SSOAR

Open Access Repository
www.ssoar.info

Disputing contraception: Muslim reform, secular change and fertility

Jeffery, Patricia; Jeffery, Roger; Jeffery, Craig

Veröffentlichungsversion / Published Version
Zeitschriftenartikel / journal article

Empfohlene Zitierung / Suggested Citation:
Jeffery, P., Jeffery, R., & Jeffery, C. (2008). Disputing contraception: Muslim reform, secular change and fertility. *Modern Asian Studies*, *42*(2-3), 519-548. https://nbn-resolving.org/urn:nbn:de:0168-ssoar-107899

Nutzungsbedingungen:
Dieser Text wird unter einer CC BY Lizenz (Namensnennung) zur Verfügung gestellt. Nähere Auskünfte zu den CC-Lizenzen finden Sie hier:
https://creativecommons.org/licenses/by/4.0/deed.de

Terms of use:
This document is made available under a CC BY Licence (Attribution). For more Information see:
https://creativecommons.org/licenses/by/4.0

gesis
Leibniz-Institut
für Sozialwissenschaften

Mitglied der
Leibniz-Gemeinschaft

Disputing Contraception:

Muslim Reform, Secular Change and Fertility

Patricia Jeffery, Roger Jeffery and Craig Jeffrey

Patricia Jeffery, School of Social & Political Studies, University of Edinburgh, Scotland

Roger Jeffery, School of Social & Political Studies, University of Edinburgh, Scotland

Craig Jeffrey, Department of Geography, University of Washington, Seattle, USA

During our first research in Jhakri, an exclusively Muslim village in Bijnor district (north-western Uttar Pradesh), the sterilisation drive associated with the Emergency of 1975-7 was a recent memory. Our field-notes, then and subsequently, have repeatedly registered the conviction that using contraceptive techniques, especially sterilisation [*nasbandī* or 'tube closing'], is contrary to Islam.[1] Recent surveys elsewhere in India indicate that 9 per cent of currently-married Muslim women—but only 1 per cent of Hindu and Christian women—say that their main reason for not intending to use contraception is because it is 'against their religion'. For Bhat and Zavier, these figures reflect Muslims' slavish obedience to ignorant mullahs and account for most of the differences in contraceptive use between members of the three communities (Bhat & Zavier 2005: 400). Islamic doctrines are widely presumed to be central to Muslims' everyday lives. Superficially, Jhakri residents might seem to endorse this rarely examined or substantiated assumption, but leaving matters there would fall far short of adequately accounting for their fertility behaviour.

First we outline how several aspects of Muslim reformers' agendas might seem consistent with fertility limitation, yet the historical record provides no clear impression of their views on contraception. Further, the idea that Muslims slavishly follow a monolithic 'Islamic doctrine' ignores the contested and shifting understandings of contraception yielded by the same authoritative Islamic sources. With this backdrop, we

---

[1]**Endnotes**

This paper draws particularly on our research in Bijnor district on education (including *madrasahs*) with Craig Jeffrey in 2000-2003 funded by Economic and Social Research Council (R000238495), Ford Foundation and Royal Geographical Society; and in Jhakri in 2003-2005 funded by Wellcome Trust (GR067231). Earlier research was funded by Economic and Social Research Council in 1982-1983, 1985 (G00230027 and G00232238) and Hayter Fund; in 1990-1991 by Overseas Development Administration and Rockefeller Foundation. We thank them for their support; none bears any responsibility for what we have written here. We also thank the people of our study villages and our research assistants, Swaleha Begum, Zarin Rais, the late Radha Rani Sharma, Chhaya Sharma, Shaila Rais, and Manjula Sharma. Our thanks also to Filippo and Caroline Osella, participants at the Muslim Reform workshop in SOAS in 2005, and Sanjam Ahluwalia, Guy Attewell, Rachel Berger, Markus Daechsel, Joyce Flueckiger, Sarah Hodges, Laura Jeffery, Justin Jones, Fareeha Khan, Siobhan Lambert-Hurley, Adil Mehdi, Barbara Metcalf, Gail Minault, Dietrich Reetz, Barbara Ramusack, Francis Robinson, Yoginder Sikand, Mrinalini Sinha, Muhammad Qasim Zaman. For more details on our Bijnor research, see Jeffery et al. (1989); Jeffery & Jeffery (1997); Jeffery & Jeffery (1996).

outline how most women in Jhakri assert that sterilisation is contrary to Islam—yet almost in the same breath also complain about poverty and their inability to rear and educate numerous children properly. Moreover, whilst teachers at village *madrasahs* and senior clerics at the influential *Daru'l `Ulūm* seminary at Deoband generally take a restrictive view of contraception, Muslim villagers who oppose contraception (especially sterilisation) take a harder line still. Nevertheless, we must situate the fertility behaviour of rural Muslims in north India in the wider social, political and economic contexts within which they are struggling to make their way in the world—the standard demographic practice for people of other faith communities. 'Islamic doctrine' and clerical pronouncements *alone* provide a poor basis for interpreting Muslims' fertility behaviour in contemporary India.

Muslim reform and contraception

Muslim reformers in South Asia have long debated what Islamic doctrine decrees for its adherents and what practices constitute un-Islamic accretions. A succinct account is virtually impossible, for the debates were often heated and the conclusions reached were diverse (Metcalf 1982; Reetz 2006; Robinson 2001; Sanyal 1996). One recurrent theme, however, is individual responsibility for salvation, which can be ensured through the performance of good actions in this world. Thus Muslim reformers have exhorted ordinary Muslims to learn what is required and to 'rationalise' their everyday behaviour (Daechsel 2004; Metcalf 1984, 1993, 1994b, 1996, 2004; Zaman 1999). For reformers, education was key to eradicating the 'backwardness' to which many élite Muslims considered their brethren were prone (Seth 2006). And, whether with respect to bodily discipline, manners, clothing and speech, moral purification and domestic cleanliness, or living according to a strict daily schedule, women as homemakers, wives and mothers are central in Muslim reform agendas (Daechsel 2006; Jeffery et al. 2004, 2005, 2006; Metcalf 1990, 1994a, 1999; Minault 1998; Winkelmann 2005a, 2005b). *Tablighī* writers are not alone in seeing this 'inner struggle to discipline and moral purification' as the greater *jihād* (Metcalf 2004: 274).[2] These efforts, moreover, strikingly parallel the class projects of non-Muslim reformers attempting to 'gentrify' poor illiterates by purging their ignorant habits; the view that education was ~~a~~ the means of achieving this; and educated women's responsibility to create domestic orderliness and rear children for

[2] *Tablighī Jama `at* is a Deoband-inspired proselytising movement to apprise Muslims of their core religious duties. See Metcalf (1993; 1996; 1999); Sikand (2002).

whom bodily discipline and 'civility' was second-nature (Gooptu 2001; Gupta 1998, 2002; Joshi 2001; Walsh 2004).

At the very least, contraception might seem to have an elective affinity for the reform agenda and 'rationalised' everyday life, especially as Muslim reformists' disciplining regimes did not include sexual abstinence within marriage. Szreter et al. characterise a demographic orthodoxy in which 'the planning of families is somehow umbilically tied to the modernization of society' (Szreter et al. 2003: 145) and widespread contraceptive usage occurs only when people's lives approximate to 'modernity'. Before that, people tend to say that conception is 'up to God' or a matter of 'fate', something that is not (and should not be) subject to human intervention. With 'modernity', people's views and behaviour shift from fatalism to imagining the possibility of family planning. And what demographers generally see as quintessential trademarks of 'modernity'—disciplined bodies, regulated domestic life and so forth—find their echoes in Muslim reform. Would not the good Muslim life would be more attainable if women's devotion to domestic and religious duties, attention to their children's educational progress, and investment in their children's education and wellbeing are not undermined by repeated childbearing? Rather surprisingly, however, Muslim reformers do not seem to have recommended fertility limitation or birth spacing. Historians of Muslim reform in the late colonial period rarely even mention contraception, whilst historians working on contraceptive debates have generally not examined documents written by Muslim reformists. Yet, we would contend, viewing Muslim reform in South Asia through the lens of contraception would give new leverage over our puzzles in this paper.

The *Qur'ān Sharīf* contains no more than implicit discussion of contraception and *hadīs* do not provide a consistent view. In the pre-modern period, judgements were reached through *ijtihād* [interpretive thinking] by religious experts, based on *ijmā* [consensus] and *qiyās* [analogical reasoning]. Human fallibility in interpreting God's will provided scope for legitimate disagreement and for reaching different conclusions in good faith. Over time, schools of jurisprudence and individual Muslim scholars reached differing conclusions about contraception (Omran 1992; Sachedina 1990). Yet the main schools of jurisprudence all considered contraception permissible, if sometimes blameworthy and disapproved [*makrūh*]. A person's motives [*nīyat*] are crucial for gauging the permissibility of their actions (Katz 2003: 43, 45): conflicting yet apparently inviolable principles required compromises and 'necessity' could be the trump card (Bowen 2003: 57).

Musallam's survey of legal, medical and erotic literatures in Muslim west Asia up to the nineteenth century lists suppositories, ointments, *coitus interruptus* or *'azl,* but not surgical contraceptive techniques (Musallam 1983). As Musallam comments, this presumes neither efficacy nor widespread use of contraceptive techniques.[3] Nevertheless, Muslim reformers in nineteenth and twentieth century South Asia had access to an array of textual materials discussing contraception, some of which featured in *yūnān-ī tibb* curricula in South Asia (Guy Attewell, personal communication 7 June 2006; Zillurrahman 1994). But were they taught in full (and why, then, is the secondary literature so silent about them)? Or had they been abridged to exclude references to contraception (and if so why)? Or had they been bypassed by reformers intent on returning to (supposedly) authenticated texts dating from an earlier period than the material Musallam cites?

Maulana Ashraf 'Ali Thanawi (1864-1943), for instance, is renowned within the reform literature because of his advice manual *Bihishtī Zewar* (Metcalf 1990). He did not discuss contraception there, but in a collection of *fatwa* he said that the use of contraception is permissible *only* if there is a 'legitimate excuse' [*'uzr sahih*], as when a woman is weakened by repeated childbearing.[4] Although the 'legitimate excuse' gives some interpretive flexibility, contraception is generally not permissible—in other words, hardly an enthusiastic endorsement.

On the other hand, as Islam moved towards increasingly narrow views of the *shari`a* as invariant and exact, new artefacts and ideas considered of western origin could be deemed unacceptable, because they were not legitimised by the *shari`a* and other authoritative texts (Zaman 2002).[5] Hostility to contraception might reflect that change (Muhammad Qasim Zaman, personal communication, 22 May 2006). Certainly, Muslim

[3] Musallam also notes that attributing agency to people in pre-modern Islamic societies challenges the modernist demographic orthodoxy that presumes pre-modern fatalism.

[4] We thank Fareeha Khan for this reference (Maulana Ashraf 'Ali Thanawi's *fatwa* collection, *Imdad al-fatawa* (Dar ul-Uloom Karachi 6-volume edition, Volume 4, pp. 202-205) (personal communication, 24 May 2006).

[5] Messick discusses a similar shift in Yemen towards more rigid and codified versions of the *shari`a* under the modernising pressures of colonising powers (Messick 1993: 34). By contrast, Sir Syed Ahmad Khan and colleagues involved in the Aligarh movement were generally positively inclined towards western science and technology, although the secondary literature does not discuss contraception: Ahmad (1967: 31-56); Lelyveld (1978).

clerics, among many others, often perceived aspects of contemporary western gender politics—such as women's entry into paid employment—as profoundly immoral. For Syed Abul A'lā Maudūdī (1903-1979), contraception and freely available abortion were a western plot to spawn sexual promiscuity and social disorder in which women's focus on domestic duties would be undermined (Maudūdī 1968 [1937]; Maudūdī 1972 [1939]); both originally published in Urdu).[6]

The arithmetic of communal politics and Muslim anxiety about minority status could also mesh with hostility to contraception (Justin Jones, personal communication, 27 May 2006). By the 1920s, a 'common wisdom' about Muslim fertility was already in play (Jeffery & Jeffery 2006). Proto-Hindutva writers insistently made shrill claims that Hindus would soon be outnumbered by Muslims (see Cohn 1987; Datta 1999; Gupta 2002). It would be puzzling if Muslim reformers made no equally vociferous replies: in other debates, Muslim élites intervened on the representation of different religious communities in public bodies, trying to preserve or restore their earlier over-representation; Muslim theologians also resisted *shuddhī* campaigns ['purification', or 're-conversions' to Hinduism] (Dietrich Reetz, personal communication, 11 May 2006; cf. Reetz, 2006: 148-151).[7]

The 'rationalising' tendencies of Muslim reform—domestic order and cleanliness—might have pointed towards contraception. Horror at western immorality or the communal numbers game, though, might have pushed in another direction. Quite probably, Muslim élites in the late nineteenth and twentieth centuries adopted diverse positions on the subject (Sanjam Ahluwalia, personal communication 20 May 2006).[8] The relative silence

---

[6] Although not a trained 'ulama, Maudūdī was central in *Jama `at-e Islami* and his writings have had widespread influence: Ahmad (1967: 208-223); Bowen (2003); Karim (2005: 50ff.); Mahmood (1977: 107-127); Nasr (1994).

[7] Western licentiousness and concerns about 'numbers' also figure on the global stage: at the 1994 UN International Conference on Population and Development in Cairo, some Muslim delegates (and others from the global south), saw abortion, in particular, as a threat to morality and a means by which western governments and development agencies were trying to limit Muslim populations: Bowen (1997); Katz (2003); McIntosh & Finkle (1995); Petchesky (1995).

[8] Contraceptive debates touched on many other issues: eugenics and 'racial' decline, age of consent, child marriage, gender politics, reproductive health, and the furore generated by the publication of *Mother India*; see Hodges (2006); Mayo (1998); Ramusack (2006); Sinha (1998); Whitehead (1996).

of the historical record is intriguing, though, given how politically contentious contraception is in India today. In the contemporary period, few Muslim clerics have *advocated* family planning and Khan suggests that sterilisation is not actively endorsed by any school of Islamic jurisprudence (Khan 1979: 184-191). Yet there are diverse views about when contraception may be permissible.

For instance, the late Qadi Mujahid al-Islam Qasimi (once chief *qāzī* of the Muslim Personal Law Body in Bihar and Orissa and executive member of the All-India Muslim Personal Law Board) asserted that contraception is not normally permissible. It should be adopted only under very stringent conditions, including the mother's health and spacing children so that they could be reared properly, but excluding women's professional or social concerns and fear of being unable to feed one's children. Sterilisation is almost always forbidden, because it 'destroys the power of reproduction' and 'renders a woman incapable of conceiving' (Qasimi 2003-2004). ~~On the same website,~~ Shaykh Faraz Rabbani, a Deobandi sympathiser of South Asian descent who works in Amman, argues that having children is important in Islam, but also that modern kinds of contraception are akin to *'azl* [*coitus interruptus*]. They may be used if there are 'sound reasons'—including wanting a manageable family size, lacking support of extended families in childrearing, wanting to give children the attention, education, and support they need in difficult times, genuine health reasons etc., all providing that the spouses agree: a broader set of conditions that those specified by Qasimi (Rabbani 2005). Like Qasimi, Rabbani excludes sterilisation, but 'because of the general impermissibility of "changing" the human body', noting that this opinion derives from the same texts that render cosmetic surgery generally impermissible.[9]

Tahir Mahmood's starkly contrasting argument is an extended critique of Maudūdī and clerics adopting a similar stance (Mahmood 1977).[10] A verse in Sura 17 in the *Qur'ān Sharīf* [*Bānī Isrāīl* or Children of Israel] commands Muslims not to slay their children out of fear of want: infanticide is a great sin and Allah will provide for all. Some readings

[9] We thank Fareeha Khan for these references. When she asked Rabbani to clarify his position he replied: "The opinion I gave is more liberal than the Deobandi position (classical and contemporary), but is more representative of (a) Arab Hanafi scholarship; (b) what the texts seem to state; (c) what I feel is closer to the needs and circumstances of people." (Fareeha Khan, personal communication, 25 May 2006).

[10] Mahmood is an academic lawyer and one-time Chairman of India's National Commission for Minorities.

equate contraception with killing the unborn children whom Allah has written into one's fate. Mahmood contends that Muslims should interpret the *Qur'ān Sharīf* in light of contemporary concerns: this verse, he insists, forbids murder (not contraception) and *'azl* should include all pre-conception contraceptive techniques.[11] People's livelihoods are divine gifts that require effort, not idle submission to nature. Contrary to Maudūdī, contraception is not a western imposition and it is better to rear small numbers of 'good Muslims' than numerous ill-kempt children. Mahmood also discusses several prominent Indian Muslims—clerics, lawyers, politicians—who advocated family planning and saw no contradictions with Islamic precepts, including Maulana Azad and Dr Zakir Husain (Mahmood 1977: 70ff.). Similarly, Asghar Ali Engineer considers that Muslims should subject contraception to the same searching interrogation or *ijtihād* (interpretative thinking) that enables them to respond to any social change. He defines *'azl* as contraception in general, rather than *coitus interruptus*, and concludes that contraception is usually permissible (Engineer 2005: 98-110). Advocating contraception, however, is extremely controversial, as witness the spat between leading figures in the All-India Muslim Personal Law Board. In late 2004, Maulana Kalbe Sadiq, vice-president of the AIMPLB made a statement in favour of family planning: he was roundly contradicted by Sayyid Muhammad Rabe Hasani Nadvi, the AIMPLB President, and contributors to the subsequent debate in the Urdu newspaper *Rashtriya Sahara* (Sikand 2005a). Sadiq re-entered the fray by insisting that Islam requires Muslims to be 'rational' and that family planning is not contrary to Islamic principles (Times of India, 4 December 2005).

In other words, the same theological sources can lead to diametrically opposed conclusions about the permissibility of contraception in Islam. But how do these matters play out on the ground?

The Bijnor context

Bijnor district in north-western Uttar Pradesh rates relatively highly on most economic indicators, but its social indicators—such as literacy—are more modest: it ranked 57th of the 63 districts in UP (Singh 2001: Table VIII.3), with a literacy rate of 47 per cent for females over 7 and of 70 per cent for males (Registrar General & Census Commissioner

[11] Likewise, Dawood considers that this injunction refers only to the pre-Islamic practice of female infanticide (Dawood 1968: 231).

of India: 2002). Literacy levels in rural areas and amongst the poor are generally lower than the aggregate figures.

At nearly 42 per cent of the total, the district's Muslim population is unusually sizeable (comprising about a third of the district's rural population and over two thirds of its urban population) (Registrar General & Census Commissioner of India 2004). Some villages have exclusively Hindu or Muslim populations, others are mixed. Jhakri, for instance, has an all-Muslim population (of 663 in 2002). Muslims are underrepresented in formal schooling in Bijnor district (Jeffery et al.: 2005, Jeffery & Jeffery: 2006 and Jeffery et al.: 2007), and, as elsewhere in UP, Muslims in Bijnor district have lower literacy rates than the aggregate figures and they are disproportionately concentrated towards the bottom of the urban and rural economic hierarchies (Ali & Sikand 2006; Khalidi 2006; Sachar 2006; Shariff 1995). Moreover, Muslims are not as politically influential in Bijnor district as their numbers might suggest (Jeffery & Jeffery 2006: 13ff.).

The overwhelming majority of Muslims in the district are Sunni. Moreover, the *Daru'l `Ulūm* seminary in Deoband, in neighbouring Saharanpur district, exercises a decisive influence: the current vice-chancellor is from a prominent family in Bijnor town and there are many links between Bijnor and the seminary. There is a negligible presence of Barelwis. Local *madrasahs* have direct links to Deoband: inspections by Deoband staff, despatching some senior pupils there to study, or recruiting teaching staff [*maulwīs*] from Deoband itself or from other *madrasahs* within its ambit. For instance, the *imām* in Jhakri runs a small *madrasah*: he studied at the *Mazāhir-i `Ulūm* in Saharanpur, an offshoot of *Daru'l `Ulūm*. Many *maulwīs* originate from Bijnor district itself, some from relatively poor urban backgrounds, others from rural households (usually ones owning small amounts of land). A few are from impoverished families in places such as eastern UP and Bihar and have studied in boarding *madrasahs* since childhood. Like the Muslim villagers we talked to, the *maulwīs* are convinced that Muslim ambitions in the wider world are routinely thwarted. Most could not have afforded to obtain high educational qualifications in the Hindi-medium schooling system: the *madrasah* sector had provided a cheap or even free route to respectable—though rarely lucrative—employment that they believe would otherwise have eluded them.[12]

[12] For a more general account of *madrasahs* in contemporary India, see Sikand (2005b).

The numbers of rural girls and boys attending local *madrasahs* have risen substantially since the early 1990s, although most have ceased attending by the age of 12 or so. In Begawala, about a kilometre from Jhakri, pupil numbers exceed 1000, and several smaller *madrasahs* serve other nearby villages. *Maulwīs* play a conspicuous role in the 'civilising mission' with respect to their pupils—bodily cleanliness, refined speech and punctuality, so familiar from accounts of reform movements in north India (cf. Jeffery et al. 2004, 2005, 2006). *Madrasah* curricula do not explicitly address family planning. Some *maulwīs*, however, are also *imāms* in village mosques, and are often asked to answer moral problems. Further, the *Tablighī Jama `at* was hardly a presence in rural Bijnor until the early 1990s: nowadays, though, *tablighī* parties make periodic tours to villages—including Jhakri—and adult Muslim villagers have increasingly been exposed to their instruction.

Nevertheless, despite the increased reach of such educational activities, few adults in Jhakri can read Urdu or Hindi with facility, let alone Arabic. And, aside from creating problems for accessing employment, low literacy compromises the reform agenda, which rests so heavily on individual self-improvement. So what is the relationship between Islamic teachings and fertility behaviour? How do Jhakri residents' views on contraception relate to all this clerical outreach?

A recent commentary on the demographic transition notes that contraceptive behaviour at the grassroots has often been conspicuously adrift from élite debates (Szreter et al. 2003). Further, Obermeyer argues that 'we do not clearly understand … how changes in ideology affect the choices women make—or do not make—and how alternatives are translated into the behaviours of individual women' (Obermeyer 1994: 71). The case of Taranam and Talib provides a vista from which to begin exploring these questions.[13]

Talib and Taranam

Talib's 0.16 hectares of land provide little income, and the household basically relies upon his wood trading business. He earns around Rs6000-7000 each month, a good sum for an uneducated village man. In the first nine years of their marriage, Taranam had had eight conceptions, including three miscarriages. In 1998, her eighth pregnancy resulted in obstructed labour: she was taken to hospital, where Talib instructed the

[13] We use pseudonyms throughout this paper; people who figure in our earlier publications have their original pseudonyms. All quotations have been translated by the authors.

doctor to sterilise her—and the girl born by caesarean section survived only a few hours. The medical costs had amounted to Rs16,000.

When we first asked Taranam about the *nasbandī* [sterilisation], her response seemed surprisingly casual: 'If it *is* forbidden, what then? My health was bad and the doctor was saying there was no chance that I'd survive another delivery. My health in general was bad and when I became pregnant I had a cough and fever. And I'd also had several miscarriages.' Yet when we met them both later, a much more complex picture emerged. Shaila and Patricia were talking to Taranam and to Talib's married niece [eBD] about family planning when Talib came in and sat down beside Taranam.[14] He immediately joined in the conversation. According to Talib, most villagers are boorish [*gawār*] and illiterate people [*jāhil log*], who believe that having more children will generate more income:

Talib: But that's *not* true. Earnings are getting less and the eaters are becoming more. You've heard about my niece's children. One is 'making beards' [barbering], another is riding a rickshaw and another is 'digging grass' [doing nothing useful]. If there were fewer children, they wouldn't be doing this useless work. … How will a *mazdūr* [labourer] feed 10-12 children? People here don't think that *chhotā parivār sukhā parivār hogā* ['a small family will be a contented family', the Indian family planning slogan].

Patricia: But people in the village say that children are Allah's gift [*Allah kī den*] and that they shouldn't stop them coming.

Talib burst out laughing: Children aren't Allah's gift! People are saying incorrect things! They [children] are a man's gift [*ādmī kī den*] and if a person wishes, then he won't make any children.[15] However many children he wishes, those he can make. If there are few children, then you can do everything. But villagers don't think of

---

[14] This discussion was in February 2003. Shaila took detailed notes at the time, wrote up in Hindi, and Patricia translated them into English. This abridged account excludes our discussion of the importance of having children (especially sons), a significant influence on family planning decisions that often arose in discussions in Jhakri, along with the financial troubles generated by emergency medical care.

[15] Although *ādmī* also means a 'person' unmarked by gender, we have translated it as 'man' since this accords with Talib's meaning here.

> this comfort. *Bas,* they close their eyes and keep on making children and don't do anything else!

Being sterilised is a great sin, Talib continued, because it is not permitted according to *hadis*: when a sterilised woman dies, he asserted, her funeral prayers cannot be said and she will not be blessed when she goes 'above'. We asked what would happen to Taranam, since Talib had agreed to her sterilisation whilst she was under an anaesthetic. Taranam said she would not have agreed if she had been conscious and Talib butted in to say that Taranam had done nothing wrong and the sin would all rest on him. Nevertheless, he insisted, it was the correct decision for them. They had few children and were living peacefully: 'I'm thankful to Allah that we're living very well, the children and the two of us. Whatever the children need, I bring immediately. If the children have asked for Rs50 shoes, then I'll bring them and they'll last for 6 months and then I bring some more. And if I had 10-12 children, I'd be bringing shoes for Rs2-4 that break the very moment they arrive at the house! So having few children gives this benefit.' In any case, the doctor told him that any future children would have to be delivered by 'operation' [caesarean section]: 'I thought that her [Taranam's] health would be damaged and where would I get so much money from? I thought, "today I have Rs16,000, but tomorrow if I don't, then she'll die." That's why I agreed to the [*nasbandī*] operation.' Certainly, he admitted, other people in the village had criticised him for the decision, but his riposte was robust:

> Why should I listen to what anyone says? I have to bring the children up and if she [Taranam] were to die like Razia did, what would happen to my house? … Women don't understand that this [childbirth] is women's death. Just look at Razia. She herself died in giving birth. And behind her, her children are worried and her husband is also worried. She'd had 11-12 children and there was no life in her body. She'd become weak. There's a great advantage in having few children. Razia from my village died because of poverty. There were only the women of the house beside her and they had called a *dāī* [traditional birth attendant]. But if they had taken Razia to town sooner, then she, *bichārī* [poor thing], wouldn't have died.

Taranam, however, was not convinced by Talib's argument: people who are sterilised have made a calculation that is 'correct for *this* world but not correct for *that* world. In *that* world, we shall have to answer questions about why we closed off having children. … Razia saw nothing of *this* world, but she'll be very happy in *that* world. She'll be in paradise [*jannat*].'

Shaila was startled: Razia will be in *jannat*, but where will her children be?

Taranam: You and we are just sinners thinking that. This world is only for a short time, so what is there to think about it?

Patricia: But don't people have to think about it a bit?

Talib: That's right. You have to think about this world. You should also think about what will happen to your children after you're gone. Allah Miyān has also sent us to this world to live a good life here. So, *bhai*, we also think about this world.

Taranam: I think about *that* world and you are all thinking about *this* world.

Shaila: Which thinking is more correct?

Taranam: Look, *ji*, you should think about both worlds. But after you die, what will happen? You should think of that first of all. Like you're writing: if there's some mistake in what you're writing, then you ask again. You correct your error. Our calculation is in the same manner, that Allah is writing everything up above and if we've done anything wrong, then he'll ask why we've done this wrong thing. So that's why we think about *that* world more. When a child does something wrong, then its mother will punish it. Allah's calculation is like that too. If we do anything wrong, Allah will certainly punish us.

Talib: But Allah also looks at necessity [*majbūrī*]. If someone's throat is being cut and if their life can be saved by our telling one lie, then Allah will forgive that lie. And if we've just lied for no reason, that won't be forgiven.

Taranam: Everything is calculated in Allah's house and sinful people will go to hell [*dozāq*] and women like Razia will go to paradise [*jannat*]. That poor thing finished off her life, and she's become 'beloved of Allah' [because he summoned her].

Talib: She has become 'beloved of Allah' but she's left her children behind crying.

Ambiguities of village voices

Talib and Taranam's concerns parallel ones that have echoed through our conversations about childbearing over two decades in Jhakri and rural Bijnor more generally: the impossibility of rearing numerous children properly, and the damage to women's health of repeated childbearing, fears about maternal mortality, the costs of medical interventions in childbearing—all jostling with anxieties about what counts as 'necessity' and how behaviour in this world affects a person's destiny in the afterlife.

Razia's death in childbirth in 2002 provided a focal point to which women's thoughts repeatedly returned. One day in 2003, Mehmuna, with 7 living children from 10 pregnancies, told us:

> My spirit is filled up ['fed up'] with children. I have lots of distress [giving birth] and now I'm also becoming afraid in case some other ailment comes up. Recently, Razia died. Just half of her child's arm had appeared outside. She had a great deal of trouble and the poor thing died. That's why I'm very fearful. … Thinking about Razia, I become very sad, because the poor thing never saw any of the celebrations for her children [their marriages, the birth of their children]. In giving birth to that child, she must be 'beloved of Allah', poor thing.

Her neighbour Nargis chipped in scornfully: 'Women here don't think about whether they'll live or die. They just need children, no matter what happens. Razia died and even so the women haven't learnt a lesson [*sabaq*].' One young woman complained disgustedly about the short gaps between her children ['*sab tale-ūpar ke hain*': they were all born pell-mell). Another mentioned her sister, who was pregnant again, yet her oldest daughter was already due to be married:

> Her husband is like a *maulānā*.[16] That's why there's a *paltan* [platoon] of children in the house! I don't like having many children. It's not within my capacity to bring up many children.

[16] *Maulānā* literally means a judge, but is widely used in a derogative or derisory fashion to denote someone who is excessively pious and strict.

Yet another expressed her views like this:

> Everyone in the village has 8-10 children. They have to do all the work for them. With ten children, if you wash the face of one, another remains dirty. If you wash the second one's face, the third one remains dirty. With so many children, there is a lot of food to be cooked, there are lots of clothes to be washed and the house will also be dirty all the time. … There's no benefit at all from 10-12 children.

And, during her 12th pregnancy, another woman delivered this spirited commentary:

> Here they get people married at 14-15 years and then you have 'vile hardship' [*āfat gandī ho jā*]. There are 10-10, 12-12 children. You can neither look after yourself nor the children. You can't flourish. Just as you've cared for one, another is born. The 'vile hardship' continues. How can a person flourish?

Several women begged Allah to prevent further pregnancies [*band karā-de*] or talked about intending to make some 'arrangements' or said they had 'caught hold of their ears' [vowed not to have another child]. Yet women's comments about excessive childbearing and childrearing have not translated into high levels of contraceptive *use*, which rose from around 1 per cent in the 1980s to around 6 per cent in the late 1990s.[17] Jhakri women rarely adopt 'modern' contraceptive methods and sterilisation, in particular, remains very uncommon—aside from Taranam, just two Jhakri women were sterilised during the 1990s.[18]

One was Najma, who had nine pregnancies but only four surviving children. By 1990, her supportive mother-in-law had died, an eye injury had badly affected her eyesight and she was in poor general health. She had *nasbandī* 'just because I was angry'. Nevertheless, she had to endure the scorn of neighbours and relatives (Jeffery & Jeffery 1996: 53-68). In 2003, Najma claimed that some women nowadays are being sterilised '*chup ke se*' [secretly]. Shaila asked if this was not pointless, since Allah knows everything. Najma's sister's daughter Mehmuna agreed, saying that women seemed more afraid of people than of Allah. And she confirmed that her mother had indeed been angry with Najma, because '*nasbandī* is considered bad', 'there will not be any forgiveness [*bakhshish*] and their funeral prayers will not be recited.' Najma retorted 'what would I have done with so many children? If there had been more children, there would have been nothing to eat and nothing to wear!' Mehmuna agreed:

---

[17] This is significantly lower than for comparable Hindus in neighbouring Dharmnagri.

[18] A few women reported attempting abortions (generally by oral medication), not always successfully.

> There's no benefit in having many children. Nowadays it's said that "a small family is a contented family and a large family is troubled". … If there's a small family, there will be less *dukh-taklīf* [misery-distress]**.** … With a small family, there's money in the hand and good food and drink. In a small family, there is complete peace.

Despite endorsing small families, however, Mehmuna then provided an elaborate account of the sinfulness of being sterilised:

> One time some village woman went on *hajj*. … Afterwards, a voice comes from above to say if the *hajj* has been accepted or not. This time, the voice said that the *hajj* hadn't been accepted. … The *hajj* of all the people there wasn't accepted. So then they all started saying that their pilgrimage hadn't been accepted because of someone amongst them and everyone was searched. Then one woman was found who had done *nasbandī* and everyone said that their *hajj* hadn't taken place because of this woman. So someone told that woman to go and lick a large stone there with her tongue. That woman went and licked the stone and three grubs emerged from her tongue. And everyone said that these grubs are the souls of three children. If she hadn't had the operation done, she'd have had three more children. So this woman had killed three children and that was why the *hajj* didn't take place.

A few women said *all* contraception is against Islam. More often, though, Jhakri women said only sterilisation is forbidden and that other methods—pills, injections, IUCDs—are permitted. Jamila, for instance, had used 'Mala-D' oral contraceptives and currently has a Copper-T [IUCD].[19] She had 8 living children. In large families, she argued, the plight of the youngest children is bleak, especially once the parents have died, because no one (including their older siblings) would look after them properly:

---

[19] For more on Jamila, see Jeffery & Jeffery (1996: 201-215). Many women in rural Bijnor believe that Mala-D causes *garmī* ['heat', in the humoral sense] in a woman's head, and that the Copper-T is liable to rise up into a woman's abdomen or chest.

But we're Muslims and that's why we couldn't do *nasbandī*. … You'll know that when someone has *nasbandī*, the funeral prayers can't be said. Hindus have one or two children and then have *nasbandī*. They educate those two children properly, and feed them well. But with us, this thing is completely forbidden and that's why there are many children. … But just see, we have no *matlab* [interest] in this world. We shouldn't be thinking about it. … We are just like a guest in someone's house: no matter how long guests stay in your house, one day they'll have to go to their own homes. … Life here is only for a few days. At the very most it will be 100 years. … Then we have to show our faces to Allah. In the next life, this life will seem like a dream. The life there will be for eternity.

Just a handful of women thought otherwise. The third woman sterilised during the 1990s was embarrassed to be pregnant when her oldest children were already young adults. After a failed abortion attempt, she had *nasbandī*. 'People say that their funeral prayers won't be accepted,' she said, 'but really it isn't forbidden. There's no prohibition. If you want to do it, you can. We thought, "Allah will do just what he was going to do—but what would *I* do being so embarrassed?" ' And when we commented to one young woman that many people consider that sterilisation is against Islam, she promptly retorted: 'And if you've produced 10-12 children and you haven't made even one of them *dīn-dār* [religious], then what's the benefit of 10-12 children? That's why, if there are 2-3 children you can look after them properly.'

Like Talib, then, many Jhakri women voiced opposition to large families. But Talib's 'this-worldly' calculations about providing adequate food, clothes and education for his children led to his unusual decision to permit Taranam's *nasbandī*. And he was scornful about *jāhil* [ignorant] people unwilling to do likewise. But Taranam's worries about 'that world' find their echoes in other women's views of sterilisation.

Authoritative voices of local Islam

During conversations with Muslim clerics in Bijnor town, its rural hinterland and in *Daru'l `Ulūm* in Deoband, we explained that village women often lament the strain that childbearing puts on household budgets and their own health, yet feared the consequences of using contraception. We asked if contraception is always sinful or sometimes permissible, what happened to people in the afterlife if they adopted contraception, and whether Allah accepts the funeral prayers of the sterilised.

All the clerics said that Muslims should not normally limit their fertility. Several referred us to Sura 17 in the *Qur'ān Sharīf* (see above). The manager of the Begawala *madrasah* explained it this way:

> It's like murder! Look, it's completely forbidden, because the person who gives us our daily bread [*rizq*] is Allah. It isn't true that those who have many children are poor and those who have one or two children are rich, they are also very poor. I could show you so many examples in the neighbouring villages of people with 1-2 children who are poor. So whatever daily income *Allāh-ta `ālā* has written, that much will be received. If we kill our children because of fear of daily bread, this will be very wrong, because Allah is the giver of daily bread.

People can beg forgiveness for a wrong of their own doing, he said, but destroying something that God has made is unforgivable: 'God gives breath to humanity and later he takes it back to himself. So now you understand this: humanity hasn't made humanity and therefore humanity hasn't been given the right to kill it.'

Likewise, the senior *Muftī* at Deoband asserted:

> It is written in Islam that however many children you have is a matter of good fortune [*khush nasībī*]. However many descendants are born will be correct [*savāb*], because the master of our daily bread is Allah, who made both you and me. … He alone feeds us here and you as well. He nourishes the whole world. So what's the need to worry? Don't destroy your offspring for fear of daily bread. … If you don't sow seeds, how will there be a crop? … And if there are no children, how will the world flourish? People are the world's lustre.

Several clerics also linked contraception with unwelcome social changes. In terms reminiscent of Maudūdī, the *Qāzī* in Bijnor town lamented that people are freer now than previously and dissoluteness [*āvāragī*] has spread:

> Ever since people took these precautions, society has taken the wrong path. From that, religious faith has also gone wrong. And from the society's point of view, people do wrong because they know nothing will happen since they have taken precautions.

Similarly, the Deoband *Muftī* denounced contemporary society: the illegitimate children born because of people's wrong-thinking [*ghalat soch*], who will have the same faults as their parents, today's men who just need pleasure [*lazzat*] and bodily enjoyment [*jismānī maza*] and indulge in relationships for which Islam has no place: 'Behaving like that is a very serious sin [*sakht gunāh*]. … Marriages have been laid down in the *Shariat* so that … you will not think about some other man or woman.'

Several clerics, however, added a rider to their comments: family planning would not be sinful in situations of *majbūrī* [compulsion, helplessness, constraint, powerlessness]. In real life, favouring one Islamic principle may necessarily infringe another equally significant one. If people are *majbūr*, contraception can be permitted—when there are mitigating circumstances, Thanawi's 'legitimate excuse' or Rabbani's 'sound reasons'. And precisely how *majbūrī* is delimited leaves some space for interpretative and

behavioural flexibility. The Deoband *Muftī*, for instance, gave several guidelines for judging when contraception (including sterilisation) is permissible:

> Our Gracious Prophet says that children are God's exceptionally valuable [*besh-qīmatī*] gifts. But for the sake of a woman's health or for some other *majbūrī* it is better that a further child not be born. … Many people come, saying that a doctor has told them that there is a danger to life and so they should have the operation. … I ask them to bring the written opinion of the doctor, and when I see that I give permission.

In his view, however, straitened circumstances and food shortage, whether actual or feared, could not justify contraceptive use. Yet, apparently contradicting this, he said contraception would be permissible if the government orders people to limit their fertility, and if a man would lose his employment unless he or his wife is sterilised: 'Because if he loses his job, what will he eat, how will he look after his wife and children?' If the government tries to enforce the slogan '*ham do, hamāre do*' [we two, our two], Muslims should mobilise and try to delay it as much as possible. 'But, if *ham do, hamāre do* became compulsory [*majbūr*],' the *Muftī* continued, 'Muslims would have to obey the government. They can be sterilised if there is *majbūrī*, when there is no other remedy [*chāra*]. … Please understand that in our Islam if something is understood as *majbūr*, if there is *majbūrī*, then things that are not permitted can become permitted.' How, then, did the clerics interpret villagers' beliefs that funeral prayers cannot be recited for people who have been sterilised? A *maulwī* at the Begawala *madrasah* commented:

> Look, if there is *majbūrī* and no option except the operation, then in those circumstances the operation is allowed. And the funeral prayers can certainly be recited, because people commit very big sins and even so their funeral prayers are said. … Whether the funeral prayers are acceptable or not, that has not been written. In the *Qur'ān Sharīf* it has been written that if there is some necessity those things that are not permitted become permitted—like the operation is not permitted. But if there is some necessity, then that forbidden thing becomes permitted.

Similarly, the Deoband *Mufti* emphasised repentance and forgiveness whilst contradicting the villagers' beliefs:

> It isn't written anywhere in the *Qur'ān Sharīf* that any man or woman cannot have their funeral prayers recited if they have had *nasbandī*. If someone has had

> *nasbandī* and they beg forgiveness it will certainly be accepted. *Bas*, the *Shariat* states that before you die, you should repent your sins [*tauba karnā*]. … But ignorance spreads in the world. People who are ignorant say things about funeral prayers being unacceptable. They have no knowledge about whether it is true or not. They don't have the learning about this. So from ignorance these people say these topsy-turvy things. Look, no *maulwī* or *muftī*, no-one who knows about Islam, could have told them such things. People place their trust in rumours [*sunī-sunāī*]. Then they wander about and send these rumours wandering even further.

Clerics in Deoband and Bijnor do not speak with a single voice about contraception, any more than villagers do. Yet the clerics' understanding that people sometimes face *majbūrī*, and that Allah is merciful to those who have repented present a contrast with the uncompromisingly harsh views of many villagers about the sterilised person's fate. This mismatch undermines assumptions that the rural masses are slavish followers of their religious leaders. Indeed, calm domestic order and cleanliness are not readily compatible with everyday rural life (cf. Jeffery et al. 2004). Despite *Tablighī* tours in rural Bijnor, much of the reform agenda has not taken an effective hold there. Rural children usually attend *madrasahs* for only a few years (at most): *madrasah* staff often lament that the fragile impression they make on their pupils' self-discipline in cleanliness, speech, routine and punctuality is liable to reversal once pupils return to the village atmosphere (Jeffery et al. 2005, 2006). Thus, we should question how central the reform agenda is in the mundane lives of rural Muslims in Bijnor.

Situating fertility

Greenhalgh emphasises the importance of showing how fertility 'makes sense given the socio-cultural and political economic context in which it is embedded' and of seeing fertility transitions as 'products of changes in class-specific opportunity structures in response to transformations of global and regional political economies' (Greenhalgh 1995: 17, 21). Similarly, for Obermeyer 'the political context is a key factor for understanding the way in which [Islamic] religious doctrine is interpreted' (Obermeyer 1994: 59).

These insights are germane here. Muslim villagers' contraceptive practice is certainly coloured by what they *believe* to be 'Islamic doctrine'. But, as we have shown, 'Islamic doctrine' on contraception is not monolithic. Consequently, privileging apparently

theological issues will lead us astray. Rather, a more compelling account is yielded by focusing on rural Muslims' 'secular' concerns: economic and social marginalisation, the Indian government's family planning programme and communal politics, and the political economy of hopelessness (cf. Jeffery & Jeffery 2006).

Social and economic marginalisation

Despite their numerical strength in Bijnor district, Muslims do not dominate the local economy or politics. Crucially, moreover, Muslims in rural Bijnor also *perceive* themselves as economically and socially marginalised (Jeffery et al. 2007; Jeffrey et al. 2004). Jamila, for instance, explained the lack of Muslim doctors this way:

> You see, Muslims are poor and no one gives them any help. But the government helps Hindus. Even if Muslims educate their children, they still won't get 'service'. A Hindu will get 'service' and will have earnings, so he'll give his children food on time, he'll cook good food to eat and he'll educate them in a good school and pay out money for the books. Since the 'service' is good, they'll make expenditures. And when children receive education, then they may become doctors. But Muslim children don't get their food on time and the government doesn't help Muslims. So tell me, how can Muslim children become doctors? … Whoever has money is making their children into doctors, whether the children have the capability [*qābilīyat*] inside them or not.

Similarly, Latifan commented that Muslims do not benefit from education because they do not obtain 'service' afterwards. Her neighbour added that this is why Muslim boys do not study, and 'you spend so much money on education and even the money that you have saved will also be spent—and still you will not get 'service'. Rather than that, you should spend the money that you have saved on starting some business.' A widespread view is that without social contacts to exert influence ['source' or *sifārish*] or money to bribe the personnel making appointments ['force'], employment will not materialise—even for someone with educational credentials. Jabruddin asserted:

> No one values Muslims. Hindus obtain employment in a single breath, but not Muslims. … That's why Muslims aren't educating their children. They know that they won't get employment—and there is this damage, that a boy won't be willing to do farm work. He won't want to pick up the sickle. So the unfortunate Muslim

> is worried just about this: he's poor. Should he feed his children or spend money on educating them?

By contrast, *madrasah* teachers generally saw inherent value in education, yet they too perceived discrimination against even well-educated Muslims and the need to bribe officials when seeking employment. Whilst some *madrasah* teachers felt called to perform work that brings religious merit, others had turned to *madrasah* teaching because of financial distress and frustrated ambitions—and because *madrasah* employment can be obtained without bribes. One Begawala *madrasah* teacher said he had been unable to study further because of financial worries:

> I had already tried to get other 'service', but to no benefit. So then I took the 'service' here [in the *madrasah*]. … Enough! There were worries in the house—our situation [*hālāt*] was not good. I had to give daily bread to my wife and children. I had to show them consideration.

One of his colleagues turned to *madrasah* teaching because his older brother failed to fulfil their father's ambition to have a son highly educated in religious matters. Only after we pressed him did he comment:

> Listen! With respect to worldly matters, I'm not happy. … I don't have money because in this 'line' there isn't much money. Now I have just one job: to please Allah. If there's nothing for me here, then I pray to Allah that I will receive my reward up there. Look, as far as worldly matters are concerned, I'm certainly not happy. … Today, if I were doing something else—for example 'service'—then I'd have more money. When I consider my financial position, I'm not happy.

Population, the Indian state and communal politics

During the political Emergency (1975-7), the government's population programme took a markedly coercive turn after health workers and other government employees were disciplined if they failed to meet family planning 'targets', particularly sterilisation**.** There was unparalleled public debate—and widespread distrust of government health workers. Nearly 30 years later, the Deoband *Muftī* commented:

> Sanjay [Gandhi] captured people and did *nasbandī* on them. People were on journeys by bus and they were dragged out and sterilised. There was great tyranny [*zulm*] then.

Throughout our Bijnor research, Muslims have believed they were the particular targets of family planning workers and they especially resented the pressure to adopt a technique they believe is contrary to Islam. For Muslims, high caste Hindu domination of health care provision, government and private alike, undermines the state's legitimacy and some even suggested there was a government initiative to eradicate Muslims. Furthermore, the hate-speech of Hindutva ideologues has a long and infamous genealogy: building on the 'common wisdom' about Muslims' untrustworthiness and lack of patriotism, family planning issues have been increasingly politicised along communal lines (Basu 1996, 1997; Jeffery & Jeffery 2006). In September 2003, the release of (uncorrected) statistics from the 2001 census created a furore over Muslim fertility, which the corrected statistics released later did little to quieten (Bhat & Zavier 2005; Jeffery & Jeffery 2006; Jeffery & Jeffery 2000, 2005; Rajan 2005).

Moreover, Muslims' sense of economic insecurity is compounded by the rise of Hindutva politics during the 1990s. In 1990, there were serious disturbances in Bijnor town related to the Babri mosque dispute (Basu 1995; Jeffery & Jeffery 1994), whilst the anti-Muslim pogroms in Gujarat in 2002 (Varadarajan 2002) generated fearful commentaries from villagers and *madrasah* staff alike. In March 2002, Patricia asked a Begawala *maulwī* about the on-going communal violence in Gujarat. After commenting on rumours that *madrasahs* are weapons arsenals and that Muslims are traitors, he continued:

> You have come here several times. You come without warning. Have you ever seen any work of this sort going on? Where are we giving training in shooting guns? Here there is not the money for food to eat, so where shall we get bullets? Those people who say that there are arms in *madrasahs*, that there are ISI agents [Pakistani spies]—they should go just once and catch them and bring them forward. To this day, not a single recovery of arms has been made in any mosque or *madrasah*. No one has been caught. Our reputation is being destroyed. But we remain silent. These are false accusations. People talk. Let them talk. We cannot reply. We are weak. We remain quiet and silent. … These people are getting us killed. Straight off, they are getting us 'fried' by bullets. The PAC [Provincial Armed Constabulary] are pursuing Muslims tenaciously. … They want to finish Muslims off. But they can't finish us off by firing 100-50 bullets.

Political economy of hopelessness

The Indian state's complicity with Hindutva-inspired anti-Muslim violence—active participation by some officials, incitement by others—has seriously compromised rural Muslims' willingness to rely on state protection. Communal biases in health care provision (especially family planning) and problems accessing secure employment amplify their mistrust. It is, then, unremarkable that Muslim parents in rural Bijnor sense their powerlessness to plan their futures—a condition that is captured by the notion of a political economy of hopelessness, in which people at the bottom of extremely inequitable social systems realistically believe that they cannot exert much control over their lives (Appadurai 2004; Jeffery & Jeffery 2006: 128ff.; Popkin 1980; Scott 1985). Implicit here, however, is a presumption that social and economic changes could provide Muslim parents with incentives to invest in the education of a small number of children. It is instructive here to consider countries where Muslim clerics have been involved—in various ways and to different extents—in government-sponsored population programmes.

Sometimes we commented on how family planning is actively promoted in Bangladesh. Jamila was adamant:

> Such people can't be Muslims. … Just calling yourself a Muslim doesn't make you a Muslim. We're certainly uneducated. We don't know which child was born on which date. But we *do* know what is in our Islam and what is forbidden.

Similarly, the Deoband *Muftī* said Bangladesh had been incorrect to normalise sterilisation:

> Islam is the same everywhere. It cannot be changed. … If someone gives me Rs10 lakhs and I sell myself—that is a sinful matter. If because of greed for money, I give a false *fatwa*, then the punishment [*'azāb*] will be upon me.

By contrast, however, one of his colleagues commented (out of his hearing):

> People must change with the times. For example, it used not to be allowed to use a microphone for the *azān*. On many matters, Egypt is ahead and allows different things. People should have the children they can rear, but [in the past] they did not.

Muslim fertility rates in different countries vary widely, however, and there are no consistent differentials between Muslims and their non-Muslim neighbours.

Consequently, Jones and Karim argue, presumptions about monolithic religious ideologies, or about 'Islamic contraceptive practice', divert attention from the diverse contexts to which Muslim clerics and others are responding (Jones & Karim 2005). In Bangladesh, Muslim clerics have not opposed family planning and sterilisation to the same extent as in India. Indeed, their stances shifted very rapidly when social and economic conditions changed (Amin & Basu 2000; Amin et al. 1996; Caldwell et al. 1999). By the late 1980s, Bangladeshi Muslims generally believed that family planning, including sterilisation, was not contrary to Islam (Bernhart & Uddin 1990), whilst clerical support for the state's family planning programme was crucial in the unprecedented and dramatic decline (by 44 per cent) in the Total Fertility Rate (TFR) between 1980-5 and 1995-2000 (Khuda 2005). In Pakistan, by contrast, erratic government policy on family planning, the political influence of Maudūdī and the failure to co-opt Muslim clerics, accompany much smaller declines in TFR than in Bangladesh (Hakim 2005). Popular perceptions of religious leaders' views on contraception are that they are hostile (Ali & Ushijima 2005). In other Muslim-majority countries, notable changes in fertility have occurred, sometimes with clerical endorsement of contraception, sometimes without their playing a central role (see, for example, papers in Jones & Karim 2005).

Of course, these are places where Muslims hold the reins of government. By contrast, Muslims in rural Bijnor highlight the role of Hindutva interests and the Indian state in their physical vulnerability and social and economic marginalisation. Since the early 1990s, moreover, Muslims in rural UP have been affected by changes wrought by economic liberalisation: squeezed household budgets, rising consumerism reflected in dowry demands, the burgeoning market for private education and health care provision and moribund state provision. Further, high fertility and declining mortality since the 1960s have led to land fragmentation: those whose land once provisioned their families now describe themselves as 'neither farmer nor labourer' [*nā kissān, nā mazdūr*] or as people just 'managing to survive' [*guzar-basar karnewale*], whilst the landless or land-poor can no longer rely on agricultural labouring. Young men increasingly seek employment in Bijnor town, Delhi, Punjab, Kashmir or Surat, generally in sectors where Muslims are already well placed (e.g. machine embroidery, tailoring, house construction and painting, barbering, vehicle maintenance and rickshaw pulling). Some—especially craft work— have been particularly badly hit by economic liberalisation (Ali & Sikand 2006) and may not provide long-term employment for rural migrants. Young women are

still usually married and experiencing childbearing in their mid-teens. There are signs that young men are being married at later ages, however, and some continue working outside Jhakri (probably with unintended consequences for fertility). Whether these developments might trigger *intentional* fertility limitation is an open question, though.

Hopelessness may persist, whether because of continuing economic marginalisation or communal unrest—and urban employment might increase young men's contact with clerical hostility to contraception. And, if hopelessness about life in this world predisposes people to avoid behaviour they believe is sinful to guarantee a good life in Paradise, declines in fertility may be slow and halting. Yet privileging supposedly doctrinal views on contraception both obscures the diversity of Muslim opinion and side-steps how ordinary Muslims handle the exigencies of daily life in a liberalising and globalising economy. Further, despite interventions by prominent Muslim clerics and Hindutva ideologues, Muslim fertility in UP, and India overall, has declined markedly since the early 1990s. Tellingly, TFRs for Muslims in south India are often *lower* even than for Hindus, leave aside Muslims, in UP (Jeffery & Jeffery 2006: 33-35). The depressed social and economic conditions of UP Muslims are undoubtedly significant in this regional contrast. The Sachar report (2006) advocated numerous policy interventions to ameliorate Muslims' position and the UP and central governments alike have pledged to implement the report's proposals. If Muslims' situations improve, if *hopefulness* were to become imaginable, Muslim fertility levels in UP would almost certainly decline—not least because clerical hostility to contraception is not buttressed by effective surveillance within the household. As people say, *miyān bīwī rāzī, kyā karegā qāzī* (husband and wife agree, so what will the *qāzī* do)?

Bibliography

Ahmad, A. 1967. *Islamic Modernism in India and Pakistan 1857-1964*. London: Oxford University Press.

Ali, I. & Y. Sikand. 2006. Survey of Socio-Economic Conditions Of Muslims In India. http://www.countercurrents.org/comm-sikand090206.htm. Accessed on 15 March, 2006

Ali, M. & H. Ushijima. 2005. Perceptions of men on role of religious leaders in reproductive health issues in rural Pakistan. *Journal of Biosocial Science* 37, 1: 115-122.

Amin, S. & A.M. Basu. 2000. Some Preconditions for Fertility Decline in Bengal: History, Language Identity, and Openness to Innovations. *Population and Development Review* 26, 4: 761-794.

Amin, S., I. Diamond & F. Steele. 1996. *Contraception and religious practice in Bangladesh*. Population Council Policy Research Division Working Paper 83.

Appadurai, A. 2004. The Capacity to Aspire, pp. 59-84 in *Culture and Public Action* (eds) V. Rao & M. Walton. Stanford: Stanford University Press.

Basu, A.M. 1996. The demographics of Hindu fundamentalism, pp. 129-156 in *Unravelling the nation: Sectarian conflict and India's secular identity* (eds) K. Basu & S. Subrahmanyam. New Delhi: Penguin.

—. 1997. The 'Politicization' of Fertility to Achieve Non-Demographic Objectives. *Population Studies* 515-18.

Bernhart, M.H. & M.M. Uddin. 1990. Islam and Family Planning Acceptance in Bangladesh. *Studies in Family Planning* 21, 5: 287-292.

Bhat, P.N.M. & A.J.F. Zavier. 2005. Role of Religion in Fertility Decline: The Case of Indian Muslims. *Economic and Political Weekly* 40, 5: 385-402.

Bowen, D.L. 1997. Abortion, Islam, and the 1994 Cairo Population Conference. *International Journal of Middle East Studies* 29, 2: 161-184.

—. 2003. Contemporary Muslim Ethics of Abortion, pp. 51-80 in *Islamic Ethics of Life: Abortion, War, and Euthanasia* (ed.) J.E. Brockopp. Columbia: University of South Carolina Press.

Caldwell, J.C., B. Khuda, B. Caldwell, I. Pieris & P. Caldwell. 1999. The Bangladesh fertility decline: An interpretation. *Population and Development Review* 25, 1: 67-85.

Cohn, B. 1987. The census, social structure, and objectification in South Asia, pp. 224-254 in *An Anthropologist among the Historians and Other Essays* (ed.) B. Cohn. Delhi: Oxford University Press.

Daechsel, M. 2004. The Civilizational Obsessions of Ghulam Jilani Barq, pp. 270-290 in *Colonialism as Civilizing Mission: Cultural Ideology in British India* (eds) H. Fischer-Tiné & M. Mann. London: Anthem Press.

—. 2006. The Politics of Self-expression: the Urdu middle-class milieu in mid-20th century India and Pakistan. London & New York: Routledge.

Datta, P.K. 1999. Carving Blocs: Communal Ideology in Early Twentieth-Century Bengal. Delhi: Oxford University Press.

Dawood, N.J. 1968. *The Koran* (trans.) N.J. Dawood. Harmondsworth: Penguin Books.

Engineer, A.A. 2005. *The Qur'an and Women in Modern Society*. New Delhi: New Dawn Press (Sterling Publishers).

Gooptu, N. 2001. *The Politics of the Urban Poor in Early Twentieth-Century*. Cambridge: Cambridge University Press.

Greenhalgh, S. 1995. Anthropology Theorises Reproduction, pp. 3-28 in *Situating Fertility: Anthropology and Demographic Enquiry* (ed.) S. Greenhalgh. Cambridge: Cambridge University Press.

Gupta, C. 1998. Articulating Hindu Masculinity and Femininity: 'Shuddhi' and 'Sangathan' Movements in United Provinces in the 1920s. *Economic and Political Weekly* 33, 13: 727-735.

—. 2002. Sexuality, Obscenity, Community: Women, Muslims, and the Hindu Public in Colonial India. New Delhi: Permanent Black.

Hakim, A. 2005. Fertility Trends and their Determinants in Pakistan, pp. 233-253 in *Islam, the State and Population* (eds) G.W. Jones & M.S. Karim. London: Hurst & Co.

Hodges, S. 2006. Indian eugenics in an age of reform, pp. 115-138 in *Reproductive Health in India: History, Politics, Controversies* (ed.) S. Hodges. New Delhi: Orient Longman.

Jeffery, P. & R. Jeffery. 1996. *Don't Marry me to a Plowman! Women's Everyday Lives in Rural North India*. Boulder & New Delhi: Westview Press & Vistaar.

—. 2006. *Confronting Saffron Demography: Religion, Fertility and Women's Status in India*. New Delhi: Three Essays Collective.

Jeffery, P., R. Jeffery & C. Jeffrey. 2004. Islamisation, Gentrification and Domestication: An 'Islamic Course for Girls' and rural Muslims in Bijnor, Uttar Pradesh. *Modern Asian Studies* 38, 1: 1-54.

—. 2005. The Mother's Lap and the Civilising Mission: *Madrasah* Education and rural Muslim girls in western Uttar Pradesh, pp. 108-148 in *In a Minority: Essays on*

Muslim women in India (eds) Z. Hasan & R. Menon. New Delhi & New Jersey: Oxford University Press & Rutgers University Press.

—. 2006. The First *Madrasa*: Learned *Mawlawis* and the Educated Mother, pp. 227-251 in *Islamic Education, Diversity, and National Identity: Dīnī Madāris in India Post 9/11* (eds) J.-P. Hartung & H. Reifeld. New Delhi: Sage Publications.

—. 2007. Investing in the Future: Education in the social and cultural reproduction of north Indian Muslims, pp. 63-89 in *Living with Secularism: The Destiny of India's Muslims* (ed.) M. Hasan (Manohar, New Delhi)

Jeffery, P., R. Jeffery & A. Lyon. 1989. *Labour Pains and Labour Power: Women and Childbearing in India*. London: Zed Books.

Jeffery, R. & P. Jeffery. 1997. *Population, Gender and Politics: Demographic Change in Rural North India*. Cambridge: Cambridge University Press.

—. 2000. Religion and Fertility in India. *Economic and Political Weekly* 35, 35-36: 3253-3259.

—. 2005. Saffron Demography, Common Wisdom, Aspirations and Uneven Governmentalities. *Economic and Political Weekly* 40, 5: 447-453.

Jeffery, R., P. Jeffery & C. Jeffrey. 2005. Social Inequalities and the Privatisation of Secondary Schooling in north India, pp. 41-61 in R. Chopra and P. Jeffery (eds): *Educational Regimes in Contemporary India* (Sage, New Delhi)

Jeffrey, C., P. Jeffery & R. Jeffery. 2004. 'A Useless Thing!' or 'Nectar of the Gods'? The cultural production of education and young men's struggles for respect in liberalizing north India. *Annals of the Association of American Geographers* 94, 4: 961-981.

Jones, G.W. & M.S. Karim. 2005. Introduction, pp. 1-8 in *Islam, the State and Population* (eds) G.W. Jones & M.S. Karim. London: Hurst & Co.

Joshi, S. 2001. Fractured Modernity: Making of a middle class in colonial north India. New Delhi: Oxford University Press.

Karim, M.S. 2005. Islamic teachings on reproductive health, pp. 40-55 in *Islam, the State and Population* (eds) G.W. Jones & M.S. Karim. London: Hurst and Co.

Katz, M.L. 2003. The Problem of Abortion in Classical Sunni *fiqh*, pp. 25-50 in *Islamic Ethics of Life: Abortion, War, and Euthanasia* (ed.) J.E. Brockopp. Columbia: University of South Carolina Press.

Khalidi, O. 2006. *Muslims in Indian Economy*. New Delhi: Three Essays Collective.

Khan, M.E. 1979. Family Planning Among Muslims in India: A Study of the Reproductive Behavior of Muslims in an Urban Setting. Delhi: Manohar.

Khuda, B. 2005. Fertility Decline in Bangladesh, pp. 218-232 in *Islam, the State and Population* (eds) G.W. Jones & M.S. Karim. London: Hurst and Co.

Lelyveld, D.S. 1978. Aligarh's First Generation: Muslim Solidarity in British India. Princeton: Princeton University Press.

Mahmood, T. 1977. *Family Planning: the Muslim Viewpoint*. New Delhi: Vikas.

Maudūdī, Syed Abu A'La. 1968 [1937]. *Birth Control: its social, political, economic, moral and religious aspects* (trans.) K. Ahmed & M.I. Faruqi. Lahore: Islamic Publications.

—. 1972 [1939]. *Purdah and the status of women in Islam* (trans.) Al-Ash'ari. Lahore: Islamic Publications.

Mayo, K. 1998. *Selections from Mother India* (edited and with an introduction by Mrinalini Sinha). New Delhi: Kali for Women.

McIntosh, C.A. & J.L. Finkle. 1995. The Cairo Conference on Population and Development: a new Paradigm? *Population and Development Review* 21, 2: 223-260.

Messick, B. 1993. The Calligraphic State: Textual Domination and History in a Muslim Society. Berkeley: University of California Press.

Metcalf, B.D. 1982. *Islamic Revival in British India: Deoband, 1860-1900*. Princeton: Princeton University Press.

— (ed.) 1984. *Moral Conduct and Authority: The Place of Adab in South Asian Islam*. Berkeley and London: University of California Press.

—. 1990. Perfecting Women: Maulana Ashraf `Ali Thanawi's Bihishti Zewar. Berkeley: University of California Press.

—. 1993. Living Hadith in the Tablighi Jama`at. *Journal of Asian Studies* 52, 3: 584-608.

—. 1994a. Reading and Writing about Muslim Women in British India, pp. 1-21 in *Forging Identities: Gender, Communities and the State* (ed.) Z. Hasan. New Delhi: Kali for Women.

—. 1994b. 'Remaking Ourselves': Islamic Self-Fashioning in a Global Movement of Spiritual Renewal, pp. 706-725 in *Accounting for Fundamentalisms* (eds) M.E. Marty & R.S. Appleby. Chicago: University of Chicago Press.

—. 1996. Meandering Madrasas: Knowledge and Short-term Itinerancy in the Tablighi Jama`at, pp. 49-61 in *The Transmission of Knowledge in South Asia: Essays on Education, Religion, History and Politics* (ed.) N. Crook. Delhi: Oxford University Press.

—. 1999. Women and Men in a Contemporary Pietist Movement: The Case of the Tablighi Jama`at, pp. 107-121 in *Resisting the Sacred and the Secular: Women and Politicized Religion in South Asia* (eds) P. Jeffery & A. Basu. New Delhi: Kali for Women.

—. 2004. 'Traditionalist' Islamic Activism: Deoband, Tablighis and Talibs, pp. 265-284 in *Islamic Contestations: Essays on Muslims in India and Pakistan* (ed.) B.D. Metcalf. New Delhi: Oxford University Press.

Minault, G. 1998. Secluded Scholars: Women's Education and Muslim Social Reform in Colonial India. New Delhi: Oxford University Press.

Musallam, B.F. 1983. *Sex and Society in Islam*. Cambridge: Cambridge University Press.

Nasr, S.V.R. 1994. The Vanguard of the Islamic Revolution: The Jama`at-i Islami of Pakistan. Berkeley: University of California Press.

Obermeyer, C.M. 1994. Religious Doctrine, State Ideology and Reproductive Options in Islam, pp. 59-75 in *Power and Decision: the Social Control of Reproduction* (eds) G. Sen & R.C. Snow. Boston: Harvard School of Public Health.

Omran, A.R. 1992. *Family Planning in the Legacy of Islam*. London & New York: Routledge.

Petchesky, R.P. 1995. From Population Control to Reproductive Rights: Feminist Fault Lines. *Reproductive Health Matters* 5, 152-161.

Popkin, S. 1980. The Rational Peasant: The political economy of peasant society. *Theory and Society* 9, 3: 411-471.

Qasimi, Qadi Mujahid al-Islam. 2003-2004. Birth Control—an Islamic Perspective. http://www.sunnipath.com/Resources/Questions/QA00000521.aspx. Accessed 29 May, 2006

Rabbani, Shaykh Faraz. 2005. Is Contraception Permissible? http://qa.sunnipath.com/issue_view.asp?HD=1&ID=4735&CATE=117. Accessed 25 May, 2006

Rajan, S.I. 2005. District Level Fertility Estimates for Hindus and Muslims. *Economic and Political Weekly* 40, 5: 437-446.

Ramusack, B.N. 2006. Authority and ambivalence: Medical women and birth control in India, pp. 51-84 in *Reproductive Health in India: History, Politics, Controversies* (ed.) S. Hodges. New Delhi: Orient Longman.

Reetz, D. 2006. Islam in the Public Sphere: Religious groups in India, 1900-1947. New Delhi: Oxford University Press.

Registrar General & Census Commissioner of India. 2002. Population, population in the age group 0-6 and literates by residence and sex—India and States/Union territories. New Delhi: Ministry of Home Affairs.

—. 2004. Census of India 2001: Data on Religion. http://www.censusindia.net/religiondata/. Accessed on 12 July, 2005

Robinson, F. 2001. The `Ulama of Farangi Mahall and Islamic Culture in South Asia. New Delhi: Permanent Black.

Sachar, R. 2006. Social, Economic and Educational Status of the Muslim Community in India. New Delhi: Cabinet Secretariat, Government of India.

Sachedina, Z. 1990. Islam, Procreation and the Law. *International Family Planning Perspectives* 16, 3: 107-111.

Sanyal, U. 1996. Devotional Islam and Politics in British India: Ahmad Riza Khan Barelwi and his movement, 1870-1920. Delhi: Oxford University Press.

Scott, J. 1985. Weapons of the Weak: Everyday Forms of Peasant Resistance. New Haven: Yale University Press.

Seth, S. 2006. Governmentality, Pedagogy, Identity: The Problem of the 'Backward Muslim' in Colonial India, pp. 55-76 in *Beyond Representation: constructions of colonial and postcolonial Indian identity* (ed.) C. Bates. New Delhi: Oxford University Press.

Shariff, A. 1995. Socio-Economic and Demographic Differentials between Hindus and Muslims in India. *Economic and Political Weekly* 30, 46: 2947-2953.

Sikand, Y. 2002. The Origins and Development of the Tablighi-Jama`at (1920-2000). New Delhi: Orient Longman.

—. 2005a. Muslim Personal Law Board President opposes family planning. http://archives.zinester.com/76029/49380.html. Accessed on May 25, 2005

—. 2005b. Bastions of the Believers: Madrasas and Islamic education in India. New Delhi: Penguin Books India.

Singh, A.K. 2001. *Uttar Pradesh Development Report 2000*. Lucknow: New Royal Book Co.

Sinha, M. 1998. Editor's Introduction, pp. 1-61 in *Selections from Mother India* (ed.) M. Sinha. New Delhi: Kali for Women.

Szreter, S., R.A. Nye & F. van Poppel. 2003. Fertility and Contraception during the Demographic Transition: Qualitative and quantitative approaches. *Journal of Interdisciplinary History* 34, 2: 141-154.

Varadarajan, S. (ed.) 2002. *Gujarat: the making of a tragedy*. New Delhi: Penguin Books India.

Walsh, J.E. 2004. *Domesticity in Colonial India: What women learned when men gave them advice*. New Delhi: Oxford University Press.

Whitehead, J. 1996. Modernising the motherhood archetype: Public health models and the Child Marriage Restraint Act of 1929, pp. 187-210 in *Social Reform, Sexuality and the State* (ed.) P. Uberoi. New Delhi: Sage Publications.

Winkelmann, M.J. 2005a. Everyday life in a girls' *madrasah* in Delhi, pp. 160-177 in *Educational Regimes in Contemporary India* (eds) R. Chopra & P. Jeffery. New Delhi: Sage Publications.

—. 2005b. *From Behind the Curtain: A study of a girls' madrasa in India*. (ISIM Dissertations) Amsterdam: Amsterdam University Press.

Zaman, M.Q. 1999. Religious Education and the Rhetoric of Reform: The Madrasa in British India and Pakistan. *Comparative Studies in Society and History* 41, 2: 294-323.

—. 2002. *The Ulama in Contemporary Islam: Custodians of Change*. Princeton: Princeton University Press.

Zillurrahman, S. 1994. Unani Medicine in India during 1901-1947. *Studies in History of Medicine and Science* 13, 1 (New Series): 97-112.

~~Sikand (2001, 2005a, 2005b).~~