SUMMARY AND CONCLUSIONS

The population in India is increasing at a very rapid pace. The need to probe into some of the factors responsible for this rapid growth is both timely and relevant. Social status of women is considered to be one of the factors which is related to fertility and population growth and hence this study.

In recent years the social status of Indian women is fast changing as a result of the demand for higher education and increasing opportunities for gainful employment in occupations of higher prestige. The present study is an attempt to see the extent to which the changing status of women is related to their fertility performance. The major assumption in the study is that among the socio-cultural factors, social status is an important one in respect of fertility since the higher the social status, the lower the fertility. Therefore, the main objective of the study is to investigate the relationship between the social status of women and their fertility performance.

Women in the universe are divided into four a priori status categories in the descending order of social status. They are: higher educated working women, higher educated non-working, less educated non-working, and less educated working women, the bases for the classification being
education and employment. The major hypothesis in the study is that fertility of women is negatively correlated with the social status of the four aforesaid categories.

To explain this relationship, social status has been taken as an independent variable. Since social status influences fertility through the variables of age at marriage, knowledge and use of family planning practices, and incidence of mortality, these are regarded as intervening variables and fertility as a dependent variable. The universe includes married women of 20 years or above, and in total, 311 married women are interviewed from different sections of the population.

**Main Findings**

Since the women in the study are ranked on an *a priori* basis, it was attempted to study their socio-economic background to see whether this ranking of women into status categories is justified.

While analysing the educational attainments of these women, it is found that although all women in the first two categories are highly educated, the women in the first category are more highly educated than the women in the second category. On the other hand, among the less educated women, the educational level is lower among working than among the non-working women. Thus, these
differences in the educational attainments of women justify our ranking these categories in this particular order. All working women in the first category are engaged in jobs of a relatively higher prestige and all working women in the fourth category are engaged in jobs of lower prestige. Consequently occupational prestige also justifies the ranking of these categories into this order.

Since a married woman's status is derived from that of her husband, the indices of the husband's social status are also considered. Moreover, the status of husbands is another variable common to all women. The husband's educational attainments and their family income also correspond to this ranking order. But there is slight discrepancy so far as the occupational status is concerned as relatively more husbands from the second category are engaged in occupations of category three, whereas in category one the greater number of husbands are engaged in occupations of category four. The combined index of husband's educational attainments, occupational status and family income again justifies the ranking of these categories in the particular order. Therefore, the a priori arrangement of the four categories of women in a hierarchy of social status is validated because of the relationship found between this ranking and the indices of social status.

The hypothesis that the higher the social status, the lower the fertility is supported by the data in the
study as mean fertility is 2.0 children for category I, 3.2 children for category II, 4.6 children for category III and 4.4 for category IV. Mean fertility is little less in category IV and the reason for this seems to be the younger age and smaller duration of total married life for these women. But the age specific fertility as well as the mean fertility in respect of the same duration of married life fully support the hypothesis.

So far as the indices of social status are concerned education seems an important variable as all educated women have 2.6 as the mean number of children as against 4.5 children for all less educated women. But given the same level of educational attainments in the two groups, mean fertility is less in category I and more in category II and with some exceptions less in category III and more in category IV. This indicates that besides education, some other factor is also operating in determining fertility.

Although employment of women is considered to be a factor in the reduction of fertility, in the present study the data shows that employment per se is not an important factor. It is the prestige of occupation which greatly affects fertility. In the case of the higher educated women, employment does make a significant difference, but it is not so in the case of the less educated working women. The mean fertility is much less in category I than in category II although both are highly educated women; this seems so because their higher education is
is combined with their employment in higher prestige jobs. But no significant difference is observable in categories III and IV although all these women are less educated. This simple analysis is further supported by the age specific fertility as well as by the duration of married life. This shows that employment in lower prestige jobs does not reduce fertility.

The other indices of the husband's social status such as their educational attainments, their occupational prestige and their family incomes do show some relationship between these variables and fertility but these indices seem to operate through the intervening variables of the wives' educational attainments and their occupational prestige.

The logical relationship between social status and fertility cannot be shown directly. There are other intervening variables like age at marriage, knowledge and adoption of family planning practices and child mortality whose direct relationship with social status on the one hand and fertility on the other is quite evident. These are termed intervening variables.

To consider these intervening variables one by one, firstly, the age at marriage is taken into consideration and this shows its relationship with social status on the one hand and with fertility on the other.
The hypothesis that the higher the social status, the higher the age at marriage and vice-versa is supported by the data since the age at marriage is highest in the first category and lowest in the last and this is so in the case of the respondents as well as in that of their husbands.

In terms of the indices of social status, age at marriage is closely related to women's educational attainments and the higher the educational attainments, the higher is the age at marriage and vice-versa. But when given the same levels of educational attainments, age at marriage is higher in the first category and a little lower in the second, but among the less educated women, it is higher in the third category and lower in the fourth. This shows, that education alone does not account for these differentials and that besides higher education, some other factor is operational due to which the age at marriage is higher in category I and lower in category II.

In the first category, gainful employment of women in higher prestige occupations seems to be the important factor leading to a higher age at marriage. Women in the first category are more educated than those in the second category and so in their case a greater number of years of training might have been responsible for their higher age at marriage. Besides, employment itself might have been the reason for higher age at marriage showing thereby that higher education along with employment in the higher
prestige occupations can be an important factor in raising the age at marriage. On the other hand, in the fourth category, although all the women are working, their age at marriage is the lowest and it is so because they all belong to a class of society where late marriages are still not common.

The other indices of husbands' social status do show some relationship between the two as men of higher social status tend to marry women of a similar social status. It again seems to operate more through the intervening variables of the wives' education and occupational prestige rather than separately.

Age at marriage as influenced by the social status of women is closely related to their fertility performance since the higher the age at marriage, the lower is the mean fertility. This hypothesis is supported not only by simple analysis but also when analysed in terms of the same duration of married life as well as the same age at first birth.

The next intervening variable is child mortality which is influenced by the social status of women and which is also closely related to fertility.

In the total 11 per cent of the children had died and 89 per cent are surviving. In terms of the different categories, this percentage is 5, 8, 9 and 19 respectively in all the four categories showing thereby
that even the prevalence of child mortality corresponds
to the ranking of women into these status categories.

Like other variables, educational attainments and
occupational prestige of the women also show some relationship with child mortality as the incidence of child mortality is the lowest among the highly educated women, engaged in jobs of higher prestige and highest among the less educated women engaged in jobs of lower prestige.

In terms of the indices of the husband's social status it does show some trend with the lowering of educational attainments and occupational categories although there are some inconsistencies.

The prevalence of child mortality seems closely connected with fertility as child mortality is the lowest where fertility is lower and higher where fertility is higher. There is a slight variation in the fourth category as the mean fertility is little less than in the third category (less due to the fact that these women are younger in age and have a smaller duration of married life) but child mortality is the highest. It may be because the women have very small family incomes and their children are neglected in their absence.

Even the percentage of women who have lost one, two or more than two children comes in the same ranking order since it is 12 per cent in category one, 20 per cent in two, 25 per cent in three and 49 per cent in category four.
The knowledge and use of family planning practices is another variable which, on the one hand, is related to social status, and on the other, to fertility.

The preference for an ideal family size is, on the one hand, related to women's social status as women of a higher social status prefer a small number of children for an ideal family and on the other, to the actual family size since those who have a smaller family size prefer smaller number of children for an ideal family size than those who have a larger number of children or whose actual family size is in fact large.

The level of awareness regarding family limitation is very high among all these women. But in terms of the different categories, it is nearly cent per cent in the first two categories whereas nearly three fourths of them from the third and the fourth categories are aware of family limitations. The percentage of women knowing the actual methods which could be used for the control of conception is much less than that of women having mere theoretical knowledge. This percentage is a little less in the first two categories but much less in the third and the fourth categories. And the actual percentage of those who make use of family planning devices is slightly less than those having the knowledge of these methods. The use of family planning devices is highest in the first category and lowest in the fourth category and it supports the hypothesis,
that the higher the social status, the greater the knowledge and interest in family limitation.

Knowledge and use of family planning devices as influenced by social status of these women is closely related to the actual family size as the actual family size is the lowest where the use of family planning devices is the highest and thereby supports the other hypothesis that the greater the adoption of family planning practices, the smaller the family size. It is also found that the women in the first category started the use of family planning techniques much earlier than those in the other categories.

Different reasons are mentioned by those women who have never made use of family planning techniques. Besides, those who do not require their use, since they have passed the child bearing age, the highly educated working as well as non-working women mentioned natural spacing, recent marriage and preference for self restraint as the important reasons for their not making use of any artificial devices; but less educated working as well as non-working women mentioned lack of knowledge, lack of facilities, children as God's gifts and their own shy nature as the reasons for their not making use of family planning devices.

It is also observed that family planning clinics opened by the Government are not the more important sources of information regarding family planning as many women received this information from various other sources such as friends, relatives and doctors etc.
In conclusion, it may be said that the social status of women is an important factor in the reduction of fertility. Since the components of social status are higher education and employment in higher prestige occupations, it has already been found that higher education is an important factor in the reduction of fertility. It has also been found that women's employment results in reduction in fertility. But the data in the present study shows that it is not employment *per se* but the prestige of occupation which brings about reduction in fertility. The study shows that higher education along with employment in higher prestige occupations is the most important factor in the reduction of fertility. No doubt fertility control depends upon many other variables but when given the other variables employment of women in higher prestige occupations along with higher education can bring about sizeable reduction in fertility.

**Significance of the Study**

Before mentioning the significance of the present study, it may not be out of place to recount the findings of some of the studies which already exist in the field of fertility.

Two important such studies were made by the Gokhale Institute of Politics and Economics, the first of which was undertaken during 1951-52 in the district of Poona.\(^1\)

The main objectives of the survey were to collect information relating to births and deaths and to investigate attitudes towards family planning. The central problem examined in this

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survey was that of differential fertility.

The study concluded that differential fertility exists in different castes and the Brahmins experience a relatively lower fertility as compared with other Hindu castes. It also shows the relationship between fertility and the husband's occupation as fertility decreases from manual labour to non-manual labour and from the non-manual to higher professions and salaried employment. The relationship between fertility and women's occupational status was not worked out as a large majority of women had not reported occupations other than household work.

The husband's income does not seem to have any effect on fertility, but the educational status of the woman seems to have some influence. Finally, the number of living children seems to have little influence on fertility.

It may be concluded from the findings of the study that social status is closely related to fertility as fertility is lower among the higher status groups and higher among the lower status groups.

A second set of studies was made during 1952-54 in three districts of Bombay state, namely, Nasik, Kolaba and Satara. This is the report on the investigations on fertility in the districts of Nasik, Kolaba and Satara. The investigations covered all families in five villages in each of these districts as well as one city in Nasik, three smaller towns in Kolaba and three towns in Satara North.

The data on fertility patterns in the three districts reveal interesting differences. Age specific fertility rates for all

as well as married women in rural and urban Kolaba were generally lower than those in Nasik, and the latter were generally lower than in Satara North. The lower rates of Kolaba were found to be attributable to the prevalent higher age at marriage there than in Nasik or Satara North.

Various biological and socio-economic factors like the age of the women, difference between the ages of husband and wife, duration of marriage, caste, occupation of the husband, of the wife, family income and educational status of the wife etc. which are likely to affect fertility have been tested for their effect on fertility but none was found to affect it significantly.

The studies also concluded that information regarding contraception was possessed by a small number of young women. The number of women practising contraception was very small and those practising it were largely confined to the urban areas and to the higher castes and among them to the younger generation. The number of those who wanted to get information about contraceptives was again larger in towns than in villages and belonged to the younger generation.

The findings of this study show that the results of the first part of the survey are not in conformity with the findings of the present study but the results of the second part of the study relating to attitudes towards family planning are, as the knowledge and use of family planning was higher among the higher status groups and lower among the lower status groups.
Another survey, "Study of fertility in rural areas," was conducted by Baljit Singh of the J.K. Institute of Sociology and Human Relations, Lucknow University. That study aimed at finding out the differential levels of fertility among various occupational and income groups along with other aspects related to family planning.

In the study the age of "effective" marriage was found to be 13.8 years. For women, conception occurred at an average age of twenty, and the last confinement was found to occur at an average age of 40.9 years. Therefore, the average reproductive span of a female in this area is only 21 years. The study showed that the social habits of groups and the marriage customs were more important in determining the levels of fertility than the occupation, literacy and social status. But so far the acceptance and practice of family planning methods was concerned, education and occupation were found to be very important variables.

J.S. Poti and Subodh Datt of the Indian Statistical Institute, Calcutta, conducted a "Pilot Study on Social Mobility and Differential Fertility." The objective of the study was to see whether an association existed between social mobility, type of family system and the reproductive


rates. The sample consisted of 600 rural and 500 urban households from 24 villages and 20 census blocks in Calcutta city and in the state of West Bengal.

The study concluded that the mobility from agricultural occupations like cultivators, share croppers and farmers to agricultural labourers or urban manual labourers, decreases fertility and also raises child mortality. A decrease in fertility was also noticed when the rural artisan class took up manual work in urban areas. These findings again are not in conformity with the findings of the present study.

In terms of education, it was found that fertility increased with increase in education, but declined after reaching a certain point. Similar results were found in respect of income. Fertility also varied with the type of family, i.e., it was lowest in the One-Generation family complex (nuclear family) and highest in the joint family.

The Demographic Research Centre, Trivandrum, conducted a study to find the age at marriage, the age at first delivery and the ages at which the women become widows in Trivandrum, a city in Kerala.5

The study concluded that women with higher education get married later than women with lower or no education and there was a difference of 4 years in the mean age at marriage between those with education up to the primary standard and degree and diploma holders.

No significant differences were observed between various income groups, religious and occupational groups in their respective ages at marriage. There was a difference in the age at marriage between the present and the previous generation, as the present generation is marrying two years later than the previous generation. Similarly, the age at which the first birth takes place, in the present generation is slightly higher than that in the previous generation.

E.D. Driver made a study in Central India in Nagpur District of Maharashtra. The main objective of the study was to determine whether fertility varies among women who were differentiated by place of residence, religion or caste affiliation, employment status and educational achievement, type of occupation, annual earnings, land ownership and the educational attainments of their husbands. It was also to see whether the differences or similarities among subgroups in fertility were related to their age differences and to determine whether the fertility averages of subgroups are related to the percentage of their women who are members of the joint family.

The study concluded that several socio-economic strata do differ significantly in their fertility patterns, whereas others do not. The fertility patterns are quite similar for couples who are distinguished on the basis of either place of residence or the income level. On the other hand, the patterns are dissimilar for couples who belong to either different religious, castes, land ownership groups or educational levels.

These differences among socio-economic strata are unrelated to rates of widowhood, spinsterhood or sterility. They are also not related to the use of birth control devices as only a small percentage of the couples have knowledge of any techniques which can be used to limit births and of those having such knowledge, only a few of them ever used, any technique. Even the type of family structure in which couples live does not account for the fertility differentials.

The differences among the strata in their ages at marriage were considered as a possible explanation of their variations in fertility. The analysis revealed a slight positive association between young age at marriage and high fertility.

In view of the findings of all these studies, it may be stated that some of them are similar to the present study whereas others are contrary to the study. For instance, almost all these studies as well as the present one show that education is significantly related to fertility. But some of the findings relating fertility with occupation or income are contrary to the present study as no significant relation-
ship was found between occupation, income and fertility.

But these studies have not brought out the significance of the occupational status of women, whereas the present study lays emphasis on differential fertility in relation to the occupational status of women. The study has shown that it is not employment per se which is related to fertility but the prestige of the occupation which is significantly related to fertility. Since occupations of higher prestige demand higher education, the study reveals that higher education along with gainful employment in higher prestige jobs is the most important factor in the reduction of fertility.

The study is significant as in recent years noticeable changes have been taking place in the status of Indian women. An increasing number of them are going in for higher education as is evident from the census and the Planning Commission's reports (as already referred to). On the other hand, though the proportion of women workers in the total labour force is not increasing, the proportion of women entering into the higher prestige occupations is rapidly increasing. The proportion of women in categories I and II are increasing at the expense of categories III and IV. This progressive rise in the field of higher education and higher prestige occupations is a matter of great significance as this can bring about an effective reduction in fertility as is indicated by the data in the study.
Consequently still greater efforts need to be concentrated on raising the status of women. The Government's policy of reducing the population through these intervening variables such as family planning programme and raising the age at marriage should also concentrate on these measures. No doubt dissemination of knowledge regarding family planning is essential but if more job opportunities in higher prestige occupations are created they would automatically be motivated to reduce the size of their families. It is, therefore, for the policy makers and those who are seeking a solution of the population problem to focus more of their attention to the women in categories III and IV by providing greater facilities for the higher education and creating more job opportunities in higher prestige occupations to motivate them to reduce the size of their families.