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Fertility of Industrial Working Class Women of Delhi

IT has been generally assumed that fertility decline is a function of the general modernization process brought about by industrialization and the accompanying process of urbanization. Often these observations are derived by comparing demographic behaviour between rural and urban population. It is held that the change in the milieu in which the family building activity takes place is quite different between the rural-agricultural and the urban-industrial setting. The changes in life style and fertility behaviour have been observed historically for the Western countries but for the developing countries like India it has been also argued that urbanization in their case is different in character in the sense that the changes in the values and life style do not drastically differ for at least the lower strata in urban areas as compared to the corresponding experience of rural areas. With a view to finding out the extent to which this hypothesis is valid in our context, we have undertaken a survey of women in an industrial setting within India's premier metropolis, the city of Delhi. Our assumption is that the combined effects of urban setting and participation in industrial activity should make a visible impact on life style and through it on fertility behaviour. Our further assumption is that the changes in the life style would be marked by significant change in the role and status of women.

For this purpose we had selected two of the largest industrial units in the private organized sector. In order to ensure that we confine attention to those who were permanently settled in industrial life, we had selected the families of

industrial workers of these units who were given residential accommodation by their employers. Accordingly, we covered all families that were living in the residential colonies established by the employers. The total number of families that we enumerated in these residential colonies were 800. For a more detailed interview we considered, from among the women belonging to these families, only those in the age-group 15-45, who were currently married and whose husbands were permanent employees of these selected industrial establishments as workers. The total number of such women were six hundred out of which we were able to complete schedules for 520 women. But at the time of analysis 20 schedules were rejected for various reasons and only 500 schedules remained for final analysis.

The information collected for these 500 women related to respondents' work status, her background, her link with rural life, marriage, fertility and contraceptive history, respondents' role and status in the household and finally her general attitudes on various socio-economic problems.

For the present purpose we will confine attention to the three more pertinent demographic variables viz., (1) mean age at marriage, (2) size of family, and (3) practice of contraception. We will compare the indices of these variables with the corresponding indices for the general population on the basis of a comprehensive survey conducted by our Centre in 1970-71. We also attempt to measure the change in each of these indices by comparing their values for different birth cohorts into which these women are divided. Further, we will also compare the values of these indices as between different groups formed according to such stratification variables as, place of birth, caste, education and their own work status. We have not considered either occupation or income as they all belong to a homogenous group in this respect.

The following table gives comparative figures from the Delhi Demographic Survey and our own survey. We have taken from the Delhi Demographic Survey the figures relating to the total sample of women, representing cross section of the total population of Delhi as well as women belonging to the skilled workers, who represent a wider spectrum of industrial workers including those working as employees in the large establishments of the organized sector.

It will be seen that the mean age at effective marriage for women of the industrial working class is significantly lower than that of women in the general

TABLE 1—SELECTED FERTILITY INDICES

Fertility Indices	*Our Survey*	*Delhi Demographic Survey*	
	Industrial workers	*Skilled workers*	*General population*
Average family size	3.4	—	2.9
Mean number of live births	4.2	3.9	3.8
Mean number of pregnancies	4.9	4.2	4.3
Proportion of ever users of contraception	52	39	53
Mean age at effective marriage	16.1	—	17.4

population, their fertility performance is correspondingly higher. Among the three groups, they have the highest mean number of pregnancies and also the highest mean number of live births. The average family size is considerably larger than the women in the general population. The mean number of pregnancies as well as of live births in the case of industrial workers is significantly higher than the corresponding figures for the skilled workers in the general population. If we compare the two means of pregnancies and live births, it will be seen that the pregnancy wastage is the largest among the three groups for the industrial workers; it is somewhat higher than the general population but significantly higher than that for the skilled workers. It is interesting, however, to note that the practice of contraception is somewhat lower among the industrial workers as compared to the general population but significantly higher than among the skilled workers. The above figures do not support the conclusion that the industrial workers in Delhi have brought their fertility down to the level of the general metropolitan population. Our impression is that this may be due to the preponderance of persons of rural origin within the industrial working class. Over 72% women of this class had rural origin and they had regular link with rural life either by visiting their village at least once in a year or through the visits of their relatives. Also over 70 percent women came from high fertility and high mortality regions of Uttar Pradesh and Rajasthan. This to some extent explains their higher fertility and higher wastage of pregnancy. About the comparatively better acceptance of contraception among the industrial workers, this is due to the fact that quite a large number of respondents have reported resort to sterilization, a facility which is easily

available to workers belonging to large establishments in the organised sector in comparison to the skilled workers in the general population.

Confining our attention to our data there is a limited scope for explaining differentiation in fertility behaviour. For having these limited indications we classify the respondents into three groups representative of three successive birth cohorts and then get their sub-classifications according to place of birth, caste, education and work status. For each of the sub-groups, we compute four variables indicative of its fertility behaviour namely mean age at effective marriage, mean number of pregnancies, mean number of live births, and the proportion of those among them who have used contraception. All these are shown in the following table.

TABLE 2—DIFFERENTIAL FERTILITY AMONG THE INDUSTRIAL WORKERS

Birth cohort	*Fertility variables*	*Place of birth*		*Caste*		
		Rural	*Urban*	*Upper caste*	*Inter-mediate caste*	*Lower caste*
1930-39	1. Mean age at marriage	15.8	16.9	16.4	16.1	15.7
	2. Mean No. of pregnancies	6.2	6.6	6.5	5.7	7.0
	3. Mean No. of live births	5.4	5.7	5.4	4.9	6.3
	4. Percent contraceptive users	69.0	72.9	63.2	66.2	62.2
1940-49	1. Mean age at marriage	16.0	16.4	16.1	16.5	15.3
	2. Mean No. of pregnancies	4.7	4.7	4.6	4.6	5.0
	3. Mean No. of live births	4.0	3.9	4.0	3.8	4.2
	4. Percent contraceptive users	42.2	60.6	52.8	53.6	42.8
1950 and after	1. Mean age at marriage	16.1	16.1	16.5	16.5	15.9
	2. Mean No. of pregnancies	2.1	2.1	2.0	2.2	2.2
	3. Mean No. of live births	1.7	1.9	1.7	1.7	1.9
	4. Percent contraceptive users	14.5	50.0	26.2	29.0	30.0
All	1. Mean age at marriage	15.9	16.4	16.3	16.3	15.6
	2. Mean No. of pregnancies	4.9	4.8	4.8	4.6	5.4
	3. Mean No. of live births	4.2	4.0	4.1	3.9	4.7
	4. Percent contraceptive users	48.5	62.5	51.9	54.1	49.1

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Birth cohort	Fertility variables	All	Illite-rate	Education 1-6	Education 7-9	Education 10+	Work status Work-ing	Work status Non-Work-ing
1930-39	1. Mean age at marriage	16.1	15.9	16.2	16.7	*	16.3	16.4
	2. Mean No. of pregnancies	6.3	6.5	6.0	6.2	*	6.4	6.2
	3. Mean No. of live births	5.4	5.7	5.1	5.1	*	5.4	5.5
	4. Percent contraceptive users	61.0	51.7	81.2	83.3	*	69.3	60.0
1940-49	1. Mean age at marriage	16.1	15.8	16.0	17.2	17.0	16.1	16.1
	2. Mean No. of pregnancies	4.7	4.7	4.8	4.5	*	4.9	4.6
	3. Mean No. of live births	4.0	4.2	3.7	4.0	*	4.2	3.9
	4. Percent contraceptive users	51.0	44.4	53.6	65.4	*	59.7	46.7
1950 and after	1. Mean age at marriage	16.4	15.6	16.4	16.8	18.4	16.0	16.2
	2. Mean No. of pregnancies	2.1	2.3	2.2	1.7	2.0	2.4	2.1
	3. Mean No. of live births	1.8	2.0	1.7	1.5	1.6	1.8	1.7
	4. Percent contraceptive users	28.0	15.8	29.0	34.8	55.5	45.4	25.6
All	1. Mean age at marriage	16.1	15.8	16.2	16.9	18.3	16.0	16.1
	2. Mean No. of pregnancies	4.9	5.2	4.9	4.0	2.8	5.5	4.5
	3. Mean No. of live births	4.2	4.5	4.0	3.4	2.0	4.7	3.9
	4. Percent contraceptive users	52.0	44.3	62.3	59.7	58.3	63.8	43.1
		260/ 500	122/ 275	91/ 146	40/ 67	7/ 12	106/ 166	154/ 334

*Numbers are very small.

Of the three successive birth cohorts, the latest shows some increase in mean age at effective marriage. The mean number of pregnancies and also that of live births are successively lower but this is to be expected as the duration of marriage too is successively lowered. The oldest cohort virtually shows completed fertility, while the next cohort has about 10 years on the average of reproductive span before them. In the later phase of the reproductive span fertility is generally quite low; even so it can not be asserted that they will have a significantly lower completed family size than the preceding cohort. Significantly, the difference in the proportion of contraceptors is very large and the completed family size may on that account turn out to be somewhat smaller. But this will be in tune with the general trend and is not attributable to the

industrial urban setting. The youngest cohort has a much longer span of reproduction before them; their mean number of live births at l.8 for a mean duration of marriage of around 8 years, is not indication of any significant influence of industrial-metropolitan setting on fertility behaviour of this industrial class which is drawn to a large extent from rural areas of the neighbouring states of Uttar Pradesh, Rajasthan and Haryana.

Comparing the three groups with respect to rural and urban origin, mean age at marriage is higher for those born in urban areas, the proportion of contraceptors too is similarly higher. But there is little difference in fertility performance. For successive cohorts, those with urban origin show some increase in mean age at marriage but the trend for the other group is quite the opposite. The differences in fertility performance are not significant for any cohort even though the proportion of contraceptors is all along higher for the group born in urban areas.

With, regard to caste we have grouped the respondents only in three categories according to their position in the caste hierarchy. The mean age at marriage is the lowest among these three categories for the lowest caste; for the other two it is the same. Fertility performance is significantly lower for the intermediate caste as compared to the lower caste and somewhat lower also as compared to the upper caste. The same is true about the proportion of contraceptors. It is also noteable that the reproductive wastage is higher for the lower caste. Broadly, the comparative picture is about the same for the three birth coborts.

The picture of differential fertility by education reflected by our data is similar to generally observed differentials. The mean age at marriage rises progressively from 15.8 for the illiterate women to 18.3 for those with, education, of matriculation or higher level. The mean number of pregnancies as well as the mean number of live births vary negatively with education, and the differential is quite sharp between those with education below the matriculation level and those with the higher level. This is reflected by the mean number of live births coming down from 4.5 for the illiterate women to 4.0 for those with primary education, then to 3.4 for those who had education at the secondary level and thereafter sharply to 2.0 for women with higher education. The comparative picture here again is about the same for different birth cohorts.

Finally, we have classified these women into two groups, comprising women

participating in economic activity outside home and the others confined to household work. There is not much difference between the two groups in the mean age at marriage. The proportion of contraceptors is higher among the working women but their fertility performance too is significantly higher. This appears contrary to the general findings of other surveys. Therefore, we probed the matter further and found that the acceptance of contraception had come much later id the process of family building and further that most of these women had entered and re-entered the economic activity in order to contribute in supporting their families, which had already grown large.

In conclusion, the results of our survey do not suggest that participation in even the highly organized industrial activity in an urban setting has made much difference in the pattern of fertility behaviour. Apparently the working class population is behaving just like the general population. This is indicative of the fact that the process of economic change has not by itself brought about a social change such as would be reflected in demographic behaviour. This lends credence to the observation often made that, urban life in India is still governed by the traditional norms and patterns of behaviour.