explicit population programs are often impeded by cultural factors, especially, when a single government policy is applied throughout the nation. Finally, the data upon which policies are formulated often carries with it cultural biases that must be taken into account when drawing conclusions from the statistics utilized. Government policies, then, should be established within a cultural context. Only by understanding the many varied environments and shaping policy to adapt to them can policymakers hope to influence such personal decisions on fertility.⁷

Basically, an understanding of the culture of the people in the context of their values, code of ethics, and worldviews is necessary in implementing programs of directed change like the one on population. This argument takes into account the view

that political ideas, religious beliefs, customary practices and social institutions that make up the totality of community life are powerful influencers of decisions and shapers of behavior. Traditions, for certain, cannot be easily exorcised by logic or annihilated by legislation.⁸

It is also interesting to note that each culture generally possesses sets of values that are consistent with the cultural emphasis of group life. Thus, cultural factors need to be considered before innovators reduce verbal behavior into action programmes or, often, as in the case of family planning, these factors create gaps between responses concerning approval of methods of family planning and the use of these methods. As stressed by some political observers, a population policy which contradicts widespread custom, even though a majority supports it, both lacks a ground of support that is essential to its effective operation and creates a force of resistance that endangers its authority. Thus, it becomes clear that related laws on population cannot be simply coercive, but must draw on public acceptance and cultivate other grounds for its legitimacy.⁹

In the light of the above assertion, the current debate on population is concerned with matters such as the degree of urgency of fertility reduction and the most effective and ethical methods for bringing that end. Excessive population growth poses ethical questions because it threatens existing or desired human values and goods, and because all or some of the possible solutions to the problems have the potential for posing ethical dilemmas. Choices are required among a variety of values.¹⁰

While policy decisions based on values - whether individual, communal, or societal - will have to predominate, they can only be expressive when viewed in the context of values held by the individual *vis-a-vis* that of the society.¹¹ The heart of the question is whether choices made by individuals on the basis of personal utility can be compatible, ultimately, with the needs of the society as a whole. The distinction between the individual (or family) and the societal decision-making processes are important to preserve. Many individual decisions need not add up to the societal decision and many couples planning their families do not add up to population planning. Couples do not plan the size of

the nation's populations any more than they plan the growth of the national income. There is no reason to expect that the millions of decisions about family size made by the couples in their own interest will automatically control population. Besides, it has been an accepted and recognized international policy that the opportunity to decide the number of children is a basic human right.¹²

As developed through the United Nations system, the human right to free choice in determining family size leads to two basic rights. First is the family planning right which includes the access to adequate information and education on family planning and, second, is free choice in determining family size.

The human right to free choice in determining family size implies both a right to be free both from compulsory pro-natalist measures and from compulsory anti-natalist measures. But governments would still be implicitly permitted to continue taking actions that may affect fertility over a wide range of subjects including marriage and divorce laws, the provisions of maternity and child care benefits, and the adoption of incomes and social security policies. At a base, a right to determine freely and responsibly the number and spacing of children would seem to embrace both a right to purchase and to use all medically approved forms of contraception, and a right to be free of anti-natalist policies involving compulsory contraception, sterilization or abortion.¹³

Since "human rights" impose a legal, and not merely moral, responsibility upon states, there is a legal duty on the part of each government to see that laws and policies which conflict with the implementation of such rights be amended or abolished and new laws and policies be adopted to conform with and further the rights.

However, on the national level, official recognition that family planning is a basic human right has seldom been followed by systematic legal reforms to bring the existing laws in line with that recognition. Thus, restrictions continue to hamper the importation, manufacture, and advertisement of contraceptives;

education laws continue to forbid the teaching of sex education; social welfare and tax laws may favor large families, among others. Even where legal reforms have been instituted, important gaps exist owing to the lack of coordination. Low priority accorded to law codification in many emergent countries means the retention of archaic laws inherited wholesale from colonial powers, which often defeats the official policy favoring family planning.¹⁴

Today many observers would acknowledge that having a child is theoretically a free choice of the individual couple, but only theoretical so, in that freedom is principled and legal. For many couples, particularly among the poor of the world, it is not effectively free in the sense that the individual couple does not have the information, services, and supplies to implement a free wish in this regard. Such couples are restrained by ignorance, not only of contraceptive practice but of the consequences of high fertility for themselves, their children, their country; they are restrained by religious doctrine, although they may not accept the doctrine; they are restrained legally, as with people who would abort pregnancy, if that option were open to them; they are restrained culturally, as with women subject to the subordination that reserves for them only the child-bearing and child-rearing role. Hence, effective freedom in child-bearing is by no means realized in the world today, as recent policies have remarked.¹⁵

A concluding question must, therefore, be asked. Is there any special reason to presume or suspect that the governmental intervention in the area of individual pro-creation and national fertility patterns raise problems which, in kind, are significantly different from other kinds of intervention? It seems a safe generalization to say that the government has felt (and generally has been given) as much right to intervene in this area as in any other where individual and collective welfare is at stake. That new forms of intervention may seem called for or may be proposed (i.e., in anti-natalist rather than pro-natalist direction) does not mean that a new ethical or political principle is at issue.

Generally, governments have the right to take those steps necessary to ensure the preservation and promotion of the common good: the protection and advancement of right to life, liberty, and property. Since excessive population growth can

touch upon all these elements of national life, responses to population problems will encompass both the rights and obligations of the government. And faced with an intolerable population increase, a variety of actions are open to governments.¹⁶

On the controversial issue involving the ways of solving the persisting population problem, there seems to be no point of consensus. Suggested remedial measures include family planning, zero population growth, economic incentives and disincentives, and even largescale compulsory population control (beyond family planning).¹⁷ The least recommended alternative is for governments not to take any action in combatting population explosion which is of course far from reality, considering the dangers posed by the problem.

Thus, countries that wish to increase population typically have introduced policies that reduce school fees or increase tax deductions or grant maternity leave or give housing preference to large families. On the other hand, countries that wish to lower fertility have begun to discard policies such as tax deductions or child allowance that were part of earlier welfare programs.¹⁸

Measures for beyond-family planning or involuntary fertility control include the use of mass "fertility control agents," the licensing of the right to have children, compulsory temporary or permanent sterilization, or compulsory sterilization. Proposals of this kind have been put forth primarily as "last resort" methods, often in the context that human survival may be at stake. Compulsory control of family size is an unpalatable idea to many, but the alternatives may be much more horrifying; human survival seems certain to require population control programs.¹⁹

Related to involuntary fertility control is the anticipation that soon or in the distant future nothing short of coercion will work and, therefore, more drastic measures are required. Hence, the best way to get results is for the legislature and the administration to coerce people to put the brakes on fertility activity. The bone of contention here is that by championing free choice, people would still elect to have more children, and it is the duty of the government to help people understand that

compulsory measures are in their best interest. When national survival is involved, individual rights have to yield. In this event, crucial policy decisions will have to be made on the scope of the right to privacy as it relates to the population problem and the right will have to be weighed against competing public interests.²⁰

It may be concluded that social values on fertility are significant factors for the acceptance or rejection of the family planning program as a whole and the organizational strategies to implement the program should consider which values are more facilitative and to redirect those that are not, towards the desired goals of family planning.²¹

A consideration of changing values in society must be equally accompanied by a corresponding change in the organizational structure and strategies for population control for the success or failure of family planning hinges partly on the legal framework or the organizational structure of family planning.

In many developing countries, one major structural problem is that family planning has been treated as a separate program from the total health care and medical system. For this reason, the woman who goes to a family planning clinic becomes more visible. In fact, she may be afraid to go there, especially in countries where men place extraordinary emphasis on virility. A workable compromise is to combine family planning with maternal and health care. However, the problem of vitalizing an enervated bureaucracy remains since programs are only as good as their implementors.²²

The family planning approach which has been used by the less developed countries, although now being modified and supplemented, has for the most part been clinic-oriented and medically directed, aimed at the women, based on the assumption that human reproductive behavior is rational, and with the goals of providing parents with methods to enable them to have the number of children they desire. This approach has a certain disadvantage. Since the program is clinic-oriented, the potential acceptor or "user" of family planning methods tends to avoid

visits to the clinic which identifies her as a potential planner and categorizes her in respect to a very private aspect of behavior.²³

The search for a timely, effective, and acceptable solution to the population problem remains unsettled. In spite of the popular acceptance of family planning as a population control strategy, the controversy as to whether couples would ultimately practice the desirable family planning behavior is still an open issue. Gunnar Myrdal says:

Only when the whole field has been swept clean, when the rightfulness of birth control has been openly recognized and honestly accepted in the different political, ideological, and religious characters only then will a true groundwork have been created, among the young people in all social classes for a new sincerely endorsed, positive attitude to the population problem, which is the vital question both for the individual families and for the nation.²⁴

2. Factors Related to Fertility Behavior

One of the questions of prime importance in research on fertility behavior is the pattern of fertility differences among population groups such as the inhabitants of rural and urban areas, social and economic groups defined in terms of educational level, income, occupation, or other indicators of socio-economic status, and ethnic groups defined in terms of race, national origin, language or religion.²⁵ As stressed earlier, the formulation and implementation of a policy on population control must consider, among other important factors, the cultural environment. Of the various cultural elements in the environment that greatly influence people's acceptance of fertility control policies, religion is often mentioned as pervasively influential.

In a world setting, religion is one of the complex factors accounting for international differences in human fertility. Religion is often considered as a factor potentially affecting natality. In complex cultures, distinctively religious institutions and values have more independent existence and their influence

on fertility may be more specific.²⁶ Along this line, many studies have shown that within a nation there are often substantial fertility differences among its distinct religious or ethnic groups. In the United States, for instance, Catholicism is closely associated with high fertility and Protestantism with low fertility. In short, religious preference is significantly related to population behavior.²⁷

The current international debate dealing with the influence of religion upon fertility behavior has generated several empirical studies which came up with a sizeable body of varying findings and conclusions. Based on these studies and their distinct findings, demographic scholars have evolved three major theoretical perspectives, namely: (1) particularized theology hypothesis; (2) structural or social characteristics hypothesis; and (3) minority group status hypothesis. These have become the competing explanation of fertility differentials among different religious groups in the United States, Europe, and in the other parts of the world in the recent times.

According to the particularized theology hypothesis, the impact of religion upon fertility behavior and attitude is a function of a particular religion which specifically requires compliance from its adherents.²⁸ The major religions suggest that the range is wide--from strong and explicit condemnation of birth control, through a frequent ambivalence that depends on interpretation to give it a concrete meaning, to a positive endorsement of family planning. By the same token, it is currently publicized that high fertility, in general, and in underdeveloped countries, in particular, is accounted partly by the ideological teachings of Catholic, Buddhist, Hindu, and Muslim religions. This hypothesis chiefly considers religion as a major hindrance against the effective implementation of the family planning program.²⁹

The social characteristics hypothesis claims that it is not religious membership, per se, but rather the demographic, social and economic background of the minority group that determines fertility level trends and differentials. This suggests that the question of high fertility, especially in underdeveloped areas, could also be viewed as a function of similar influence exerted by their unfavorable socio-economic conditions such as the

predominance of agrarian economies, prevalence of high level of illiteracy, and massive poverty.³⁰

Related to the social characteristics hypothesis is the "cultural lag theory" of fertility differential which assumes that in countries where fertility has been declining, attitudes and practices conducive to decreasing fertility have been adopted first by the better educated, wealthier, and socially more favored groups of the city population and transmitted in the course of time to the intermediate and lower status groups and to the rural population.³¹

The minority group status hypothesis, on the other hand, asserts that religion and minority consciousness have an independent effect on fertility behavior. In essence, this hypothesis states that minority group membership would promote high fertility in a situation of discrimination, if an increase in group members is encouraged as a basis for the inducement of political strength and no anti-natalist ideology exists either with respect to family size or contraceptive usage. This implies that when a group of people are ethnocentric and at the same time have the feeling of being threatened and disadvantaged as a minority group, a high level of fertility is a likely response.³²

Minority consciousness, therefore, may be considered the single most important cause of differential fertility in those situations where it persists even after controlling for the factor of socio-economic development and for the specific variables of income, education, urban residence and the like.³³

Islam and Family Planning

The theoretical perspectives dealing with religion and fertility have been extensively tested in developed countries but not in less developed areas, especially in Muslim countries. Despite aggravating population problems in several Muslim countries, i.e., Pakistan and Indonesia, due to high natality, little attention has been given by Western scholars and demographers to the study of Muslim attitudes towards family planning. Various factors that have contributed to this problem include: language barriers; religious bias on the part of certain Western scholars;

and recency of scholarly interest on the said subject on the part of Muslim scholars. Recently, however, ardent concern over the consequences of rapid population growth has led Muslim theologians, political leaders, and commentators alike to examine more closely the relationship between Islam and voluntary limitation of family size.³⁴

In his analysis of Muslim fertility in general, Kirk concludes that "empirically, Islam has been a more effective barrier to the diffusion of family planning than Catholicism." He also claims that Muslim fertility is nearly universally high, shows no evidence of significant trends over time, and is generally higher than that of the neighboring peoples of other major religions. This simply mean for him that Islam gives strong and unequivocal emphasis to high fertility.³⁵

However, Kirk's analysis of Muslim natality has been sharply criticized by many contemporary Muslim scholars as a manifestation of inadequate understanding of the actual and potential role of Islam in influencing human fertility. They posit the argument that while there has been a relatively high fertility of Muslim population in general, whether as majority or minority groups in most socio-economic environments, high birth rates seem somewhat paradoxical because Islam is not opposed to family limitation, at least in principle. On the basis of religious doctrine, the Muslims, like the Hindus, Buddhists, and Confucianists have no generally-accepted or firmly-established opposition to birth control. Distinguished representatives of each religion can be found in all shades of opinion. They are ambivalent on the question of whether birth control through contraception is permissible, so that their moral teachings become explicit only through exegesis.³⁶

A great deal of discussion is centered now on the question whether the modern methods of birth control, or the family planning program generally, are sanctioned by Islam. "Shari'a" or the Islamic law usually defines the position of Islam on crucial issues like family planning. The "Shari'a" law has four principal sources (in the order of their importance): (1) the Holy Qur'an; (2) the "Traditions" or "Sunna" or "Hadith" (acts and sayings of Prophet Muhammad, Peace be Upon Him); (3) the "Ijma"

(collective opinion or consensus); and (4) the "Qiyas" (individual judgment).³⁷

There is no clear verse in the Holy Qur'an that directly sanctions or prohibits family planning. All that is advanced against family planning are mere inferences from the Holy Qur'an. Efforts, therefore, must be directed to the use of analogies, interpretations, opinions, and traditions of Prophet Muhammad in order to ascertain the position of Islam on this matter.³⁸

As in other religions, there is some diversity in the interpretations and injunctions of different Muslim religious leaders and in different Muslim countries. Recent interpretations of the Islamic law concerning birth control techniques indicate that the latter are not forbidden, but a significant number of religious leaders and their followers are hostile to birth control in the belief that controlling procreation is contrary to Muslim ethics. They claim that "God is the Provider of sustenance to His creatures, and therefore, the pattern of life that Islam builds can have no place for birth control as a national policy."³⁹

Some sectors of the Muslim society have also claimed that birth control is a convenient device for the privileged classes when they feel they cannot prevent mass discontent without radical changes in the socio-economic structure of the society. They partly attribute to birth control the rapid spread of obscenity and the loss of public morality, and that the importation of conception control by underdeveloped countries will bring about the same subversion of social and moral values from which Western countries suffer.⁴⁰

While there are those who argue that birth control would eventually kill the natural "mother love" which is the basis not only of civilization but also of the survival of humanity, there are also those who claim that the call for family planning is a Zionist plot designed to sap the strength of the Arabs and Muslims. There are claims that the non-Muslim minorities in the predominantly Muslim states are anxious to see the practice of family planning gain widespread acceptance among the Muslims to consequently

weaken them, while these minorities use all their efforts in doubling their numbers to strengthen their minority status.⁴¹

On the secular front, too, the opposition to family planning proceeds from an interpretation of Western motives in giving it active support. Accordingly, there is the growing suspicion that the modern methods of birth control are products of the "infidel pagan West" notably the United States, the object being to reduce the manpower potential of the Muslim countries and, thus, reduce them to a state of subjection and neo-colonial exploitation.⁴²

It could be deduced from the above that family planning is one of the "hottest" issues arising in the Muslim world. Muslims from all walks of life have started pondering the subject and books of *sunna* and jurisprudence in all Islamic schools of thought (Shafite, Hanbalite, Hanafite, and Malikite) have carried on a long controversy without reaching any clear, definite, and general consensus. Islam, however, is a rational religion which always adopts the golden mean. One of its salient features is its adaptability and adjustment to specific situations which in turn upholds its claim as the religion applicable to all times.⁴³

On the birth control issue, the official position of Islam seems to be a middle course which does not go to the extreme of unrestricted multiplication of children or the nullification of procreation. While the Muslim opinion has been divided over the morality to regulate fertility, the weight of Islamic scholarship supports the licitness of temporary measures to prevent conception. For instance, as early as 1937, the Mufti of Egypt (one of the most respected religious authorities in the world) was quoted as saying: "it is permissible for either husband or wife, by mutual consent, to take any measure to prevent the semen from entering into the uterus, in order to prevent conception." A similar "fatwa" (religious decree) was issued by the Fatwa Committee of Al-Azhar University of Cairo articulating temporary contraception for health reasons. Majority of Muslim leaders, jurists, scholars, and theologians around the globe share this viewpoint on family planning. The Islamic Authority of Iran, the Mufti and Assistant Mufti of Malaysia, the Grand Mufti of Jordan, the Chief Kathi of Singapore, the Advisory Council for

Religious Affairs in Turkey, to mention some, have all issued "fatwas" favorably endorsing the adoption of family planning.⁴⁴

Family planning, when periodically practiced to establish the strength and powers demanded by the Glorious Qur'an and the "Traditions" of the Holy Prophet, does not deprive an individual of the opportunity for parenthood; neither does it put a dead end to the continuity of human progeny, which is the object of marriage. Even the four revered *Imams* (Islamic Schools of Thought) allow the use of legal means to avoid conception and fertilization between pregnancies. This could be achieved by such devices as *azl* (withdrawal method) or by avoiding pregnancy during the period of lactation which is two years running to three years if the period of pregnancy is added to this when a woman should be able to conceive.⁴⁵

However, Muslim jurisprudence strictly prohibits sterilization and abortion after the quickening of the embryo except when the life of the mother is at stake.⁴⁶

Furthermore, Islam has strongly maintained that limiting reproduction through legislation to an absolute minimum or maximum is contrary to the law of God, nature, and human reason. But family planning by way of voluntary individual measures to space or regulate the family size for economic or health reason is lawful. It is contrary neither to the law of God nor to nature. In fact, Islamic law in its purest sense urge this kind of family planning. Hence, according to the consensus or *Ijma* of Muslim jurists, family planning is permissible in Islam under certain specified conditions, e.g., the wife's consent in the use of the contraceptive.⁴⁷

In support of family planning, many political leaders and governments of Muslim countries have issued proclamations urging their populations to adopt the appropriate family planning methods and encouraging them to bolster family planning programs. Anti-natalist statements in consonance with family planning have also found their expressions in the national development plans of such countries as Afghanistan, Iraq, Iran, Indonesia, Malaysia, Saudi Arabia, Lebanon, Pakistan, and Turkey. Central political directives and government regulations

in the form of operative laws affecting and effecting family planning are reaching the masses in a relatively more systematic and persistent way.⁴⁸

The seemingly favorable stand of Islam on family planning could also be traced from some selected Qur'anic verses and Prophetic Traditions. For instance, in the Holy Qur'an, possessing a great number of children does not bring us any nearer to God. God Himself clarifies this fact when He says: "It is not your wealth nor your children, that will bring you nearer to Us." Moreover, the Holy Qur'an also extends the lactation-nursing period of the married woman up to two full years.⁴⁹

The Prophetic Traditions which rank as the second main source of Muslim legislation next to the Holy Qur'an contain no statement that Prophet Muhammad ever prohibited his Companions from practicing *azl* (withdrawal method). On the contrary, there are at least ten texts showing that the Holy Prophet permitted *azl*. The famous Imam Al-Ghazzali stated that *azl* and similar methods of contraception are justified to protect one's property, to preserve the wife's health and beauty, and to remove the anxiety of having numerous children.⁵⁰

On the whole, a major obstacle to family planning in the Muslim world is the fact that traditionalism and stagnant beliefs have contributed to the erroneous conviction that the Islamic religion is opposed to any form of family planning. Another difficulty in reaching a consensus about family planning arises from the fact that, in certain cases, the same verses of the Holy Qur'an and similar Traditions of Prophet Muhammad are used by both camps with divergent interpretations and emphasis. In addition, Islam, lacking in the hierarchical structure of a papal encyclical, has no priesthood from which to evolve positive public opinion and enlightened religious beliefs.⁵¹

According to Ati, the ideologically neutral or even somewhat favorable attitudes of Islam towards family planning seems to have been outweighed by what Kirk calls "general factors" and "special features" of Islam favoring high birth rates. The basic general factors include the following: (1) sons are

valued for many purposes; (2) Islam shares with other religions the injunction to marry and multiply; (3) Islam has a strong tradition of military conquest and cultural domination; (4) Islam has a history of conflict with and resistance to the West, with which the Muslims identify the techniques and philosophy of family planning; and (5) Muslims share with other religions some important fatalistic themes including God's care, provision, natural birth, etc.

Under "special features," the following have been mentioned: (1) marriage institutions with polygamy, easy divorce, and early marriages; (2) emphasis on sexuality and opposition to celibacy; and (3) women's inferior position in which they marry young, are illiterate and have no voice in the family affairs.⁵²

Based on the above-mentioned religious factors, it appears that the basic tenets contained in the doctrine of Islam are a mixture of fatalism and rationality, and support for such conditions as make fertility high are present. It has also been advanced that the strong pro-natalist orientation of Islam tends to stem from direct injunction to procreate than from the support of environmental factors (i.e., socio-economic backwardness) which make for high fertility.⁵³

Although the findings on Muslim fertility may be generally accurate and valid, they have been probably drawn from pre-Islamic and traditional patterns rather than from the current scene. Regarding the nature of Islam as a religion, a distinction must be made. One is "folk" religion, which is the humanly fallible and often mistaken attempt by Muslims to live up to the divine ideal of Islam. It is different from the expression of Islam in its classical formation. The other is doctrinal Islam, the Islam of the Holy Qur'an and Prophetic Traditions, in so far as the doctrine can be ascertained.⁵⁴ In effect, it may be hypothesized that some of the religious factors accounting for high Muslim fertility could be associated with "folk" religion but not with Islam in its classical form.

It can be seen from the above explanation that the major influence of Islam on reproductive behavior of its adherents might lie outside the strictly theological field. This is aptly

summed up in the subsequent observation made by a noted Muslim demographer:⁵⁵

To state that Muslims have high fertility because they have fertility norms is an exercise in redundancy. It is much more meaningful to suggest that Muslims have high fertility because in addition to living in less developed countries, they feel culturally threatened and politically insecure and, further, because they have a desire to preserve their own identity as well as to protect their numbers.

C. REVIEW OF RELATED STUDIES

On Population Policy and Fertility Behavior

The degree to which individual fertility behavior is responsive to national policies and programs is one of the crucial issues facing developing countries today. Thus, the ways and means in which and the reasons why people do or do not respond to bring about declining birth rates must be constantly explored and evaluated.

It is a common observation in less developed nations that a variety of fertility control strategies have been offered by governments through formal population programs, laws and regulations on marriage and family relations, tax structure and similar measures.⁵⁶

By way of illustration, in China a bonus of five *yuan* (about ten percent of an average worker's monthly income) is offered on a trial basis to families who pledge to have no more than one child. But families thus rewarded for having only one child who subsequently have a second child forfeit their "planned birth glory coupon" that entitles them to various benefits, and they have to repay the child's health expenses.⁵⁷ Thus, on several occasions reports are heard about Chinese couples who commit infanticide to avoid the punishment and the accompanying public condemnation.

Similarly, in Singapore, a related law on population restricts maternity privileges beyond the third child for employed women and makes public housing available for childless couples. In the case of Bangladesh and India, population policies have been integrated into a comprehensive population strategy with the end in view of putting a brake on population explosion.⁵⁸

As a part of the overall design of a development policy (which, under conditions of backwardness, may aim at a radical change or a restructuring of social institutions), demographic considerations can be explicitly recognized. Hence, when reduction of population growth is a social desideratum, development policy may be given a bias that creates micro-level pressures favoring the adoption of low fertility.⁵⁹

In line with the above assertion, Stamper reports that all but one of the sixty developing countries he surveyed have anti-natalist statements in their respective national plans.⁶⁰ However, these countries still support a national population policy in which family planning is ultimately a free human choice.

A related survey by Miro and Potter finds that while Sub-Saharan African governments (48 countries) appear to be generally interested in certain population policies, most of them do not seem to recognize the need for designing a population policy to deal either with a selected demographic variable or with a combination of them (Ghana is a clear exception).⁶¹

The widespread democratic approach to excessive population growth is aggravated by the fact that there are several countries which openly support a pro-natalist approach in dealing with the population issue. Argentina's pro-natalist policy, for instance, stems not only from its low birth rate and sparsely settled regions, but from the fear (partly of the military) of what might result from its neighboring countries' expanding population, more particularly of Brazil. A related survey of thirty-three major countries in Asia and Pacific also shows that Indo-Chinese countries in general have taken a negative position on family planning.⁶² Obviously, this is an appropriate action for them in the wake of the loss of millions of lives during the infamous Vietnam War.

The formulation and implementation of certain population policy strategies in most developing countries has aroused public debates on the various issues involved. For instance, monetary incentive schemes to encourage people to use birth control methods have been observed in the Third World and a considerable debate has developed over their ethical and practical applications. A relevant survey has shown that only India, Bangladesh, and Pakistan of the selected developing countries studied, give particular attention to such fertility control incentives in their development plans.⁶³

In Brazil, where the Catholic Church has increasingly promoted debates on themes like divorce, abortion, and family planning, it was disclosed that in the formulation of population policies, the civil, penal, social welfare, administrative, ethical, or religious aspects have never been considered in a systematic fashion. In general, there has never been sufficient appreciation between population growth and national development goals.⁶⁴

Another problem in the acceptance of fertility control policies is ethnic rivalry. A good case in point is the American black nationalists who view family planning as a form of genocide policy. By the same token, a Lebanese survey indicates that the law on population was passed to preserve the distribution of power among different religious groups, namely, Christians, Muslims, and Jews, in order to avoid discrimination of their kins. Therefore, it is difficult to make a change in the law. All of these cases seem to show that any recommendation to change the law in favor of family planning is doomed to failure.⁶⁵

In some developing nations, the population policy problem is closely related to the retention of archaic laws inherited from their former colonial masters and the low priority given to law modification. In Indonesia, statutory regulations directly related to family planning still reflect the influence of the Dutch Colonial Regime, although recent efforts have been directed towards major codification of same laws.⁶⁶

In a study by Lee on selected 25 countries, some worthwhile recommendations have emerged as follows: (1) increasing the availability of contraceptives; (2) improving the status of women; (3) increasing the marriage age for women; (4)

liberalizing pregnancy termination laws; (5) clarifying and liberalizing voluntary sterilization laws; (6) providing for population or sex education or information; (7) providing social security for elders; (8) protecting the rights of children; (9) suggesting anti-natalist incentives (or the removal of pro-natalist incentives); and (10) establishing a clear government population policy including a government body to implement it.⁶⁷

Within the Philippine context, the population control policy is a new constitutional mandate which is neither pro-natalist nor anti-natalist. A Philippine study by Jocano on the relationship between culture and population change reveals that population policies in the country continue to be formulated on the basis of demographic and economic conditions. The socio-cultural matrix of the population phenomena is still treated as a residual category to anything that is not demographic and economic. This implies that the concept of welfare, economic, social, religious, and the like is incorporated as a framework of policy formulation but its treatment in terms of cultural perceptions remains vague and incomprehensible.

The same study discloses that most government policies are focused on structural changes but not on the substantive area of cultural reorientation; that while new cultural orientation, which incorporate family planning concepts is now emerging in the countryside, there is no systematic study of this growing new cultural orientation in order to discover the area where family planning is successful and how the supporting practices can be strengthened.⁶⁸

In the final report of the Special Committee to Review the Philippine Population Program, the following important findings have emerged:⁶⁹

- (1) There is at present no official policy on the number of children that may be advocated consistent with the national population growth trends. Despite such lack of an explicit policy guideline, a varying number is given out, for example, in the avilment of maternity privileges and additional tax deductions or exemptions. The

- number, "4 children," seems to be understood as an official legislation, although 2, 3, 4 and 5 are alternately advocated in broadcast media.
- (2) The Philippine model of integration and multi-agency participation, the culturally sensitive policy against any force of coercion, and the respect for religious and moral convictions remains as the guiding principle of the program to date.
 - (3) In operational terms, the country's population policy seems to have been focused on fertility reduction. Most socio-economic policies have been evolved with minimum considerations of their impact on demographic objectives.
 - (4) There is no clear understanding of which agency of the government has the responsibility for population policy. Very often, many policies are evolved without POPCOM participation, although these policies have direct or indirect population implications.
 - (5) The population program is essentially vulnerable to public opinion and while attempts have been made in the past to establish and maintain channels of discussion with various civic and religious groups, such dialogues, lately, appear to have become infrequent and carried out at relatively low levels. These observations are especially true with respect to the Roman Catholic Church and the Catholic Bishops Conference of the Philippines.

Another Filipino study on the ethical aspect of a policy on population control reports that a major factor affecting acceptability of various legal measures for population control is the popular perception of the severity of the problem. This same study reveals that straightforward and readily comprehensible measures, particularly those which are clearly even-handed, are preferred to more complicated measures that attempt to work through market mechanism. Thus, flat limitation of the number of children is preferred over a complicated incentive system.

According to the same study, popular sexual morality is a factor to consider in deciding on legal measures, although religion is not. In terms of family planning choice, individual freedom

does not appear to be an important consideration for most people.⁷⁰

Lee and Bulatao, in their study on law and fertility behavior in the Philippines, have these findings: First, that part of the success of family planning depends on legal measures initiated in many fronts, i.e., education, labor, etc. and that these are effective only to the extent that they elicit compliance from the general public. Second, that majority of the respondents consider the regulation of contraceptives a good measure but they recommend some modifications. Third, majority of the respondents favor the abortion law; even if they believe that it should be discouraged, they still feel that it is justified for health and mental reasons. Lastly, majority of the respondents say that modifications of economic benefits is a good way of controlling population but they doubt its effectiveness.⁷¹

On the Three Major Hypotheses on Fertility Behavior

The widespread view that religion is one of the major factors accounting for marked differences in human fertility has been documented in several studies on population which present some data revealing certain interesting results. There is now a growing interest on general population studies in most countries, especially in the United States.

In many parts of the world today, fertility studies concerning the relationship between religion and fertility behavior report varying findings. For instance, a comparable study of Catholic-Protestant fertility differences in the United States lead to contradictory conclusions. Some demographic studies show that Catholics prefer and want more children than do Protestants; others, however, find no significant differences with regard to religious affiliations, especially when Catholics and Protestants are measured in terms of several social characteristics. When such fertility differences are noted, they are accounted for by the differential in the socio-economic background of the subjects rather than by their religious groupings. Apart from the foregoing findings is the observation that it is only when Catholics constitute a threatened minority in

a society that they tend to be more fertile than other religious groups.⁷²

In support of the particularized theology hypothesis, Whelpton and Kiser, in their Indianapolis study, conclude that "Catholic couples" prefer more children than "Protestant and Jewish couples." It was confirmed in the same study that the Catholic places a higher value on the large family than do the Protestant and Jewish religions. Similarly, the Scripps-Michigan study by Freedman, Whelpton and Campbell also reveals that about one-half of the fecund Catholic couples in Michigan conform to the teachings of their church, either by accepting pregnancies as they occur without any effort to regulate fertility or by relying exclusively on the rhythm method.⁷³

According to the Princeton Panel studies conducted in the late 1950s and 1960s, religion exerts a strong influence on fertility, while the comparable influence of socio-economic class appears negligible. Various national fertility surveys such as the American National Fertility Surveys for 1965 and 1967 also find that Catholic women have and expect to have more children than either Protestant or Jewish women. The Growth of American Family Survey likewise notes that "religious preference is very closely related to the fertility of white wives, especially Catholics." Westoff's analysis of the American population corroborates the preceding studies although it is only the Catholic religion *per se* which has a clear bearing on fertility behavior.⁷⁴

By way of comparison, several demographic studies indicate contrary pieces of evidence that disprove the notion of high Catholic fertility relative to other religious groups using religion as the fertility determinant.

Related studies in both low-fertility and high-fertility areas especially in the United States also show the existence of association between fertility and certain socio-economic characteristics of the population. As far as low fertility countries are concerned, it was generally observed that there seems to be an inverse relationship between fertility and the socio-economic status of the population.⁷⁵

As an illustration, Freedman and Whelpton, in their analysis of religious differentials in fertility among Jews, Protestants, and Catholics in the United States, find that Jews have the lowest current fertility because of their high socio-economic status rather than their being a separate religious group. A similar finding is observed by Sly in his study of minority group status and fertility in the United States.⁷⁶

Other related studies by demographers and scholars seek to find empirical evidence to sustain the significant relationship between minority group status and fertility behavior. Although observed differences in the fertility levels of various population have been explained in reference to a number of sociological variables, the effects of minority status and, more specifically, minority consciousness, have been largely overlooked by demographers, especially in the past. A given group with relatively high or low fertility may hold a recognized minority position but the differentials in fertility between this group and another are usually explained in terms of socio-economic factors and, more recently, of religious differences.⁷⁷

In this connection, relevant studies in Christian populations, both Catholics and Protestants, demonstrate that whenever a religious community views itself as a threatened or beleaguered minority, its fertility grows higher than the fertility of the majority population. Findings of the study by Robert and Lee on American fertility also tend to support the hypothesis that ethnicity and minority statuses have powerful effects on fertility, independent of income, education, occupation, and residence. Day also observes that the fertility of Catholics in areas where they constitute a "distinguishable" minority of the population exceeds that of Catholics in places where they are in the majority.⁷⁸

A few selected European studies on fertility behavior also sustain the influence of the minority group status on fertility differentials. For instance, Kennedy, in his study of the Irish case, reports that minority consciousness can have an independent effect on fertility. According to a related study, not only minority populations but also sovereign people can consider themselves beleaguered minorities, as in the case of the Irish people who consider themselves a minority *vis-a-vis* the English majority.⁷⁹

Likewise, in the Netherlands, Van Heek also finds that Catholics exhibit higher fertility than non-Catholics because they constitute a minority with a history of discrimination in the hands of the majority.⁸⁰

In most developing countries, more particularly in Asia, Africa, and Latin America, fertility studies conducted on different religious groups also indicate varying findings, demonstrating in part the influence of the same theoretical perspectives in the study of fertility. In Thailand, Goldstein finds a considerable fertility differential among the Buddhist, Confucianist, and Muslim groups with the Confucianist women exhibiting the highest fertility rate while the Muslim women the lowest fertility.⁸¹ On the other hand, in India (Poona District), Driver observes no fertility differentials among Hindus, Jains, Catholics, and Muslims. Similarly, in Ghana, Gaisie notes no significant fertility differentials among the major religious groups including the Catholics.⁸²

Furthermore, a fertility survey by Saunder in Brazil also reveals that, on a national basis, Catholics and Protestants reproduce at similar rates. Saunder also notes that even the generally observed pattern of lower Protestant fertility as compared to Catholic fertility reverses itself in conditions where the Protestants are in a minority position. But in a population with a large proportion of Protestants the pattern reverses itself to lower fertility.⁸³

In the Philippines, various surveys report that religion is still the main deterrent in the widespread acceptance of family planning. Pido, in his Cagayan de Oro study, observes that income and religion rank the highest factors in determining the high and low acceptance of family planning. Smith confirms Pido's findings in his analysis of provincial fertility differentials in the Philippines.⁸⁴

Similarly, the IPC 1970 study finds that religion, together with greater awareness and regional variation, are the basic factors related to the approval of family planning. Religion is also found by Silayan-Go and Lynch as the only other (aside from community background) variable significantly related with exposure to family planning information.⁸⁵

In contrast, a study by Concepcion and Hendershot reports that the church, as usually perceived, has little effect on the degree of family planning although it may play a significant role in creating conditions conducive to lower fertility. Likewise, Lynch and Makil confirm in their BRAC Filipino Family Survey that those Catholics who oppose family planning methods take this position not because of church teachings, but because of some cultural-moral norms such as the love for a big family, a behavior that is largely independent of Catholic doctrine. The 1968 National Fertility Survey also corroborates the findings of these studies.⁸⁶

In addition, Lynch, in his analysis of various population studies (e.g., BRAC 1967 Survey, IPC/POMCH 1970 Study, and the IPC/POPCOM 1972 Mass Media Study) concludes that those who disapprove of the concept of family planning tend to be "less close" to the church than those who approve it. Studies by Lynch and Bulatao also disclose that opposition to family planning by Catholics and non-Catholics is not based on official religious position but rather on traditional "folk" religion which views contraception as opposed to the divine order of things.⁸⁷

In another interesting study on the attitudes of Catholic and Protestant students towards fertility, the salient findings reveal that: (1) in general, both the particularized and minority group status hypotheses are invalid; and (2) respondents' knowledge and attitudes toward family planning is explained by normative/cultural reasons.⁸⁸

Similarly, in separate studies by Concepcion and Fleiger, and Pascual, no substantial difference in fertility levels among various religions studied was observed.⁸⁹

Other Filipino fertility surveys have found certain socio-economic characteristics of the target population as more influential in determining fertility levels compared to religious affiliations. Specifically, the National Fertility Survey conducted in 1978, and those made by Concepcion, and Madigan and associates, to name a few, prove the significant association between socio-economic status and fertility behavior. Concepcion, for instance, observes that the better-educated city resident who

is high on the socio-economic scale produces less children on the average than the less educated villager of low status. Likewise, the 1968 Philippine Demographic Survey also discloses that Catholic women with higher social status are more favorable towards family planning.⁹⁰

In the Philippines, limited studies on selected minority groups seem to indicate general resentment towards the adoption of family planning, as reported by Perez's study on the Manobos, Oracion's study on the Magahats, and Bautista's research on the Subanons.⁹¹

On Islam and Family Planning

Differences in fertility levels among various religious groups are, and long have been, extremely pronounced throughout the world. In spite of their importance for a completely adequate understanding of fertility behavior, however, it is difficult to document such differentials for the Muslim world. This has been a long-felt problem because some groups and organizations have strong lobbies against it on the ground that asking a person of his religious affiliation is an infringement of the constitutional guarantee of freedom of religion. Also, some people fear that census records showing a person's religion could be used as a basis of discrimination and persecution.

Comparable studies on Muslim fertility relative to other religious groups are very scarce. But the prevalence of high levels of fertility in all Muslims populations, along with evidence of higher fertility of Muslims compared to non-Muslims in countries where they constitute a minority, for instance, Russia, India, and the Philippines, suggests the presence of certain special conditions which are common in all Muslim populations. It is this kind of evidence which lends support to the accusation of Western demographers that it is in the nature of the Islamic religion to contribute to Muslim pro-natalism and, thus, to reinforce the universally high natality of Muslim population.⁹²

In support of the particularized theology hypothesis, a Nigerian fertility study shows that Muslims have higher natality rate than both Catholics and Protestants.⁹³

On the other hand, two pioneering Middle East studies on Muslim-Christian fertility differentials find no major difference between Muslims and Christians in both urban and rural areas of Lebanon and Egypt. The Egyptian study reports that the unwillingness of the respondents to practice family planning, even among those who care for less children, characterizes the major attitudes in the study and explains the high fertility rate prevailing in that country. In the Lebanese study, however, high fertility in general was attributed to a variety of causes borne out of fatalism, traditionalism, and isolationism from Western contacts.⁹⁴

Another Egyptian fertility survey likewise indicates that religion *per se* accounts for no fertility differences. The same study concludes that birth rates would remain as high regardless of change in religion or socio-economic characteristics.⁹⁵

In contrast, a marathon survey conducted among Muslim countries reports that those Muslim countries which have relatively high scores in the socio-economic index ratio scales have lower birth rates, as in Albania, Egypt, Tunisia, and Turkey. It is in countries like Afghanistan, Algeria, Bangladesh, Iran, Morocco, and Pakistan, which have low scores in most indices of socio-economic indicators that birth rates are very high.⁹⁶

Results of Chamie's study on Lebanese religious fertility differential show religion as an important characteristic in differentiating fertility behavior, but only at certain socio-economic levels. Thus, he makes a suggestion that large religious differentials in fertility may be reduced substantially with improvements in the socio-economic status of the religious groups.⁹⁷

In other studies on Muslim fertility, it is minority status and not Islam or certain socio-economic factors which seems to influence fertility behavior. It can be argued that among the factors that affect Muslim fertility, minority consciousness, though generally overlooked, is of much significance. There is increasing evidence to support this view. For instance, Abedin finds in her study that under conditions of similar levels of socio-economic development, the fertility levels in Muslim populations

do not differ significantly from the fertility of non-Muslim populations. In those cases when the fertility of Muslim population is higher than the fertility of non-Muslim population, even after controlling for levels of socio-economic development, the influence of minority status, and not of Islamic doctrines, appears to be a more likely explanation.⁹⁸

Thus, in countries where the Muslims are beleaguered minorities, the influence of minority consciousness on fertility behavior is more significant than religion or socio-economic characteristics.

In Russia, for example, the fertility of Soviet Muslims seems to be raised by their minority status in a nation hostile to the institutionalization of Islamic ideology. Commenting on the Muslim minorities in Russia, Mazur emphasizes that the Soviet Muslims have voluntarily chosen to be different and have tried to preserve their minority status by multiplying their numbers. In a related United Nations survey, the actual relationship between minority status and Soviet Muslim fertility, although not exhaustively explained, is found quite significant, since Muslim minorities display high fertility rate compared with other groups.⁹⁹

Relevant investigations in India also disclose that the Muslim minorities have the highest fertility level compared to the Hindus, Christians, and Sikhs. Similarly, the Chinese Population and Economic Report singles out the Muslims as one of the four national minorities having an "overly fast" and "very high" rate of natural population increase. The same report indicates that the Muslims' feeling of insecurity and discrimination are so strong that a vast number of them simply deny or fail to admit publicly that they are Muslims in order to escape brutal treatment in case they fall into the hands of the other groups.¹⁰⁰

In Nepal, Muslim minorities also follow the worldwide pattern of high Muslim fertility compared to other ethnic or religious groups. However, unlike the typical minorities found elsewhere, Nepalese Muslims develop across the years of their existence as minorities a strong feeling of security which is not encountered in most countries where Muslims are also in a minority population.¹⁰¹

Notwithstanding the generally established Muslim opposition to family planning and their pro-natalist attitude, especially those belonging to minority groups, there are also few empirical support for the hypothesis that some sectors of the Muslim society want to adopt family planning and that their numbers are increasing over the years. It is noteworthy to mention that the crucial issue in Muslim fertility is not that Muslims cannot or do not plan their families, but that the families being planned are large, consisting of five or more children. Thus, the central variable in Muslim fertility was indicated by some population studies as the Muslim "taste" for large families.

Along this line, a Turkish national fertility survey reveals that majority of Turkish couples approve of family planning. A similar survey administered in Egypt also shows that, although in practice Egyptian couples are hesitant to adopt population control, they strongly recognize the hardships in having a large family and the need for certain measures that will promote family welfare.¹⁰²

In the Philippines, very few demographic studies were made on the relationship between Islam and family planning. Among the few is the Muslim-Catholic fertility study conducted by Hackenberg in Davao City which indicates that Muslims have a higher birth rate than their Catholic counterparts because of religious influence.¹⁰³ On the other hand, Morata and Alegre observe in their study that Muslim women in Muslim areas bear less number of children compared to Christian women in the same areas. The study also concludes that religion and working status of women are more important explanatory variables in fertility than education and other socio-economic variables.¹⁰⁴

As a point of departure, Balacuit finds in his fertility research on Muslims in Mindanao that the fertility level of the Muslim Filipinos appears to be a consequence of the recurrent majority-minority conflict on that island. The same study reveals that the Muslims hold in suspicion the motives of the Philippine family planning program, i.e., they perceive the program as a "thinly disguised plot" of the government to control the number of Muslims in the country.¹⁰⁵ Stinner and Mader in their Southern Mindanao study report that acceptance of family

planning is considerably more pronounced among Muslims living in provinces with very high proportion of Muslims than those living in a minority situation.¹⁰⁶

Other demographic studies conducted on the Muslim Filipinos are mere KAP surveys which do not present substantive findings that would support one or two of the theoretical perspectives in the study of human fertility. On such KAP survey on the Maranao Muslims indicates that a vast majority of the respondents are opposed to family planning because they feel that Islam is against the program. Another Maranao fertility study (in Ragain, Lanao del Sur) likewise discloses that disapproval of family planning stems from the stagnant belief that family planning is against the Holy Qur'an. It also reveals that the ideal number of children preferred by the subjects range from eight to fourteen. In Marawi City, a similar family planning survey reports that the Maranao Muslims suspect the motive of family planning and that the goal of population control is not consistent with their concept of political power which in Maranao society is acquired and maintained through large membership in a clan.¹⁰⁷

Dinoro and Magdalena, in their study of Maranao students' attitudes toward family planning, find that large families (at least six children) tend to be the size desired by the majority. Furthermore, the study also shows that female respondents are more favorable towards family planning than the males. According to similar baseline survey administered by Mindanao State University, Maranao Muslim women are generally receptive to the modern methods of family planning. Calzada also observed in his research that Maranao Muslims are willing to practice family planning if there are basic reasons for such, but that they also believe that Islam is opposed to birth control.¹⁰⁸

Comparable studies on the Maguindanao and Tausug Muslims, not to mention the other Muslim groupings, seem to indicate similar findings to that found among the Maranao Muslims. For example, two separate studies conducted in the Province of Maguindanao report that majority of the respondents oppose family planning or abandon it after sometime for the following perceived reasons, that:¹⁰⁹ (1) it is an evil strategy; (2) it is not Islamic; (3) a large number of children is a source of

wealth and power; and (4) it is against God's Will and, therefore, a mortal sin.

Misconceptions regarding family planning have also strengthened the Maguindanaons' orthodox view of family planning as against Islam. In another Maguindanao KAP survey, it was observed that the greatest problem in the practice of family planning among the Maguindanao Muslims was their limited knowledge of the different birth control methods.¹¹⁰

On the other hand, a sample survey of Maguindanao students' attitudes toward family planning interestingly indicates that while majority of the respondents think that family planning is against Islam, they endorse it for economic reasons, and majority of the respondents desired a small family size ranging from three to four children.¹¹¹

In the case of Tausug Muslims, they seem to display varying opinions on the birth control issue depending on how they consider childbearing, whether as a nuisance or a "bundle of potentialities." Towards this end, a certain study discloses that favorable attitudes surfaced among Tausug men and women towards family planning when the child is viewed as a "bundle of potentialities." Bernardino's study also finds favorable responses among Tausug women (in San Raymundo, Jolo) towards birth control. Similarly, an AKAP survey in Region 9 also discloses that local executives and legislative officials, as well as religious leaders, are willing to support family planning.¹¹²

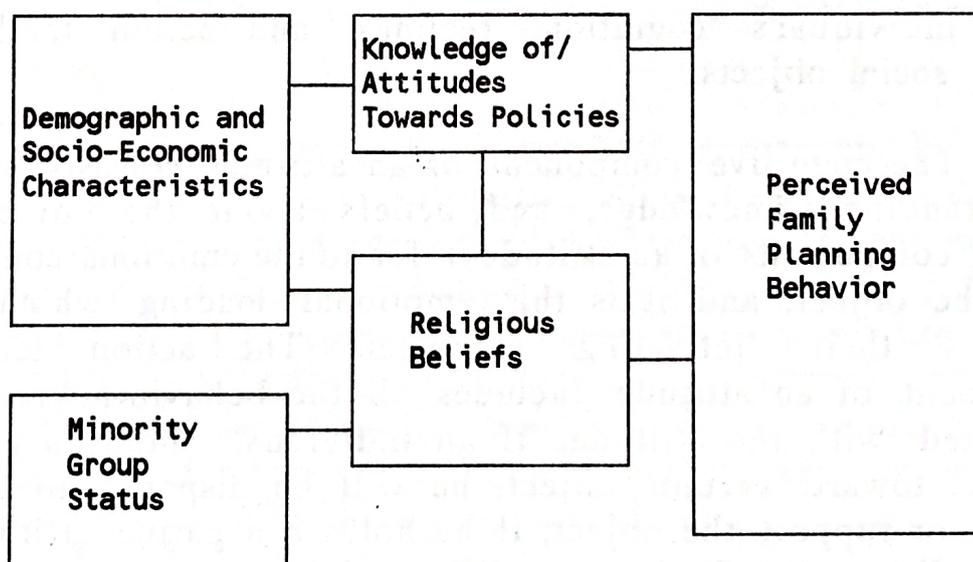
On the contrary, a recent KAP survey in Region 9 indicates that majority of the Tausugs do not practice family planning while others are hesitant to practice it because of rumors and misconceptions especially related to religion. This same KAP survey disputes Ochotorena's conclusion that religion is not a major influencing factor in the practice of family planning among Muslim Filipinos in Region 9.¹¹³

More particularly, on the issue of contraceptive use, a related investigation by Viriña shows that family planning is not new to the Muslims, who have been using traditional methods of contraception to space or limit the number of children. In this

connection, a related Maguindanao study reports that the withdrawal method is the most popular method among the respondents. Hackenberg also observes in her study on the minority group among urban Muslims in Davao City that access to contraceptives is sufficient to promote their acceptance and effective use. The Talomo Muslims have had such access for a number of years, but have not availed of the contraceptives. Population control as demonstrated by the same study is a dimension of a total economic development, within which education, economic opportunities, and government integration are all of great importance.¹¹⁴

D. ANALYTICAL MODEL AND HYPOTHESIS

In response to the theoretical perspectives, related studies, questions, and objectives previously identified in the present study, the following model of analysis regarding the relationship between and among the variables being considered in this research may be advanced as follows:



On the whole, the above model of analysis reflects the interaction between the different variables being used in the present study such as the respondents' knowledge and attitudes toward selected doctrines and policies, their perceived family

planning behavior, their demographic and socio-economic characteristics, and their minority group status background.

According to Krech, et al.,¹¹⁵ an individual responds to persons and social objects according to his "cognitive world." That is, each person has an individualized image of the world because his image is the product of his physical and social environments, his psychological structure, his wants and goals, and his past experience.

Furthermore, the social behavior of a person is shaped by the view of the world he has from his particular vantage point. Cognition is selectively organized; thus, an individual may perceive only those objects and persons in his world develop into systems of cognition. The various cognitive elements that make up a cognitive system are interrelated which can be harmonious or not. The tendency, however, is for the system to maintain a state of balance.

Man's social actions -- whether the actions concern religious behavior, political activity or earning a living -- are directed by his attitudes. Attitudes are enduring systems made up of an individual's cognition, feelings, and action tendencies toward social objects.

The cognitive component of an attitude consists of one's understanding, knowledge, and beliefs about the object. The feeling components of an attitude refer to the emotions connected with the object, and it is this emotional loading which gives attitudes their motivating character. The action tendency component of an attitude includes all the behavioral readiness associated with the attitude. If an individual holds a positive attitude toward certain object, he will be disposed to help or reward or support the object; if he holds a negative attitude, he will be disposed to harm or punish or destroy the object. Hence, an individual has to know first about the social objects or things before he can form any attitude toward it. His attitude would then determine his behavioral readiness toward that social object or thing.

Mores are norms which specify the behavior that is important to the society and which includes its basic moral values. For the Muslim Filipinos in particular, the value attached to marriage and children, as well as the prohibition on abortion and sterilization, are among the *mores* underlying fertility behavior.

Undoubtedly, doctrines and policies are stimulus factors in the development and modification of cognitive systems. The personal factors like individual experiences are also important, especially when considering attitudes and their motivating effects on human action and behavior.

This may suggest that religious doctrines on marriage, value of children, family planning, and contraception can shape individuals' religious beliefs in terms of what they know (cognitive) and how they feel (emotive) about said doctrines. Religious beliefs, in turn, affect mores which determine family planning behavior among religious adherents.

On the other hand, government policies and laws intended to control fertility behavior should be consistent with the substantive contents of the religious doctrines related to fertility if they are to elicit favorable responses from the target religious population.

Nonetheless, pre-existing cognitive systems and behavioral patterns among the target population could be influenced by the policies on population control since they are government measures with regulatory effects on behavior. However, existing fertility limitation policies contain substantive contents which are opposed by the doctrinal teaching of Islam. For instance, while the withdrawal method is permissible in Islam, the more effective contraceptive methods such as sterilization are not generally allowed.

It will be recalled that recent theoretical perspectives and related empirical research made in the field of demography suggest that the family planning behavior and attitudes of a given population can be influenced by one or a combination of the following salient factors, namely, religion, demographic and socio-economic characteristics and minority status. More

significantly, the influence of these factors on family planning attitudes, beliefs and behavior may be crucial and pervasive because they are internal to the individual.

By way of elaboration, the influence of religion on human fertility stems from the hypothesis that fertility behavior operates in accordance with a particular religious doctrine or ideology on birth control, ranging from strong and explicit condemnation of contraceptive practice, through a frequent ambivalence that depends on individual interpretations to give it a specific and clear meaning, to a positive endorsement of family planning. In this dissertation, religion is expressed in terms of respondents' knowledge and attitudes toward certain religious doctrines directly or indirectly related to fertility. The respondents' religious beliefs are expected to influence their perceived family planning behavior since they have been rigidly indoctrinated or brought up along the Islamic teachings and traditions.

Aside from religion, the demographic and socio-economic background and the minority consciousness of the population are also hypothesized to influence fertility behavior either independently or in combination with religious factor. For this study, we will therefore try to test the effect of selected demographic and socio-economic characteristics and minority-related statements on the nature of relationship between religious beliefs and perceived family planning behavior. The perceived family planning behavior is classified into four major aspects: delayed marriage, contraceptive use, child spacing, and limiting the number of children.

For the influence of selected demographic and socio-economic characteristics of the respondents on their perceived family planning behavior, various demographic studies have shown in general that in some countries where fertility is high at present, there are strong indications of positive relationship between fertility and socio-economic level of the population.¹¹⁶

More specifically, in low fertility countries, it is hypothesized that age-specific fertility is highly differentiated, which then implies that the change of the age composition of the female population in the child-bearing ages may modify both the

birth rate and the general fertility rate. It has been observed also that age is closely bound with marital status and age at marriage.¹¹⁷

Another specific socio-economic variable that has significant bearing on fertility behavior is educational attainment. Generally, the elimination of illiteracy and raising the educational level of the population does not only promote national progress, but also reduces fertility rate. Several fertility surveys indicate that education also determines fertility differentials.¹¹⁸

Aside from educational advancement, rural-urban differences are considered by many as among the most impressive and important socio-economic changes currently taking place in many developing countries and their effect on future trends of fertility is a question of major interest. In the low fertility areas of the world, it has been observed that the fertility of city dwellers is generally lower than that of the rural population as shown by the studies of Freedman et al., and that of Zikry, among others.¹¹⁹ However, some studies also show the reverse situation, in which the urban population indicates higher fertility than the rural population.¹²⁰

Other socio-economic variables which have significant influence on the fertility behavior of the population include income and occupation of both husband and wife. Classically, changes in the occupational distribution of the population of developed countries accompany the general decline in fertility. Relatively high fertility is associated with occupation in the primary industries, particularly agriculture, while lower fertility is associated with professional and technical fields. Relevant fertility studies on the subject yield varying findings in different settings. For instance, a Jordanian survey shows women whose husbands occupy technical and clerical jobs having lower fertility than those whose husbands are unskilled workers.¹²¹ On the other hand, in Indonesia, a related survey finds a pattern of higher fertility for women whose husbands are in the professional and technical category than those whose husbands are working in agriculture.¹²² In terms of women's occupation, there is the prevalent notion that the granting of equal rights to women and the employment of women in socially useful labor are also very

important factors influencing fertility such as the case of women in Bangladesh.¹²³

The effect of occupation has also a strong bearing on the influence of income as an indicator of fertility level. In Russia, it is revealed in the study by Litvyakov that the higher is the level of employment, the higher is the level of income and the lower is the level of fertility. Similarly, in the United States it was found by Whelpton and associates that since industrialization started in the country, couples in the lower-income groups have been having more children than couples in the higher-income groups.¹²⁴

In the Philippines, the significant influence of the socio-economic status of the population on fertility behavior has also been advanced by various fertility studies. For instance, certain studies on Filipino fertility demonstrate that the better educated city resident who is high on the socio-economic status scale produces less children on the average than the lesser educated villager of low status.¹²⁵

Similarly, a 1978 National Fertility Survey yields the following salient findings: First, age at marriage is directly related to educational level and subjects' occupation, but it has a weaker association with place of residence. Second, an inverse relationship exists between education and completed fertility. Third, women living in Metro Manila have less number of children than those living in other regions, with the respondents in the Mindanao region bearing the largest number of children. Finally, subjects whose husbands work in white collar jobs produce less children than those whose husbands are engaged in agriculture or industry.¹²⁶

The above model of analysis also reflects an attempt to ascertain the perceived influence of respondents' knowledge and attitudes toward selected government fertility control policies on family planning behavior. Interestingly, while the influence of the policies on family planning behavior may be external to the individual and, therefore, not as emotionally-loaded compared to religion and certain demographic and socio-economic characteristics, the study also assumes that the fertility control

policy as a whole has a significant influence on fertility attitudes and behavior because it is still the most popular and viable method being utilized by governments in curbing undesirable population growth. Besides, it is a governmental intervention which requires a certain degree of compliance from the governed, especially the target population.

Within the context of the above discussion made on the model of analysis adopted for the study, certain hypothesis are formulated as follows:

1. Among those who know and agree with the *doctrines on value of children or on abortion and sterilization*, there would be significantly more respondents who perceive influence on their family planning behavior than those who do not perceive any influence.
2. Among those who know and agree with the *doctrines on value of children or on abortion and sterilization*:
 - a) Older respondents tend to perceive the influence of the doctrines on their family planning behavior more than the younger respondents;
 - b) Respondents with higher education tend to perceive the influence of the doctrines on their family planning behavior more than those with lower education;
 - c) Respondents who are currently working tend to perceive the influence of the doctrines on their family planning behavior more than those who are not currently working;
 - d) Respondents with higher incomes tend to perceive the influence of the doctrines on their family planning behavior more than those with lower incomes; and
 - e) Urban respondents tend to perceive the influence of the doctrines on their family planning behavior more than rural respondents.
3. Among those who know and agree with the *doctrines on value of children or on abortion and sterilization*:
 - a) Respondents who agree with the statement that Christians and Muslims are treated equally by the government tend to perceive the influence of the

doctrines on their family planning behavior more than those who disagree with the said statement;

b) Respondents who agree with the statement that Christians and Muslims are equally benefitted by the government projects in Mindanao tend to perceive the influence of the doctrines on their family planning behavior more than those who disagree with the said statement; and

c) Respondents who agree with the statement that the government has no "genocide" policy against the Muslims tend to perceive the influence of the doctrines on their family planning behavior more than those who disagree with the said statement.

4. Among those who know and agree with the policies that include *cultural value inputs* or *the regulation of population levels* or *contraception*, there are significantly more respondents who perceive the influence on their family planning behavior than those who do not perceive any influence.

5. Among those who know and agree with the policies that include *cultural value inputs* or *the regulation of population levels* or *contraception*:

a) Younger respondents tend to perceive the influence of the policies on their family planning behavior more than the older respondents;

b) Respondents with higher education tend to perceive the influence of the policies on their family planning behavior more than those with lower education;

c) Respondents who are currently working tend to perceive the influence of the policies on their family planning behavior more than those who are not currently working;

d) Respondents with higher incomes tend to perceive the influence of the policies on their family planning behavior more than those with lower incomes; and

e) Urban respondents tend to perceive the influence of the policies on their family planning behavior more than the rural respondents.

E. OPERATIONAL DEFINITION

Doctrines are the religious teachings of Islam as laid down in the Holy Qur'an and the Prophetic Traditions of Prophet Muhammad that deal with marriage, value of children, polygamy, age at marriage, divorce, celibacy, family planning, contraceptive methods, and status of women.

Religious beliefs refer to the individual's knowledge and attitudes toward the Islamic doctrines related to marriage and family planning which are selected for the present study such as the doctrines on marriage, value of children, polygamy, age at marriage, celibacy, divorce, family planning, contraception, abortion and sterilization, and status of women.

Fertility control policies refer to and include those government policies and laws, especially those statutory in nature, with direct fertility limitation content (i.e., Presidential Decree No. 79, laws on abortion, contraceptive use, etc.) and those with indirect population content like the laws limiting maternity benefits and tax exemptions to only four children.

Family planning behavior refers to the individual's perceived behavior which includes delayed marriage, contraceptive use, child spacing and limiting the number of children (small family size norm). For the present study, family planning refers to the respondent's perception of the aspects of behavior influenced by selected doctrines or policies. Thus, the respondent's actual family planning behavior is not considered in this study.

Knowledge means the particular range of an individual's awareness and understanding of facts, truth, and reality. In this study, knowledge is specifically focused on facts about family planning policies and religious doctrines that the respondent knows or is aware of. It is synonymously used with cognition which may be defined as one's individualized ideas about persons or social objects.

Attitudes are enduring systems of positive/negative evaluations, emotional feelings, and pro and con action tendencies with respect to social objects. The cognitive component of an attitude consists of the beliefs of the individual about the social object, the most critical of which involves the attributes of favorable and unfavorable, desirable or undesirable, good or bad qualities of the social object. The feeling component of an attitude refers to the emotion connected with the particular object. The action tendency component of an attitude includes all the behavioral readiness with the attitude.

Demographic and socio-economic characteristics include such variables as *age at present, education, currently working, total annual income, and place of residence.*

Minority group status or consciousness is used in the study to describe the feelings and beliefs of a certain group of people (like the Muslim Filipinos) who are usually ethnocentric and numerically few relative to other groups (i.e., the majority group) and who feel that they are being threatened and disadvantaged as a minority group by the dominant group or by the ruling regime itself. The word *minority* is also defined here as a group of people differentiated from others in the same place or society by race, nationality, religion and language barrier, who think of themselves as a different group and are thought of by others as a differentiated group with negative connotation.

F. METHODOLOGY AND PROCEDURE OF THE STUDY

Scope and Limitations

Broadly, the present study is primarily designed to ascertain and evaluate the current knowledge, attitudes, beliefs and behavior of the Muslims in the Philippines in relation to the government family planning program. Toward this end, a modest attempt has been made to probe into the influence of Islam on perceived family planning behavior. It is equally intended to determine the influence of government fertility control policies on the perceived family planning behavior of the subjects. This means that religious beliefs, as well as knowledge and attitudes

toward fertility control policies, will be related to perceived family planning behavior and not with *actual* behavior.

The present study is limited to the perceived behavior because of certain methodological problems related to the actual family planning behavior of the respondents. Among others, the actual spacing of children made by the respondents could not be validly computed until they reach their completed fertility, which could possibly occur at the age of forty and over. In the case of respondents' actual behavior related to delayed marriage, it is likewise difficult to compute *age at marriage* because they report varying ages when they get married.

Moreover, the study is an exploratory survey conducted in Metro Manila and Lanao del Sur, the population or universe being all the eligible married Maranao Muslim women whose ages range from 15 to 44 years old. In this regard, the selection of respondents from Metro Manila and Lanao del Sur is intended to test the influence of the variable *place of residence* (aside from age, education, currently working, and total annual income) on the nature of relationship between religious beliefs and fertility control policies on one hand, and perceived family planning behavior on the other. Thus, the variable *place of residence* will be treated in the study as a socio-economic variable rather than as a sample category.

Similarly, the limitation of the sample to Muslim women is influenced by the fact that women are generally accepted in the demographic literature as direct targets and beneficiaries of any family planning program. In addition, the program gives preference to women, as evidenced by the fact that majority of contraceptive methods being adopted by the program are designed for women (e.g., pills, IUDs, and the like).

Moreover, since the present study is exploratory in nature, it does not include other Muslim ethnic groupings in the Philippines, especially the more dominant ones like the Tausug and the Maguindanaon.

Nonetheless, a nascent work like this study, although not quite comprehensive in scope, is responsive to the call of the time.

Virtually, it will serve as a pioneering effort that can encourage interest among demographic scholars and researchers, especially among the Muslims, to conduct similar surveys with special focus on other Muslim Filipino groups.

Research Design

The type of research design adopted for the study is the "one-shot case study" method in which no control group is involved. This means that only one particular group is exposed to an investigative treatment.

In addition, the study hypotheses which serve as the basis for the discussion and analysis of findings are limited to the respondents who know and agree with the doctrines or policies selected for the study. This is based on the assumption that those who do not know the doctrines or policies cannot be expected to have a reasonable attitude nor evaluation of such doctrines and policies in terms of their perceived influence on family planning behavior. In simpler terms, the responses made by those who do not know the doctrines or policies are presumed to be instant, hypothetical, prospective, and impressionistic in nature. Furthermore, in terms of the attitude of those who know the doctrines or policies, the study is also limited to those who agree with doctrines or policies based on the following grounds:

For the doctrines, the study will expect that a big majority of the respondents will not only be highly knowledgeable but also be more agreeable with such doctrines as a consequence of their rigid and strong indoctrination under Islam, through the Madrasah schools or private schools in the Muslim areas which have already integrated the teaching of Arabic education in their curricula.

For the policies, the study will also expect a high positive attitude among those who know the policies, especially those policies which have no clear fertility control contents repugnant to the moral convictions of the Muslims, as compared to those policies with very clear fertility limitation contents.

Similarly, the study hypotheses are also limited to the *doctrines on value of children. and on abortion and sterilization.* Through substantive doctrinal content analysis, it has been noted that the *doctrine on value of children* will be a good representative of the cluster of doctrines related to marriage since it has a more critical and clearer influence on fertility behavior than the other doctrines related to marriage. The *doctrine on abortion and sterilization* will be expected to be the most influential doctrine among the cluster of doctrines directly related to family planning, because Islam through the Holy Qur'an is more explicit at condemning abortion (equated with infanticide) and sterilization than at the issue of family planning, in general.

The study hypotheses also include only the constitutional policies on the *inclusion of cultural value inputs in policy making* and the *regulation of population levels*, and the *policy on contraception.* This inclusion can be attributed to the assumption that since the family planning program is relatively new in the Muslim areas, and the prevailing climate of opinion is that family planning is against Islam and therefore a mortal sin, then it is expected that the respondents will be more knowledgeable and agreeable with the constitutional population policies which are neither pro-natalist nor anti-natalist in contents. The *policy on contraception* is also selected to represent those policies directly related to family planning.

Finally, the specific hypotheses dealing with the influence of minority group status on the nature of relationship between religious beliefs and perceived family planning behavior, as also indicated earlier, will be limited to three minority-related statements, namely: (1) the *statement that Christians and Muslims are treated equally by the government;* (2) the *statement that Christians and Muslims are equally benefitted by the government projects in Mindanao;* and (3) the *statement that the government has no "genocide" policy against the Muslims.*

The above mentioned statements will judiciously and logically represent the three clusters of minority-related statements posed to the respondents in terms of their substantive and critical minority consciousness implications. The statement

which says that *the Christians and Muslims are treated equally by the government* will represent the cluster of minority statements related to the general government policies towards Christians and Muslims. The statement which says that *Christians and Muslims are equally benefitted by government projects in Mindanao* will significantly represent the second cluster dealing with the special policies and programs for the Muslims. The last cluster of minority statements related to government population policy and related issues on Muslim demographic condition will be reasonably represented by the statement which says that *the government has no "genocide" policy against the Muslims*.

Sampling Design

The data used in the study have been derived largely from a national comprehensive survey of religious beliefs, fertility control policies and family planning behavior conducted on three religious groups in the Philippines, namely, the Catholics, the Iglesia ni Cristo members, and the Muslims. For the present study, only the Muslim data were utilized for intensive discussion and analysis.

For the Muslim sample, the survey was administered in the Province of Lanao del Sur, a predominantly Maranao area, and in the Metro Manila area. The population represented by the respondents are almost all married Maranao Muslim women (350 in number), 15-44 years of age, and residing in Lanao del Sur or Metro Manila. The sample was chosen in various stages: (1) a purposive sample selection of one municipality (Marantao) from the present 36 municipalities in Lanao del Sur, and the City of Manila in the Metro Manila area; (2) the simple random selection of the barangays from the chosen municipality in Lanao del Sur and the purposive selection of the Muslim Islamic Center, a predominantly Muslim barangay in Manila; and (3) the selection by random sampling of the respondents from the sample barangays chosen.

The age range of 15-44 years old was chosen based on the child-bearing capacity (biological) of the respondents.

In terms of the survey sites, Marantao, which represents the rural sample, was selected over the other municipalities in Lanao del Sur because it is not too backward and it is accessible to Marawi City, the provincial capital. On the other hand, Manila which represents the urban sample was chosen because of its highly urbanized profile and the fact that majority of the Muslims residing in the Metro Manila area are found in the city. Similarly, the purposive selection of the Islamic Center at Quiapo was prompted by the fact that a major bulk of the Muslims living in the City of Manila are found in this Center.

Survey Sites

As mentioned above, the 350 respondents which are utilized in this study have been chosen from two different settings. Of the total sample, 150 respondents were chosen in the City of Manila and the other 200 respondents from the Municipality of Marantao, Province of Lanao del Sur. A brief description of these survey sites is presented below.

a. *Metro Manila* ¹²⁷

The rural-urban migration from Muslim Mindanao to Metro Manila in particular was triggered by the crisis in the South which resulted in a tremendous increase in the number of refugees. In Metro Manila alone, a conservative estimate places a total number of 50,000 Muslim Filipinos who are distributed in the three Muslim strategic centers at Quiapo and San Andres in Manila, and Maharlika Village at Bicutan, Taguig.

Needless to say, this study is confined to the Muslims in Quiapo which constitutes about 60% of the total Muslim population in Metro Manila. Specifically, the study selected 150 respondents from Barangay 645 which is popularly referred to as the Islamic Center. This barangay is the most populous or congested Muslim community in Metro Manila. In fact, this two-hectare area is occupied by about 30,000 (no precise census of the population is available) Muslims' from war-torn Mindanao.

Originally designed as a place of worship, as well as a residence for a number of Muslim transients, the Islamic Center

was constructed in the early fifties with the assistance of the United Arab Republic of Egypt and the Arab Bank in cooperation with the Muslim Association of the Philippines.

In 1969, the Muslim Association of the Philippines expanded the size of the Community to accommodate some 1,500 refugees from Southern Philippines. Two-storey houses of light materials were built by the original residents of the area. With the steady increase of refugees, however, the two-hectare lot developed into one of the most congested areas in Metro Manila. Presently, the Islamic Center has about 350 apartments, each housing three to five big families.

A 1981 survey conducted by the Presidential Management Staff statistically reflected the deplorable condition of the area spawned by the exceedingly high number of residents. The study also reveals that majority of the residents at the Islamic Center are Maranao (61%) followed by the Maguindanaon. (29%) and other Muslims groups (10%).

Because of the size of the Islamic Center, the different Muslim ethnic groups are not in a position to maintain geographical separation but strictly maintain their identity in terms of dialect and behavior. Although ethnic differences are not so obvious in the residential area, a keen observer would be able to identify their existence in the Golden Mosque which is near the Center.

The socio-economic profile prepared by the Presidential Management Staff reveals not only the ethnic distribution of the Muslims at the Center but also their perception of each other. It was, for instance, observed by the survey that the Maranao group is not very much liked by the other Muslim minority groups. Such a feeling of the other groups can be explained in terms of their having less participation opportunities in the management of the Golden Mosque.

The same survey discloses that the economic livelihood of the residents at the Islamic Center is concentrated on the Rajah Sulaiman Traders Association Market which is publicly known as the Muslim Flea Market. The Market, established in 1979, has

about 150 stalls (with a capital ranging from 3,500 to 100,000 pesos per stall) and it is situated within walking distance from the Golden Mosque. The market is exclusively operated by the Muslims, most of whom are Maranao Muslims.

It is significant to note that trading of the local Muslims, especially in Metro Manila, was made possible by Presidential Decree No. 93, which allows a trader to buy 5,000 pesos worth of barter goods free of tax and custom duties at the barter zones of the country, mostly in Zamboanga City.

In spite of their being situated at the heart of a highly urbanized city such as Manila, the Muslims at the Islamic Center have maintained their strong religious identity as true adherents of Islam as could be shown by the presence of two Muslim mosques in the area and the big number of Muslims who perform regularly the five compulsory ritual prayers in Islam from sunrise to sunset.

b. *Lanao del Sur* ¹²⁸

Lanao del Sur is one of the predominantly Muslim provinces in the Central Mindanao region. It has a total land area of 3,872.9 square kilometers, representing 1.3 percent of the total land area of the Philippines. It is composed of 36 municipalities with Marawi City as its capital.

The population of Lanao de Sur on May 1, 1980 was 404,971 representing 0.84 percent of the total Philippine population. In terms of population size, the province ranked number 39 among the 73 provinces of the country.

Furthermore, the economy is still basically agricultural and its population rural in profile. A higher percentage of its population with gainful occupations are found in farming and fishing. However, gainful employment is still a major problem of the province as indicated by the higher percentage of persons with no gainful occupations over those with gainful ones.

Majority of the population (about 90%) of Lanao del Sur embraces Islam as its religion. Minority religions are represented by the Roman Catholics, Protestants, Aglipayans, Iglesia ni Cristo members, and Buddhists in that order. Mutual respect is shared by the different religious groups in the province as evidenced by the presence of different places of worship.

The province is predominantly controlled by the Maranao Muslims who constitute more than 90% of the total population. Recently, however, there is an increasing trend of inter-rural migration from the war-torn parts of Mindanao especially Cotabato and Lanao del Norte, resulting in a big number of Muslim refugees. The province now faces also an acute problem of rural-urban migration, especially to Metro Manila. These urban migrants from the province are mostly unskilled workers who try their luck in urban centers such as Metro Manila and Cebu.

Marantao, the sample municipality for the study, is typical of a Lanao del Sur rural area in terms of its demographic and socio-economic profile. It is strategically located four to five kilometers near the capital city of Marawi, which means that it is relatively accessible compared to the other remote municipalities of Lanao del Sur. According to the 1980 population census, Marantao has a total population of 11,777 people. The major sources of livelihood in the municipality are farming and fishing, as well as the buy and sell business, which are also prevalent in Marawi City.

Data Gathering Techniques

The data required in the study were obtained through the use of the structured interview technique, which inquired into the operative laws or fertility control policies of the government that have direct or indirect fertility limitation contents and the doctrinal position/teaching of Islam on marriage and family planning as variables in family planning practices. Accordingly, a comprehensive listing of fertility control policies and religious doctrines related to family planning has been made.

The fertility control policies used in the study were selected from the policy manual of the Commission on Population (POPCOM). On the other hand, Islamic doctrinal statements which are directly or indirectly related to family planning, especially those dealing with marriage, value of children, polygamy, divorce, celibacy, status of women, and family planning were listed down based on the Holy Qur'an and the Traditions of Prophet Muhammad. The same list of Muslim dogmas was then submitted to a noted Muslim theologian and consultant (Ustadz Iljas Ismail) who verified and checked their authenticity and reliability.

The information sought in the interviews as reflected in the schedules may be categorized into four parts:

Part I was made up of questions on the needed background information on variables relevant to the study such as *age, place of birth, length of stay in the place, educational attainment, occupation, place of work, income*, and others.

Part II consisted of questions regarding knowledge, attitudes, and practice of family planning and on the family planning program.

Part III, likewise, consisted of questions and statements which would measure respondents' knowledge about the doctrinal position of Islam on family planning, their attitudes toward these doctrines, and their perception of influence which the doctrines had on their family planning behavior.

The respondents were first asked whether they know or do not know a certain statement as doctrine (stated in verbatim). If the respondent said she knew the doctrine, she was asked as to her attitude toward the doctrine (in terms of agreement or disagreement). Regardless of whether the respondent agreed or disagreed with a particular doctrine, the next question posed to her was whether such doctrine has influenced his family planning behavior in terms of the four aspects of behavior like *delayed marriage, contraceptive use, child spacing* and *limiting number of children*. The respondent was asked to identify at least one of the four influenced aspects of behavior, which suggested that she

could mention two or more aspects of behavior as influenced by a particular doctrine. It will be noted that, to some extent, the last question put some burden on the respondent since she was given limited choices, that is, either she said that she was not influenced by the doctrine or claimed one or more of the four influenced aspects of behavior.

Part IV was made up of questions and statements which measured respondents' knowledge about fertility control policies, their attitudes toward them (in terms of agreement or disagreement), and their perception of influence which these policies had on their family planning behavior.

For this part of the interview schedules, ten selected fertility control policies of the government were posed to the respondents. The interview procedures and mechanics used in Part III were also utilized for the policies.

Methodology and Analysis of Data

a. Quantitative Analysis

(1) Percentage analysis was used on the level of knowledge of respondents with respect to religious doctrines and government fertility control policies; their attitudes as expressed in agreement or disagreement with the doctrines and policies; and the perceived influence of doctrines and policies on their family planning behavior.

(2) Percentage analysis was also used on the data on the demographic and socio-economic characteristics of the respondents, including the respondents' profile and distribution of responses.

(3) Percentage analysis was likewise utilized on the minority group status background of the respondents, in terms of agreement or disagreement with certain minority-related statements selected for this study.

(4) Percentage analysis and the chi square test were used on the differences between knowledge or agreement with doctrines and policies and the perceived family planning behavior. The same procedure is utilized on the differences, with the demographic and socio-economic as well as minority group status characteristics of the respondents considered.

(5) Regression analysis was initially used to evaluate the data on the perceived influence of religious beliefs and policies on family planning behavior (given or not given certain demographic and socio-economic variables and certain minority-related statements). However, the basic requirements for using regression analysis, like the presence of a normal distribution of variables used and responses, and the presence of linear pattern of relationships between and among the variables used, have not been met by the data. This is because the data obtained were generally skewed with majority of the respondents or responses converging on few particular point(s) in the scale. Hence, this method was finally rejected.

b. *Qualitative Analysis*

A content analysis of selected government fertility control policies vis-a-vis the doctrinal position of Islam on family planning was also made in order to determine the influence of religious considerations on the policies.

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47. See Khalid Ikramullah Khan, "Population and Development," (paper read at the Third Asian and Pacific Population Conference, Colombo, Sri Lanka, 20-29 September 1982) *Muslim World*, Vol. 20, no. 12 (October 1982), p. 2; See also Abdul Salam Azemi, "Muslim Outlook on the Family Planning in a Changing Society," in *Islam and Family Planning*, Vol. 2, *op. cit.*, p. 8. This is the considered view of Imam Abu Hanifa, Imam Shafi, Imam Ghazzali, Imam bin Hambal, Imam Ibn-i-Tayimia, Abu Yusuf, among others.

48. Ati, *Ibid.*, pp. 212-213; Maxwell Stamper, *Population and Planning in Developing Countries* (New York: Population Council Inc., 1977).

49. See the *Holy Qur'an*, Sura 34, v. 37 and Sura 46, v. 15. In this verse, the period of suckling is said to be about two years. If it be conceded that a woman would not be burdened with a fresh pregnancy while she is still suckling an infant at her breast, then the period of spacing between two births is reckoned to be about three years. Thus 2-3 year spacing period is consistent with the family planning program of the government.

50. See Akhtar H. Khan, *Islamic Opinion on Contraception* (Comilia: Comilia Art Press, 1960), pp. 7-9; See also Wajihud-din Ahmad, *op. cit.*, p. 2; Rafiullah, *op. cit.*, p. 25; Khalifa Abdul Hakim, "Islam and Birth Control," *Birtright*, Special No., *op. cit.*, p. 43. Keeping in view of the various definitions of the term "asl" by the Muslim jurists in various ages, it appears that whenever a new method of contraception came into practice, they considered that, and included it in the definition of "azl".

51. See Balogun, *op. cit.*, p. 118; Inayatullah, *op. cit.*, p. 34.

52. Ati, *op. cit.*, p. 213.

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