Buddhism and childbearing in Asia

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Introduction

The relationship between Buddhism and childbearing has only received limited scholarly attention. Studies have demonstrated that Christian and Muslim women have relatively high fertility in many countries, particularly when the religiously committed are compared with others. In this paper, we analyze patterns of childbearing among Buddhists in several Asian countries: India, Cambodia, Nepal, Indonesia, Mongolia, Thailand, Japan and South Korea. We compare Buddhist and non-Buddhist fertility outcomes, taking background characteristics into account. As data permit, we also analyze the association between religious commitment and Buddhist fertility.

Background

Buddhism is the dominant religion in a number of Asian countries - including in two of the largest world economies (Japan and China). It is also the most common religion in several of the countries with the lowest fertility levels in the world (Andersson 1998, IMF 2011, Jones et al. 2009). The tenets of Buddhism do not oppose contraception, and having many children is generally not seen as a religious commitment (Faure 2003, Falk 1989, Knodel et al. 1999). Marriage and sexuality are often seen as something positive among Buddhists, and sexuality tends not to be seen as sinful, but also not a source of spiritual advancement (Sponberg 2005). Devotees often stress the “middle way”, where too low or too great procreation should be avoided to the extent that it could lead to poverty and distress (Gross 1995, Kabilsingh 1998). A common belief among Buddhists is that they should focus on spreading the joy of enlightenment to others, while transmitting their genes and extending their family lineage is less important (Childs et al. 2005, Gross 1995).

Buddhists often advocate the non-violence principle and base it on the belief that all life is sacred. However, this does not necessarily lead to opposition against abortion, which has been found to be relatively well accepted among some Buddhist populations (Attané and Guilmoto 2007). Abortion may, however, be problematic for Buddhists who believe that human life is sacred, but may be permissible for health or economic hardship related reasons (Sponberg 2005). For instance, in South Korea (which is dominated by Buddhism and Christianity), Buddhists tend to be less opposed to abortion than other religious groups (Kim and Song 2005). Further, there could be relatively little religious opposition to sexual and contraceptive education, possibly since these issues are not related to a 'sin' component in Buddhism (Faulk 1989, Schak 2008). Schoonheim and Hülsken (2011) show that Buddhists in Taiwan were more favorable to family

planning than other groups, even if they are traditional on other issues (e.g., being more tilted against religious intermarriage than those from other religious denominations).

When asked his opinion about family planning, the Dalai Lama, spiritual head of Tibetan Buddhism, argued that both the sanctity of human life potential as well as the adverse impacts of population growth should be considered, but more weight should be given to the latter: ”From a Buddhist viewpoint every human being is precious, and one should avoid family planning and birth control. But then if we look from the global level, that precious human life is now overcrowding the world. As a result not only is it a question of survival of a single human being but that of the entire humanity. Therefore, the conclusion is that family planning is necessary provided it is based on non-violent principles” [Dolma 1995:36].

Some believe Buddhist women have a duty to bear children in order that the *sangha* (Buddhist religious community) is replenished (Falk 1989, Schak 2008). Further, high population density and a high degree of urbanization in many countries that have large Buddhist populations could depress overall fertility (Lutz et al. 2006), although this could not explain childbearing differentials when settlement patterns are taken into account.

Hypothesis

For each country, we address these research questions:

1. In terms of educational attainment, age at first union and fertility, how do Buddhist women compare with women from other religious backgrounds?
2. Controlling for education, urbanization, union status and age, how is Buddhist affiliation related to the number of children ever born?

There is little data that measures both religious commitment and childbearing in Asian countries. Fortunately, such data exists for Japan and South Korea. For these countries, we consider Buddhist devotion as an additional dimension when answering the above questions. We test the hypothesis that within a country, Buddhist affiliation and commitment level is not associated with elevated fertility outcomes.

Data and Methods

We draw on demographic and cross-sectional surveys to describe fertility determinants and outcomes in India, Cambodia, Nepal, Indonesia, Mongolia, Thailand and Japan. These countries vary in terms of dominant Buddhist tradition and in level of economic development. Mongolia is dominated by *Tibetan* Buddhism (sometimes termed *Vajrayana* Buddhism), where Tibetan language is used which is also found in for instance Bhutan, and parts of India. In Thailand *Therevada* Buddhism (Pali language based) is practiced, which is a form of Buddhism common in other countries including Myanmar, Laos, Cambodia and Sri Lanka. Japan is dominated by *Mahayana* Buddhism (Chinese scripture), which is the largest strand of the Buddhist religion, which is frequently practiced also in China, South Korea and Vietnam.

In Table 1, we present descriptive statistics for women age 25-49 in each country. Statistics are presented for Buddhists, other religious groups and those with no religious affiliation in each country. We present average children ever born as well as information on two dimensions associated childbearing: average years of education and age at first union.

Table 1: Descriptive statistics for women 25-49. Datasource: DHS and Census Data/IPUMS

Country	Religion	N	% (of women 25-49)	Average children ever born	Average years of education
Thailand	All	128,216	100	1.97	6.6
	Buddhist	122,260	95.3	1.94	6.7
	Muslim	5,018	3.9	2.76	5.9
	Christian	874	0.7	2.17	6.9
	Other / No religion	64	0.1	2.18	2.8
India	All	77,519	100	3	5.4
	Buddhist	1,086	1.4	2.61	5.9
	Hindu	56,976	73.5	2.9	5.5
	Muslim	9,548	12.3	3.76	3.8
	Christian	6,849	8.8	2.91	7
	Sikh	1,785	2.3	2.64	6.3
	Jain	361	0.47	2.14	12.6
	Other	914	1.23	3.2	4.3
Cambodia	All	10,152	94.56	3.7	3.2
	Buddhist	9,600	94.56	3.66	3.3
	Muslim	165	1.63	4.38	1.9
	Christian	63	0.62	3.17	4.4
	Other	324	3.19	5.46	0.2
Nepal	All	6,313	100	3.72	1.9
	Buddhist	494	7.83	3.5	1.6
	Hindu	5,461	86.5	3.72	2
	Muslim	188	2.98	4.63	0.9
	Christian	59	0.93	3.5	2
	Other	111	1.76	3.3	2.5
				Marital fertility rates	
Indonesia	All	24,642	100	3.03	7
	Buddhist	201	0.82	2.71	8.4
	Christian	2,701	10.96	2.98	8.1
	Hindu	1,186	4.81	2.48	6.6
	Muslim	20,442	82.96	3.07	6.8
	Other-- No None Option	112	0.45	3.56	4.6

After presenting descriptive statistics, we move on to Poisson regression analysis to evaluate whether there is an effect of Buddhist affiliation once various controls are taken into account. In Model 1, we present results with only religion measures in place (modeled as Buddhist, unaffiliated, and non-Buddhist). In Model 2, we present results with only background variables in place (education, geography, marital status and age). In Model 3, we present results with religion and background variables in place.

Table 2: Thailand - Poisson Regression, Dependent variable – number of children born to women 25-49 years old. Datasource: Census Data/IPUMS

	Model 1	**Model 2**	**Model 3**
Religion			
Buddhist	-0.323***		-0.331***
(ref: Other& None)	(-32.73)		(-36.46)
Geography			
Urban		-0.129***	-0.129***
(ref: Rural)		(-29.67)	(-30.02)
Education			
Less than primary		0.0969***	0.0972***
		(21.15)	(21.47)
Secondary		-0.158***	-0.155***
		(-24.33)	(-23.96)
University		-0.300***	-0.292***
(ref: Primary)		(-25.21)	(-24.56)
Age			
Age (yrs)		0.0254***	0.0256***
		(80.08)	(81.49)
_cons	0.984***	-0.262***	0.0415**
	(101.83)	(-24.56)	(3.10)
N	102760	101108	101107

t statistics in parentheses
* $p < 0.05$, ** $p < 0.01$, *** $p < 0.001$

In Japan and South Korea, the religion variables can also control for individual vs. family affiliation and level of devotion. Here we can discuss how various outcomes vary for Buddhists depending on whether Buddhism is identified as a family or individual religion and on respondent's self-assessed level of devotion.

Conclusion

Our preliminary results suggest that in many countries, Buddhist affiliation is not associated with significantly elevated fertility outcomes, confirming our hypothesis. Buddhism does not have unequivocal pro-natal teaching; on balance, it is not opposed to most forms of contraception. Its leaders discuss the benefits as well as the individual and collective costs of childbearing. After considering Buddhist teachings regarding contraception, family formation, and childbearing ideals, we do not find evidence that Buddhism is inherently pronatalist. Buddhist teaching wouldn't seem to have clear mandates for followers to have above average fertility levels.