

CATHOLIC TEACHING AND CATHOLIC FERTILITY

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1. In a world of rapidly expanding populations, any factor likely to raise the level of fertility among nearly 600 million people will be of more than purely scientific interest; particularly when half of these 600 million people inhabit the very countries most sorely afflicted with the pressure of human numbers. (1) There can be little doubt that Roman Catholic doctrine concerning the regulation of births is essentially pro-natalist, whatever the intentions of its promulgators. But ~~most~~ pro-natalist doctrine necessarily lead to higher levels of fertility? Vitalist

2. To be sure, the few available data suggest that within any particular society, the fertility of Catholics, as a group, is always in excess of that among Protestants. (2) But ought this generally higher Catholic fertility be attributed to the doctrines of the Church, or to the operation of some other set of determinants?

3. That doctrine itself may strongly influence fertility is suggested by some American findings that loyalty to one's Church (as measured by such externals as frequency of church attendance, amount of religious schooling, clerical officiation at marriage ceremonies) bears a positive association to fertility among Catholics and, contrastingly, a negative or nil association to fertility among Protestants. (3) Two studies of the Dutch population suggest the existence of similar relationships there, as well. (4)

4. Yet, Catholic fertility has undergone substantial declines in every country in which control over births has been achieved. In fact, in certain predominantly Catholic countries - France, Austria, Luxembourg, and Hungary, for example - fertility has at times dropped to levels as low as anywhere in the world. Moreover, a variety of studies, in the United States, (5) Puerto Rico, (6) Australia, (7) Switzerland, (8) Ireland, (9) and Latin America, (10) bear testimony to the existence of substantial fertility differentials along socio-economic lines within Catholic populations themselves - even when, as in the Australian study, there is standardization for all the purely demographic variables that could have given rise to such differences (i.e., proportion married, age at marriage, duration of marriage). In the Australian study, in fact, further standardization by year of birth and residence reveals very considerable fertility differences between Australian Catholics according to country of birth: whether Australia, the British Isles (including Ireland), Italy,

Poland, or the Netherlands. In addition, interview studies in both Puerto Rico and the United Kingdom have found only very small proportions (of any faith) mentioning religion as a reason for not practicing birth control, or, among those practicing it, for not using appliance methods.(11) Finally, a growing body of evidence shows that large proportions of Catholics do, in fact, resort to methods of birth control forbidden by their Church.(12)

5. Quite obviously, more than Catholic doctrine must be at work, but just what is at work, and how it works, is never quite clear. Findings of higher fertility among Catholics, or among one group of Catholics contrasted with another, are all limited in some degree by failure to separate out one or another variable of conceivably greater relevance than religion - whether this variable operates by itself or in combination with other variables (religion included).

6. In determining the demographic relevance of religion, or for that matter, of any set of beliefs and attitudes, analysis based on census-type data cannot be relied on to yield definitive answers to questions of causation. The role of such studies is to narrow the range of conjecture and suggest fruitful hypotheses to be followed up through studies of a more intensive nature. In recognition of this role, I report here on some observations from census-type materials that seem pertinent to an understanding of Catholic-Protestant fertility differentials.

7. My analysis is limited to countries with per capita annual incomes of at least \$450 and Crude Birth Rates below 35. For purposes of this inquiry, analysis should extend to no country in which relatively little control is exercised over fertility. A per capita income of \$450 as the cut-off point limits analysis to countries where, because of generally higher levels of literacy, more extensive coverage by the media of mass communication, and so on, Catholic doctrine could be presumed to have the widest potential dissemination and where, in addition, because of a greater degree of industrial development, one could expect both the predisposition and the opportunity for effective fertility control to be most widespread. Limiting analysis, further, to countries with Crude Birth Rates below 35 per thousand insures that a fair measure of fertility control is actually being practiced. Using these criteria, analysis is limited to 23 countries, 10 of them predominantly Catholic, 12 predominantly Protestant, and one (West Germany) evenly divided between the two.

8. Mindful of recent American findings, several writers have suggested the likelihood of a Catholic subculture productive of higher levels of fertility.(13) Upon investigation, however, the higher fertility supposedly resulting from this Catholic subculture (if there is such a thing) is seen to be not at all a general possibility, but one that exists only under certain conditions with respect to income and the proportionate representation of Catholics in the total population.

9. Per capita income itself is only moderately related to fertility levels in countries with at least nominally Christian populations. Among predominantly Catholic countries this relationship is slightly negative, primarily because low income is characteristic of every Catholic country with high fertility (except for Puerto Rico, which is probably a special case because of its connection with the United States). Among low fertility Catholic countries, however, the range of incomes is quite considerable. The negative relationship between fertility and per capita income is somewhat more pronounced among predominantly Protestant countries - but only if these countries are subdivided into two categories: those with fertility above and those with fertility below a Total Fertility Rate of 3250.

10. On the basis of the available data, it appears that the pro-natalist teachings of the Roman Catholic Church will be a factor leading to higher fertility among Catholics only when:

- a. there exists a high level of economic development, and
- b. Catholics constitute a numerically and politically important, but not dominant, minority of the population.

11. The first part of this proposition arises from the frequent observation that the Church's purely social doctrines (which would include its teaching on family life) appears to have little direct influence on fertility in the more impoverished, economically disadvantaged portions of the world. Apart from Costa Rica and Paraguay (the one with fertility unexpectedly high, the other with fertility unexpectedly low), there is among the low income Catholic countries of Latin America, together with the Philippines, a fairly pronounced inverse relationship between fertility and per capita income. In the three other Catholic countries of low income (Portugal, Spain, and Malta) the relationship between fertility and income is nil. For the high fertility levels that characterize these countries (save Portugal and Spain) there are too many other supports, of longer standing and greater pervasiveness, for us to attach much importance to any direct pro-natalist influence on the part of the Roman Catholic Church. Moreover, to the usual difficulties of mass communication in countries of low income and meagre schooling must be added the fact that, at least in Latin America, there is a very low ratio of clergy to population.

12. This is not to suggest, however, that the Church has no influence at all on the fertility of these populations; only that it has no direct influence on it. Catholicism, or any other ideology, can serve to maintain higher levels of fertility indirectly either by encouragement of behavior conducive to higher fertility (e.g., settlement in rural areas, or - possibly of particular importance to Latin America - acceptance of one's present condition of life) or by discouragement of behavior conducive to lower fertility (e.g., employment of wives outside the home, status-striving, urban-ward migration). There is also the possibility of inculcation and

reinforcement of values and attitudes conducive to higher fertility, coupled with the discouragement of values and attitudes conducive to lower fertility. Finally, there is the possibility of exerting political pressure. There seems little doubt, for instance, that Catholic pressure, or the fear of it, has delayed both American and United Nations support for programs of population control throughout the world. Closer investigation might show, in fact, that it is political activity, not specifically religious activity, that is the Catholic Church's main support for higher fertility levels. Nevertheless, the frequently low levels of Catholic fertility suggest that neither direct nor indirect action by the Church will have much influence on fertility in the absence of other, more relevant, conditions.

13. The second part of this proposition comes from comparing the level of fertility in relatively prosperous Catholic countries with that in similarly situated Protestant countries (i.e., countries with per capita annual incomes of at least \$450). So far as can be determined, Catholic fertility even when standardized for other possible associations (e.g., urban-rural residence, occupation, schooling, income), is almost invariably higher where Catholics are a sizeable minority of the population (say, at least 8-10%) than where they are a majority, instead. (The only exceptions are as follows: (a) the high fertility of Catholic Puerto Rico, which apparently exceeds that of Catholics in each of the other high income countries studied, and (b) the medium-level fertility of Catholic Ireland and Catholic Argentina, which appears to be slightly in excess of Catholic fertility in the non-Catholic countries of Switzerland and the United Kingdom). As has already been noted, the fertility of minority Catholics seems always to be in excess of the fertility of their Protestant countrymen.

14. This suggests that consciousness of being a minority is, itself, an important prerequisite for the Catholic Church's pro-natalist doctrines to have any direct and widespread effect on individual behavior. This consciousness might, in fact, go some way toward explaining the higher fertility of rich vs. poor Catholics in the United States (and possibly in other countries as well). Almost by definition, contacts outside his own ethnic or religious group will be more frequent for the rich person than for the poor. From these contacts will come a greater awareness of being different, of being an outsider; one possible result of which could be that the person affected becomes more receptive to the values and attitudes associated with membership in his group -- assuming he manages to withstand the temptation to leave this group to join the dominant one.

15. Consciousness of minority group status, possibly of being threatened or at bay, may also explain part of the relatively higher fertility of certain other groups: Israeli Jews, for example, or Canadian Dukhaboors, American Mormons, or former Belgian settlers in the Congo.

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16. For those concerned with overpopulation the problem seems not to be one of Catholic teaching in predominantly Catholic countries. The frequently voiced hope that the Church will change its position on family limitation, and thereby help solve the population problem in areas like Latin America, appears largely irrelevant--certainly in any direct sense, and probably in any indirect sense as well. If what has happened in both Catholic and non-Catholic countries elsewhere is any guide, populations currently experiencing high fertility will reduce their fertility when, and only when, their other conditions of life are conducive to it. And, they will do so, regardless of any church's opposition. Were a change in the Catholic Church's position on birth control to have any effect on these countries' fertility, it would presumably be only indirectly: as, for example, in removing some of the political barriers currently impeding education in the practice of family planning. Apart from possibilities like this, which are essentially limited (after all, extensive programs elsewhere have met with little success, even in the absence of formal opposition), there seems little to expect, so far as the worst "population trouble-spots" are concerned, from any possible change in Catholic doctrine--whether this doctrine concerns contraception, in particular, or family planning, in general.

17. In countries of high fertility and low incomes the force of Catholic teaching on the family would appear from the data to be decidedly overrated. It would appear to be decidedly overrated, also, in predominantly Catholic countries of controlled fertility and high incomes. However, in controlled fertility and high income countries that are predominantly non-Catholic, the situation would seem to be quite otherwise. Yet, the question remains: In these countries where Catholic minorities are out-breeding non-Catholic majorities, to what extent is the factor of Catholicism, so far as it relates at all to fertility, essentially religious in nature, and to what extent is it ethnic (i.e., arising in a strong group awareness and feeling of separateness), instead? Does the typical Catholic occupying a minority status have more children because of the Church's teaching, or because of a desire (conscious or unconscious) to preserve the identity of his own group in the face of the numerical and social domination of another? In short, is it doctrine, or ethnocentrism and the desire for group survival, that is the actual religious factor in fertility?

PER CAPITA ANNUAL INCOME IN 1958,
PERCENT CATHOLIC, AND ESTIMATED FERTILITY, 1955-1960:
SPECIFIED COUNTRIES

Country	% Catholic	Crude Birth Rate	Total Fertility Rate	Per Capita Annual Income (\$)
Canada	44	27.8	4075	1767
U.S.A. (whites)	24	23.5	3674	2350*
Puerto Rico	83	33.7	4855	581
Argentina	89	23.2	2962	474
Belgium	95	17.0	2565	1029
Denmark	1	16.8	2577	975
Finland	0	19.6	2810	750
France	83	18.4	2797	1113
Iceland	1	28.1	4256	937
Ireland	94	21.1	3432	474
Luxembourg	97	15.9	2206	1333
Netherlands	41	21.2	3174	767
Norway	0	18.0	2961	1035
Sweden	0	14.4	2296	1313
United Kingdom	10	16.5	2600	1078
Austria	90	17.2	2558	656
Germany (West)	48	17.0	2336	931
Hungary	60	17.3	2367	450*
Switzerland	40	17.5	2319	1316
Czechoslovakia	63	18.0	2692	500*
Italy	100	18.2	2362	490
Australia	20	22.6	3485	1211
New Zealand	10	26.3	4239	1281

Sources:

% Catholic: National Catholic Almanac, 1963, Paterson, N.J.,
St. Anthony's Guild, 1963, pp. 361-374, 379-388.

Crude Birth Rate: Lee Jay Cho, "Estimated Refined Measures of
Fertility for All Major Countries of the World,"
Demography, I (1), 1964, pp. 359-374.

Total Fertility Rate: Ibid.

Per Capita Annual Income: United Nations, Department of Economic
and Social Affairs, Yearbook of National Accounts
Statistics, 1963, N.Y., 1964, Table 3B, pp. 327-331.

*Author's estimate from data in Paul Studenski, The Income of Nations,
N.Y., New York University Press, 1958, pp. 508-510.

FOOTNOTES

1. Figures from National Catholic Almanac, St. Anthony's Guild, Paterson, New Jersey (1963), p. 376.
2. See, e.g., E. Charles, "The Changing Size of the Family in Canada," Census Monograph No. 1, 8th Census of Canada, 1941, Ottawa (1948), ch. IV: L.H. Day, "Family and Fertility," in S. Encel and A. Davies (eds.), Australian Society, F.W. Chesire, Melbourne (1965); R. Freedman, D. Goldberg, and D. Slesinger, "Current Fertility Expectations of Married Couples in the United States," Population Index, 29 (4), 366-391; R. Freedman, P.K. Whelpton, and A.A. Campbell, Family Planning, Sterility and Population Growth, McGraw-Hill, New York (1959), pp. 102, 106-108, 156, 183, 403; R. Freedman, P.K. Whelpton, and J.W. Smit, "Socio-Economic Factors in Religious Differentials in Fertility," American Sociological Review, XXVI, (4), 608-614 (1961); G.Z. Johnson, "Differential Fertility in European Countries," National Bureau of Economic Research, Demographic and Economic Change in Developed Countries, Princeton University Press, Princeton (1960), pp. 46-50; D. Kirk, "Recent Trends of Catholic Fertility in the United States," Milbank Memorial Fund, Current Research in Human Fertility, New York (1955), p. 93; C.V. Kiser, "Differential Fertility in the United States," National Bureau of Economic Research, op.cit., pp. 108-112; E. Lewis-Fanning, Report on an Inquiry into Family Limitation and Its Influence on Human Fertility During the Past 50 Years, Papers of the Royal Commission on Population (I), HM Stationery Office, London (1949), Table 60, p. 81; K. Mayer, The Population of Switzerland, Columbia University Press, New York (1952), p. 106; H. Peters, Die Geburtenhaufigkeit nach der Religionszugehörigkeit, Wirtschaft und Statistik, X (1), 24-25 (1958); S. A. Stouffer, "Trends in the Fertility of Catholics and Non-Catholics," American Journal of Sociology, XLI, 143-166 (1935); F. van Heek, "Roman Catholicism and Fertility in the Netherlands," Population Studies, X (2), 125-138 (1956); C. F. Westoff, R. G. Potter, Jr., and P. C. Sagi, "Some Selected Findings of the Princeton Fertility Study: 1963," Demography, I (1), 130-135 (1964); C. F. Westoff, R. G. Potter, Jr., P. C. Sagi, and E. G. Mishler, Family Growth in Metropolitan America, Princeton University Press, Princeton (1961), chs. 11 and 12; P. K. Whelpton and C. V. Kiser, "Social and Psychological Factors Affecting Fertility. I. Differential Fertility Among 41,498 Native White Couples in Indianapolis," Milbank Memorial Fund Quarterly, (1943), p. 229; P. de Wolfe and J. Meerdink, "La Fécondité des Mariages à Amsterdam selon l'Appartenance Social et Religieuse," Population, XII (2), 289-318 (1957).
3. T.F. Coogan, "Catholic Fertility in Florida," Catholic University of America, Studies in Sociology, XX (1946), p. 83; R. Freedman, Whelpton, and Campbell, op.cit., pp. 107-108, 183-184; J.C. Flanagan, A Study of Factors Determining Family Size in a Selected Professional Group, Genetic Psychology Monographs, 25 (1943). Cited in Coogan, above.

4. J. D. D. Derksen, "Recent Demographic Changes in the Netherlands," (Mimeo), 1946. Cited in F. Lorimer, Culture and Human Fertility, UNESCO (1954), p. 193; van Heek, op.cit., pp. 131-132.
5. Coogan, op.cit.; Freedman, Goldberg, and Slesinger, op.cit.; Stouffer, op.cit.; Westoff, Potter, and Sagi, op.cit., pp. 133-134; P.K. Whelpton, "Trends and Differentials in the Spacing of Births," Demography, I (1), 83-93, (1964); Whelpton and Kiser, op.cit.
6. P. K. Hatt, Backgrounds of Human Fertility in Puerto Rico, Princeton University Press, Princeton (1952); R. Hill, J. M. Stycos, and K. W. Back, The Family and Population Control, University of North Carolina Press, Chapel Hill (1959); J. M. Stycos, Family and Fertility in Puerto Rico, Columbia University Press, New York (1955).
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8. Mayer, op.cit.; J. W. Nixon, Some Demographic Characteristics of Protestants and Catholics in Switzerland, International Population Conference, 1961, New York, II, 43-51 (1963).
9. D. V. Glass, Malthus and the Limitation of Population Growth, Watts & Co., London (1953), pp. 34-35.
10. D. M. Heer, "Fertility Differences Between Indian and Spanish-Speaking Parts of Andean Countries," Population Studies, XVIII, 1, 1964; C. A. Miro, "The Population of Latin America," Demography, I, No. 1, 1964, pp. 37-38.
11. Hill, Stycos, and Back, op.cit., pp. 137-139; Lewis-Fanning, op.cit., pp. 175-176, 182.
12. R. Armijo and T. Monreal, Epidemiology of Provoked Abortion in Santiago, Chile, Fourth Conference of the International Planned Parenthood Federation, Western Hemisphere Region, San Juan, Puerto Rico, (1964); N. G. Ferrarotti and C. G. Varela, Research on Illegal Abortion and Family Planning at the City Sexology Center (Rawson Hospital, Buenos Aires, Argentina), Fourth Conference of the International Planned Parenthood Federation, op.cit.; Freedman, Whelpton, and Campbell, op.cit.; D. V. Glass, Population Policies and Movements in Europe, Oxford University Press (1940), pp. 162-165; D. Good, "Some Aspects of Fertility Change in Hungary," Population Index, 30 (2), 137-171 (1964); Hill, Stycos, and Back, op.cit., p. 139; Lewis-Fanning, op.cit., p. 81; W. P. Mauldin, Fertility Control in Communist Countries: Policy and Practice, Milbank Memorial Fund, Population Trends in Eastern Europe, the USSR, and Mainland China, New York (1960); H. Rozada, National Problems and Plan in Family Planning in Uruguay, Second Family Planning Seminar for Latin American

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13. See, e.g., A. A. Campbell, "Concepts and Techniques Used in Fertility Surveys," Milbank Memorial Fund, Emerging Techniques in Population Research, New York (1963).