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Patriarchy, Women's Status, and Reproductive Behaviour in Rural North India

Introduction

WITHIN the population literature, the status of women has long been identified as an important determinant of fertility behaviour. While considerable uncertainty exists concerning the term 'status of women', at a general level it has been argued that the degree of gender inequality may be of paramount importance in explaining fertility levels and trends in many contemporary developing societies. For example, the comparatively high degree of social and economic independence among women in Thailand has frequently been advanced as an important contributing factor in the recent decline in fertility which has occurred there.[2] In contrast, the subordinate status of women in highly patriarchal societies such as those found in South Asia has often been cited as a major reason behind the continuing high fertility in evidence in this region.[3]

Research in the area of women's status and fertility, however, has been characterized by several notable shortcomings. First, there are significant conceptual and especially methodological problems related to the term 'women's status'. While previous studies have focused on the relationship between fertility and indicators of women's status such as female employment and educational attainment, there is considerable doubt as to how well these variables capture the dimension of women's status. Second, although it has been hypothesized that these factors influence fertility through the expansion of social roles and through increasing women's participation in reproductive decision-making, empirical support for these mechanisms remains slender. Third, theoretical and empirical studies of this issue have been almost entirely confined to modernizing societies where extensive transformations in women's roles have taken place.[4] The resulting findings and conceptual frameworks are of little relevance to traditional, patriarchal societies where social change has been limited, and women's roles continue to be those that are traditionally prescribed, enacted within a context of rigid social stratification on the basis of sex.

There is little disagreement that the structure of patriarchal societies supports reproductive patterns of higher fertility: the main questions are why and how? In what ways do features of patriarchal societies and female subordination produce reproductive behaviour

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in the direction of higher fertility? While a consensus exists that there is a significant connection between patriarchy and women's reproductive roles, and that male control over female sexuality and childbearing is an integral aspect of patriarchy, perspectives diverge on how patriarchy and women's secondary status relative to men affect reproductive behaviour at the individual level. In addition, the literature on these perspectives has with few exceptions remained at the theoretical level, and the related propositions have not been empirically tested.

In this paper, we attempt to provide a more detailed understanding of how patriarchy contributes to the persistence of high fertility in a region where traditional gender relations remain relatively intact, namely rural South Asia. In terms of understanding how patriarchy independently contributes to higher fertility, we identify as the key aspect its fostering a system of stratification on the basis of sex which places severe constraints upon the activities and roJes of women. We specifically argue that this system of gender relations promotes high fertility by generating very strong preferences among women for sons, and by defining the balance of power within the family so that women occupy a subordinate r.ole in reproductive decision-making. We begin with a discussion of the main characteristics of patriarchal societies in South Asia and their implications for women's status. We subsequently outline a conceptual framework which describes the linkages between patriarchy and high fertility. These hypotheses are then examined in light of empirical evidence from other studies as well as our own data from rural North India.

The Institution of Patriarchy

While various definitions of patriarchy have been employed, we use that proposed by Cain, who defines patriarchy as "... a set of social relations with a material base that enables men to dominate women." Although extensive regional and religious variation exists concerning specific aspects of patriarchy, there are general features of patriarchal societies which are common to much of South Asia. An integral feature is a system of stratification and differentiation on the basis of sex, which provides material advantages to males while simultaneously placing severe constraints upon the roles and activities of women. Patriarchy is supported by a pervasive and mutually reinforcing set of social, economic, and political institutions.

A key aspect of patriarchal systems in much of South Asia is the observance *ofpurdah*–the complete or partial physical seclusion of women. In theory, the practice *of purdah* is intended to protect the honor and virtue of females by restricting contact with and exposure to members of the opposite sex. The practical reality *of purdah* is that it defines two separate spatial environments – male space which consists of most public areas, and female space which consists largely of the household and its immediate vicinity. Sincepublic contact with men is generally viewed as immodest and even offensive, the result is that the activities of women are predicated upon the principle of avoidance, and are for he most part confined to the household. This confinement severely limits women's contact with the larger world, and in particular, effectively precludes the possibility of women participating in most income-generating activities.

Formal political and legal structures in patriarchal societies do notredress the inequalities which arise from this system of sexual stratification, and in fact reinforce them. Political processes and legal institutions are almost exclusively the province of males, and are unlikely to offer women independent political leverage or legal recourse in resolving disputes. Since such institutions are situated in public space, women's active participation in these systems is neither encouraged nor facilitated. Thus, to the extent that these institutions are operative in such societies, they generally require that women participate indirectly through men; to the extent that these institutions are ineffective, this merely serves to further reinforce the dependence of women upon male kin for protection and support.

Marriage practices in these highly patriarchal societies also contribute significantly towards reproducing and entrenching this segregated and asymmetrical system of gender relations. Within the context of these societies, marriage serves primarily as a strategy for the alliance of patrilineal kin groups rather than as a union between individuals. Thus marriages are arranged, and the two individuals immediately involved are usually strangers upon entrance into the marriage. Very early ages at marriage for women and the comparative seniority of husbands, in conjunction with the practices of village exogamy and patrilocal residence upon marriage, ensure that young women readily submit to fulfilling traditional gender roles. The de-emphasis of the husband-wife bond because of its potential disruptive-ness to the interests of the larger kin group further mitigates against the establishment of conjugal interaction-interaction which constitutes an alternative to traditionally prescribed conjugal roles and behaviour reflecting the *status quo* of male domination and female subordination. Since patriarchy operates on the basis of an age as well as a sex hierarchy, and since women's position improves at they advance in age (i.e., older women like men reap the benefits of the labour of younger women), older women's interests are allied to the patriarchal system, and they enforce conduct among younger women which perpetuates this hierarchy. Women's willingness to participate in the institution of marriage, and in the replication of their subordinate position, can be attributed to the absence of alternatives to the role of wife and mother, from which women's economic security and social identity are chiefly derived.

Patriarchy has several important implications for women's status and activities. First, this system of social relations ensures that women's direct access to key resources is restricted and controlled by men. Inheritance systems are generally confined to wealth or property transfers between male kin, largely bypassing females and leaving them with no independent sources of security in the form of possessions or land ownership. The rigid system of physical segregation by sex, by restricting women's mobility and activities, effectively prevents their engaging in extra-familial forms of economic activity and income generation outside of the home. Equally significant, patriarchy places men in a position to define which resources and contributions are highly valued. Thus, while there is ample evidence that women in rural South Asia work long hours performing laborious tasks,[8] this work is consistently downplayed in importance.[9] Such a system of sexual stratification also provides aprimary justification for excluding orlimiting women's participation in the formal education system. The collective effect of patriarchy is thus to reinforce a system of social

relations where "... women are excluded from direct access to valued resources and are dependent on men through whom they can only have indirect access.[10]

A second significant implication of patriarchy lies in its control of female sexuality. The sexuality of women constitutes an area over which men's control is central to the operation of patriarchy and which is therefore strictly regulated. Since marriage represents an alliance between patrilineages, and brides basically serve as exchange goods which cement these alliances, the chastity of women within the kin group reflects strongly on the honour of the entire group. Consequently, there are marked pressures toward arranged and very early ages at marriage among girls in order to minimize the risk of, and attendant dishonor associated with, improper sexual conduct by females. Virginity represents the most highly honoured characteristic of the bride, and awareness of its absence severely hampers the marriage prospects of a young girl. The strict controls upon female sexuality extend into marital life as well. Sex and sexual desire are viewed as the prerogative of the husband, and women are not expected to derive pleasure from sexual activities. Sex is considered to exist for the benefit of the husband, and women are expected to demonstrate no initiative in activities indirectly or directly related to sexual matters. Reinforcing this asymmetry in expectations is a weak conjugal bond, with little interaction or emotional attachment between spouses, and therefore no formal avenues for a more egalitarian sexual relationship.[11]

Perspectives on Patriarchy and Fertility

While there appears to be a general consensus that the institution of patriarchy encourages higher fertility, there have to date been few empirical investigations of this issue. Research on the relationship between patriarchy and fertility has instead been limited primarily to theoretical overviews, with the major perspectives represented by the works of John Caldwell, Mead Cain, Tim Dyson and Mick Moore. It is instructive to summarize the main points of their arguments, and to briefly compare them in terms of major areas of similarity and difference.

Caldwell has addressed the issue of the relationship between patriarchy and fertility in his attempt to account for the persistence of high fertility in the Islamic belt extending from Morocco to Bangladesh.[12] In Caldwell's view, the key element of patriarchy which encourages high fertility is its support of a system of hierarchical relationships within the family, based upon gradations of age and sex, which simultaneously places control of demographic decisions in the hands of older male family members and ensures that the material advantages of high fertility accrue disproportionately to these same members. The material advantages of high fertility are predicated upon patterns of production and consumption within the family, whereby older male members receive most of the benefits from the productive labor of large numbers of children while shouldering few of the costs. Caldwell concludes that under such an arrangement" ... the material advantages of these decision-makers would tend to be undermined by limited fertility resulting in smaller families with a less broad-based pyramidal structure."[13] Thus, in Caldwell's formulation it is the preeminent position of the patriarch within the family which provides him with the means to perpetuate a system of high fertility from which he, in particular, stands to gain.

A second perspective on the relationship between patriarchy and fertility is represented by the work of Mead Cain, based largely upon his research in rural Bangladesh.[14] Cain's argument for the link between patriarchy and high fertility is in essence an extension of his familiar 'risk insurance' framework. In Cain's view, the rigid system of sexual stratification which is a concomitant of patriarchy severely restricts the movements and the range of activities of women, effectively eliminating opportunities for employment and thereby fostering the almost complete economic and social dependence of women upon men. Given this dependence, women are especially vulnerable to the loss of economic support by the husband through widowhood, divorce, or abandonment, events which are commonplace in societies such as rural Bangladesh. Under such circumstances, the presence of sons is seen to constitute one of the few hedges against events which threaten the social and economic status of women. Cain argues that in the environment "... the best risk insurance for women...is to produce sons, as many and as soon as possible."[15] Thus, while emphasizing that high fertility is advantageous to the family as a whole in traditional societies, Cain views patriarchy as providing special incentives for high fertility among women.

A third perspective on the relationship between patriarchy and high fertility is provided by Tim Dyson and Mick Moore, in their attempt to account for variation between North and South India in demographic behaviour.[16] The authors share Cain's view that the system of rigid sexual stratification (which they discuss within the context of North India) provides particularly strong pro-natalist pressures for women. Sons are seen as representing not only a source of security for women against status-threatening events such as the death of the husband, but the wife's ability to produce male heirs remains one of the few means through which she can improve her position and status within the husband's family. The authors identify an additional aspect of patriarchy which they believe contributes to high fertility in North India-the lower degree of female autonomy, which they define as "... the ability-technical, social, and psychological-to obtain information and to use it as the basis for making decisions about one's private concerns and those of one's intimates."[17] Within the sphere of fertility behaviour, Dyson and Moore argue that North Indian women may be more highly socialized to defer to other family members in making major decisions, and may therefore be unprepared or reluctant to engage in innovative behaviour such as the adoption of contraception. Women in South India, in contrast, are seen to be less subject to familial and personal constraints which act to impede independent actions such as the adoption of contraception.

These three perspectives can be seen to differ substantially in terms of their positions on two issues which appear to be central to understanding the link between patriarchy and fertility: variation between family members in the utility of children and the locus of reproductive decision-making. With regard to the former, in Caldwell's view it is the older male family members who receive the greatest material advantage from high fertility, and who are therefore likely to be most strongly pro-natalist.[18] In contrast, Cain and Dyson and Moore hypothesize that it is instead women for whom patriarchal societies generate special incentives for high fertility. These authors, however, differ somewhat in terms of their views on the underlying rationales for such incentives. Cain emphasizes the centrality of living sons as one of the few channels available to avert or minimize the risk of future status-

threatening events such as a divorce or widowhood.[19] Dyson and Moore, while also recognizing the importance of sons as a means of risk aversion, note a second and more immediate source of pro-natalist pressure bearing exclusively upon women in patriarchal societies-the link between the young wife's fertility and improvements in her position and status within the family.

The perspectives of these authors also differ considerably in terms of the conclusions they reach concerning the significance of the locus of reproductive decision-making for fertility behaviour. In Caldwell's view, a key aspect of the traditional family is the control of reproductive decision-making by older males, providing them with the power to effect decisions for high fertility, which he views as being most advanlageous to these same members. In contrast, the significance of the locus of reproductive decision-making is minimized if not discounted in Cain's formulation.[20] In stressing that high fertility in patriarchal societies may at least in part result from the special pro-natalist incentives such societies foster for women, Cain implies that the locus of reproductive decision-making within the family has little independent significance in determining fertility behaviour, and assumes that women have sufficient power in reproductive decisions to translate their stronger pro-natalist preferences into higher fertility. Dyson and Moore, in contrast, perceive the locus of reproductive decision-making as being of central importance in accounting for fertility differences between North and South India. The authors view the manifestations of powerlessness of North Indian women-in particular, the restriction on women's movements for purposes such as visiting family planning clinics, deference to other senior family members, and the deterrence of innovative action by women such as the adoption of contraception-- as central factors behind the lower levels of fertility control and high levels of fertility found in North India.

Conceptual Framework

In this paper, we propose that patriarchy produces higher marital fertility among women because it promotes a strong preference by women for male offspring and because it constrains women's power in reproductive decisions. The hypothesized linkages between patriarchy and high fertility which constitute the theoretical model for this paper are illustrated in Figure 1. As we have argued in the preceding section on the effects of patriarchy on women's lives, patriarchy and its supporting institutions have two major consequences for women: first, men control women's access to key economic resources, and second, men control women's sexuality. Men's control of valued resources results in women's confinement to familial roles that revolve around reproduction, prestige for which derives principally from the production of male children. Men's control of valued resources also results in the relatively complete economic and social dependence of women on men. Consequently, among women a high premium is placed on bearing sons. A concomitant of women's extreme dependence on men is their relative powerlessness in the processes of familial decision-making. Nowhere, however, is women's power more limited than in the area of reproductive, especially contraceptive, behaviour. Women's powerlessness in the area of reproductive decision-making is reinforced by the control which men exerciseover women's sexuality. In the following discussion, we elaborate upon these linkages more fully.

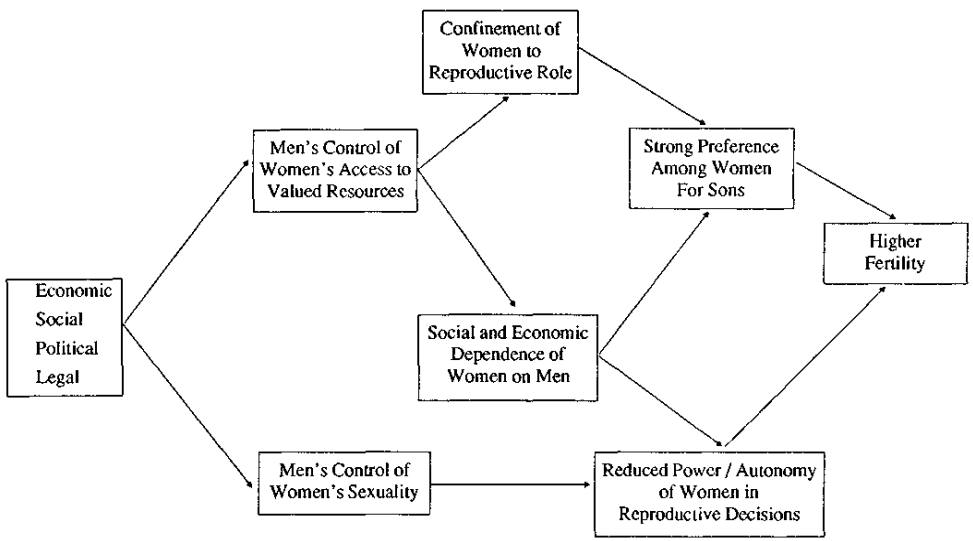

Fig. 1. A Model of the Effects of Patriarchy on Women's Status and Reproductive Behaviour

Son Preference

By effectively closing off opportunities for non-familial roles for women, patriarchy and its concomitant system of sexual stratification limits women to childbearing as one of the few means through which they can improve their position and status within the family. Within the context of patriarchal and patrilineal societies such as those of South Asia, the wife's status is derived primarily from reproduction, and specifically from the birth of sons. As Norman Ryder has observed: "Often the only way for a woman to earn esteem is to contribute to the survival of the group by bearing sons." [1] It is only upon the birth of children and of sons in particular that the young wife finds herself fully incorporated into the husband's family. As David Mandelbaum notes: "If the [first] child is a son, she has proved herself in the most important way of all... The son is her social redeemer and henceforth her importance in the family tends gradually to increase."[22]

In addition to providing incentives among women for bearing sons, patriarchy can be seen to simultaneously provide very strong disincentives for childlessness. The anthropological literature is rich with accounts of the intense pressure to bear children to which the young wife is subject upon entrance into her husband's family. Under such circumstances, it is not surprising that barrenness is almost universally viewed as ".. the greatest curse for a woman, and the failure to bear a male child only a little less intolerable." Moreover, generally little distinction is made between women who aie unsuccessful in bearing children and women who successfully bear children that subsequently do not survive. Since pregnancy and childbearing are considered the woman's domain, barrenness, and in particular the absence of sons, are viewed as the onus of the wife, and frequently constitute grounds for separation, divorce, or even abandonment by the husband. The consequences of any of these actions for the well-being of the wife are usually severe, often relegating her to a difficult and marginal existence. The fear of such sanctions, in societies where non-marital roles for women are virtually non-existent, provides very strong inducements for childbearing among wives. Patriarchy can thus be seen to generate an extremely powerful set of incentives and, disincentives for women which collectively lead to very strong preferences for male offspring.

In addition, by controlling women's access to valued resources, patriarchy fosters the relatively complete dependence of women upon men for economic support and protection. Under such conditions, as Abdullah and Zeidenstein note,"... the support and protection of males are the basis of a tolerable life for rural women."[26] Patriarchal systems thus provide strong incentives for women to have male offspring in order to reduce the risk of future loss of such support. Faced with the likely prospect of eventual widowhood, in light of the frequently considerable difference in ages between spouses and high rates of mortality during adulthood, the presence of surviving sons is essential to ensure adequate support, if not survival. In describing the plight of a widow in the North Indian village which they studied, the Wisers note: "If there are no survivors of her husband's family to shelter her and she has no sons, she considers herself doubly cursed."[27] Thus the pressures on young

wives toward pro-natalist preferences that assure a minimum number of sons are pervasive in strongly patriarchal societies.

The Locus of Reproductive Decision-Making

One consequence of the economic and social dependence of women upon men is an asymmetrical balance of power within the family, whereby with the exception of those areas delegated to women by men, young wives maintain relatively little influence in basic areas of familial decision-making. As our earlier discussion outlined, the pattern of marriage practices in patriarchal societies tends to reinforce the subordinate position of young wives. While this relative powerlessness of wives extends to many areas of decision-making, it is perhaps most pronounced in decisions related to fertility behaviour and contraceptive use, since these issues are closely equated with female sexuality. Given the strict controls on women's sexuality in patriarchal societies, wives are socialized to display little initiative in areas related to reproduction and sexuality. This subordinate position of wives in reproductive decision-making within the family can be seen to influence fertility behaviour in several distinct ways.

First, the views of the husband and extended family members are likely to weigh heavily in the formation of the young wife's own reproductive preferences, and it may frequently be the case that wives adjust their preferences to conform to the desires of these other family members. In addition, this balance of power within the family dictates that when a young wife's reproductive views differ from those of her husband or other extended family members, her views are the least likely to prevail. Thus, even when a wife wishes to curtail childbearing, opposition by the husband or other family members - because of their desire for more children or their objections to fertility limitation-will often be sufficient to ensure that contraception is not adopted.

Yet these explanations are by themselves insufficient to explain how wives' relative powerlessness in reproductive decisions contributes to higher fertility, in light of our corollary supposition that it is women who on average may hold somewhat higher fertility preferences. In understanding how the powerlessness of wives contributes to higher fertility, a third consequence must be considered: the deterrence of innovative behaviour by wives such as the adoption of contraception. Wives are socialized to believe that the initiative for such actions rests largely with the husband or other family members. This reluctance or inability to undertake autonomous or innovative behaviour often required to adopt contraception assumes added significance when the pattern of conjugal interaction in patriarchal societies is considered.

As a result of the rigid system of sexual stratification which is a concomitant of patriarchy, interaction between members of the opposite sex, including between marital partners, is severely restrained if not altogether absent, particularly for culturally-sensitive subjects such as reproduction. As Kingsley Davis has observed: "With the segregation of roles, the gulf between the man's and the woman's world becomes so wide that communication between husband and wife is reduced to a minimum - particularly with reference to

sexual topics, for the woman is supposed to have no knowledge or initiative in such matters."[28] It is therefore unlikely that spouses have either discussed or have knowledge of each other's reproductive preferences. In the absence of explicit approval or directives by their husbands-conditions not present for most of these women- it is unlikely that they will undertake innovative behaviour such as contraceptive use, regardless of how motivated they may be to limit fertility, since such actions are generally viewed as the prerogative of the husband.[29] Thus, both women's strong preferences for sons and their limited influence in decisions such as those related to their own reproduction, contribute significantly to higher fertility in patriarchal societies.

Empirical Evidence

In attempting to address an issue as broad as the relationship between patriarchy and high fertility, a number of sources of empirical evidence are considered. First, the discussion will draw upon the findings of other relevant empirical studies, with particular emphasis given to those carried out in the South Asian region. In addition, we consider findings from a survey of reproductive-aged women and their husbands, conducted in rural Uttar Pradesh, India in 1972, as part of a larger study of the organizational determinants of family planning programme performance in rural India. Semi-structured reinterviews with a small sub-sample of these original respondents constitute a third source of data which will be considered. These reinterviews from one or both marital partners concerning aspects of reproductive decision-making within the family were obtained in 1979 from a random subsample of 49 couples who participated in the original survey. While these reinterviews focused primarily upon the husband and wife, when the involvement of other extended family members appeared to be extensive, efforts were made to interview these other members as well.

This study population is predominantly agrarian and subsistence-based with some occupational specialization according to caste. The majority of people are Hindu although there is a Muslim minority. A strict division of labor by sex exists with women's activities confined primarily to domestic and household production. *Purdah* is practiced and women's isolation is intensified by the absence of adequate transportation and communication networks linking villages. The educational level among villagers at the time of the survey was generally low, especially in the case of women, with 87 percent of the wives surveyed having no formal schooling. The mean age at marriage for women in the survey was 12.8 years and that for initiation of co-residence with husband less than 15 years, and marriages are almost universally arranged. Levels of contraceptive use were extremely low, and the total fertility rate at the time of the survey approached eight children per couple.

Son Preference

Aside from intensive village studies in South Asia, empirical support for the assertion that women in strictly patriarchal societies are comparatively more pro-natalist as a result of son

preference is surprisingly slender. While the pronounced preference for sons among women in South Asia has been demonstrated in a number of studies,[3] the most conclusive evidence for the existence of strong preferences for sons specifically among women is obtained from fertility surveys which have directly compared the responses of husbands and wives. A study in rural Egypt found that wives were somewhat more inclined than their husbands to continue childbearine until they were successful in having both a first, and particularly a second, son. Moreover, the security and economic support which children provide parents in old age was found to account for 38 percent of the wives', but only 8 percent of the husbands', motives for high fertility. Where evidence from the South Asian region is concerned, a study in the Terai region of Nepal reported that wives on average desired over one child more than their husbands (4.2 vs. 3.1) and that this difference was almost entirely accounted for by their preferences for a higher ideal number of sons (2.9 vs. 2.0). Similarly, a small survey in North India reported that wives expressed a desire for a higher mean ideal number of children than their husbands (3.9 vs. 3.1), due largely to their desire for a higher number of sons (2.5 vs. 1.8). Based upon informal interviews with couples who resided in rural Bangladesh, Cain noted that as compared to their husbands, wives were more 'adamant' about delaying the initiation of contraceptive use until after the birth of at least two sons.[38]

The results of the Kanpur survey from rural North India provide additional support for the thesis that wives have higher fertility preferences than husbands (Table 1). It is apparent that wives express preferences for a somewhat higher average number of additional children (1.3 vs. 1.2) and that this is largely the result of their preferences for a higher mean number of additional sons (1.0 vs. 0.8). While these differences between spouses in the desire for additional children are noteworthy, there is reason to believe that these differentials between husbands and wives may be somewhat understated. Similarly, wives express ideal family size preferences which are almost half a child higher than their husbands (4.0 vs. 3.5), with this difference accounted for in large measure by their desire for a higher ideal number of sons (2.6 vs. 2.3). Separate regression analyses demonstrate that gender is a statistically significant determinant of reproductive preferences, and remains so after the effect of education is controlled

The differences between husbands and wives in reproductive strategies are perhaps most evident in response to the following hypothetical question: "Suppose you had no sons and continued to have daughters. Would you continue to try until you get a son, regardless of how many daughters you got, or would you stop when you had a certain number of daughters?" As shown in Table 1, husbands are over twice as likely as wives to indicate that they would stop trying to have a son after some number of daughters (62 vs. 30 percent). At the same time, 43 percent of the sample of wives would continue to attempt to have a son regardless of the number of daughters it would require, compared to only 20 percent of the sample of husbands.

Table 1 : Husbands' vs. Wives' Reproductive Preferences: Uttar Pradesh, India

Preference Measure	*Husbands*	*Wives*
Ideal Number of Children (Mean)		
Total	3.5	4.0
Sons	2.3	2.6
Daughters	1.2	1.4
(N)	(1775)[a]	(1556)[a]
Additional Number of Children Desired (Mean)		
Total	1.2	1.3
Sons	0.8	1.0
Daughters	0.3	0.4
(N)	(1463)[b]	(1237)[b]
Importance of Sons		
Would Stop Trying To Get A Son After Some Number Of Daughters	61.9%	30.5%
After 1-2 Daughters	35.6%	14.8%
After *3*+ Daughters	26.4%	15.7%
Would Try To Get A Son Regardless	19.9%	43.5%
Uncertain	18.2%	26.0%
Total	100.0%	100.0%
(N)	(1862)	(1848)

[a] Excludes 'N.A.' and non-numerical responses.

[b] Excludes 'N.A.' and non-numerical responses, as well as couples where the wife believed herself to be no longer fertile.

Note: Sample sizes are generally smaller for wives than husbands because a substantially larger number of wives provided non-numerical responses.

Comments such as the following from women in our study further illustrate both their very strong preferences for sons as well as their extreme dependence upon male offspring for support

> I want two sons because there is no certainty about them surviving, and I have only one son.
>
> I should have another son, because a woman should have at least two sons.
>
> I want two sons because if one becomes dull or weak... we can have hope for the other.
>
> ... no one knows about death. What will you do sitting alone if some of your children die?
>
> I need one more son because when my daughters get married, then I will be with only one son.

No woman is satisfied with the amount of money or the number of sons.

These findings are highly consistent with the hypothesis that patriarchal societies such as rural North India encourage stronger preferences for sons and more highly pro-natalist reproductive strategies among women. '

The Locus of Reproductive Decision-Making

The subject of the locus of reproductive decision-making in patriarchal societies (or elsewhere) remains largely unexplored terrain. Perhaps because the complexity of this issue does not readily lend itself to study through conventional sample survey approaches, some of the more illuminating evidence on this issue is obtained through consideration of the findings from special-purpose surveys or detailed anthropological studies. Generally, findings from such studies consistently demonstrate that women are frequently powerless compared to their husbands where reproductive decisions are concerned. For example, a survey of 275 women in rural Bangladesh who had undergone tubectomies revealed that in 95 percent of the cases, both the husband and mother-in-law had granted their permission for the wife to undergo the operation. Moreover, in a complementary follow-up study of 175 rural Bangladesh women who had earlier expressed a desire to obtain a tubectomy, but had subsequently failed to appear at the clinic, roughly 70 percent reported that their husbands discouraged them from having the operation and 52 percent cited opposition by the husband as the primary factor behind their failure to follow through on the procedure.[4] In summarizing the results of her anthropological research in a village in rural North India, Ketayun Gould concluded that:"... communication in sexual matters flows from the males to the females, and emphasis in the opposite direction-hoping that a motivated wife could persuade her husband to use contraceptives-has patently failed to bear fruit." Evidence from other developing societies suggests that the subordinate position of women in reproductive decision-making is not limited solely to South Asia.

Examination of data from the North India case study interviews unequivocally conveys a similar impression of general powerlessness of wives relative to their husbands in the sphere of reproductive behaviour.[46] As the following comments from women in our study suggest, such powerlessness is manifest in behaviour ranging from acceptance of the husband's viewpoint to domination by the husband when the wife holds differing views.:

My husband says that we do not want more children, but we will not use family planning.

to domination by the husband when the wife holds differing views :

I do not want any more children, but my husband says he can feed many children, so I should not worry about it. If I wished to adopt family planning, my husband would not bring any method for me.

My husband wanted two sons, so he forbade me to use family planning. I did not want any more children after the third, but what could I do... My husband refused to get an operation.

to the deterrence of innovative behaviour by wives like the adoption of contraception and the corresponding belief that the prerogative for such actions lies with the husband:

> Women... face the problems having more children... They become weak having more children, but it is up to the husband to take the decision to adopt family planning. Today everybody thinks about having two or three children, but the husband has to face whether they should have more or less.
>
> It is the husband's decision whether to have more or less.

While the dominant position of husbands in reproductive decision-making may encourage pro-natalist outcomes through the mechanisms we have described, it also provides them with the power to mandate the use of contraception when they are more highly motivated to limit fertility. The following statement from a husband in our study illustrates this point more fully:

> Like any other woman in our village, my wife was afraid of sterilization... She said it was notpossible for her to have the operation. I consistently told her about my view that if we had no more children, it would be easier for me to raise the other children. She was convinced only after much time, and then finally agreed to have the operation.

The Role of the Extended Family

Although the above discussion has focused on the dynamics of reproductive decision-making between husband and wife, decisions about such matters in the society under consideration are generally not confined to the conjugal dyad alone. Indeed, while it has long been recognized that in traditional societies such as rural North India the primary economic and decision-making unit is often the larger extended family, the extent of involvement or influence of extended family members in the reproductive decisions and behaviour of the couple has been largely overlooked. Although the reasons for this oversight are complex, an important contributing factor may be continuing skepticism about the actual prevalence of extended families in traditional societies, and correspondingly, the belief that this living arrangement may, in fact, represent more a seldom-obtained ideal than a reality in such societies. From the standpoint of reproductive decision-making, however, there are reasons to believe that the prevalence, and at the very least the importance, of the extended family have been markedly underestimated.

One factor contributing to the underestimation of the prevalence of extended families has been the tendency to overlook the dynamic nature of family structure itself. Family structure in societies like rural India is closely tied to the life cycle of the couple, so that couples typically progress from initial participation in extended families to eventual separation into their own living unit.[48] As a result, since at any given time only a portion of these couples are likely to be residing in extended families, consideration of this issue from a cross-sectional rather than a cohort perspective will tend to understate the extent to which couples have ever participated in extended arrangements. As an illustration, while only 48 percent of the couples in our survey from rural India were classified as residing in extended

families at the time of the survey, over 90 percent reported having resided with the husband's family for at least some period of time after their marriage. From the standpoint of reproductive decision-making, the key issue is that for a significant portion of the earlier stages of marriage, and often extending throughout most of their reproductive years, couples are likely to participate in extended family arrangements. In this regard, a study in rural South India has estimated that two-thirds of all births to women in their sample occurred during the time the couple resided with the husband's parents.[49]

A second contributing factor has been the almost exclusive emphasis of researchers upon the criterion of residence in defining family structure. Co-residence in surveys has typically been defined as the sharing of a common cooking hearth, and while this arrangement is prevalent in traditional societies, it is also frequently the case that relatives live in separate dwellings but in close proximity to one another, sharing a mutual set of obligations and economic activities.[50] As several authors have noted, consideration of residence alone may markedly understate both the prevalence and significance of the extended family, since co-residence is but one aspect of the larger dimension of influence and authority among family members.[51]

While there have to date been no systematic investigations of the role of extended family members in reproductive decision-making, there is limited evidence from a variety of societies suggesting that this role may frequently be considerable. A study in urban Iran found that members of the extended family-usually mothers-in-law-were often actively involved in the fertility and family planning decisions of the couple irrespective of whether they resided with them. Although the attitudes of these family members toward fertility limitation varied widely, they tended on the whole to be more pro-natalist than either marital partner's.[52] Based on their review of culture and fertility in India, the anthropologists M.N. Srinivas and E.A. Ramaswamy concluded that "...the woman has control over the reproductive career of her daughter-in-law, but not her own."[53] Results from other studies of reproductive decision-making in developing societies underscore the importance of extended family members in this area.[54]

It is apparent from an examination of our case study data that, while by no means universal, members of the extended family often actively intervened in virtually all decisions which affect the couple's reproduction, and that their opinions generally carried considerable weight. Such involvement took place whether the couple resided jointly or on their own, and most commonly assumed the form of more senior female relatives influencing the behaviour of the wife. The following comments, from the perspective of wives in our study, illustrate the considerable authority which these senior family members wield in the sphere of reproduction:

> I do not want more children, but I am not free to take any decisions. If my mother-in-law allows me to, only then can I adopt family planning...If I take any decisions now, everybody would say something about me—that I do not obey my in-laws. I cannot do whatever I want-whatever my mother-in-law says is right.

> The children which I have now are enough... My sister-in-law wanted me to have a daughter... After getting a daughter, I got the operation.

> My mother-in-law wants us to have one more son. She does not want me to adopt family planning, but my husband wants to after one more son.

A similar impression is obtained from consideration of comments by senior female family members themselves:

> I will allow my son's or daughter-in-law's operation when someone will guarantee that they will not die after the operation... I always forbid the adoption of family planning.

> A woman should have at least three to four sons. I want my [younger] sister-in-law to have more sons...I do not want her to adopt family planning.

> I want my daughter-in-law to have one more son... If someone can assure me about the success of the operation, I would permit my daughter-in-law to get a tubectomy.

> It is better to have more children... It is God's will whether to give children or not... I will not allow them [son or daughter-in-law] to adopt family planning - neither the operation nor to take any medicine.

It should be emphasized that these extended family members were not always uniformly in favour of high or unlimited fertility. As the followingstatements suggest, while not favouring small families, these family members may often be supportive of efforts to limit fertility:

> I do not want more children... Even my mother-in-law is afraid of me having more children. If someone has a large family, the children will never take care of their parents.

> It is better to have fewer children so that we can provide for them. I also have three children, so I do not want so many children for my daughter-in-law.

This expanded locus of reproductive decision-making-whether pro- or anti-natalist in orientation-is perhaps best summarized by one woman in our study:

> Adoption of family planning depends upon many persons besides my husband and myself.

While this inability of wives to undertake innovative behaviour such as the adoption of contraception can be traced to the relative powerlessness of young wives within the family, it is reinforced by the spatial immobility of women in this region. Since travel alone by women outside the village is considered socially unacceptable, and since distances to family planning clinics are often considerable, opportunities for women to adopt contraception autonomously are limited, and the cooperation of the husband or other family members is generally required if contraception is to be obtained.[55]

The Life Cycle and Familial Authority

The foregoing discussion has not been intended to imply that wives are completely helpless in terms of their influence in basic familial decisions such as reproduction. If this were the case, it would be difficult to reconcile this portrait of wives as unvaryingly meek and subservient with other accounts of women as domineering mothers-in-law and matriarchs.

Rather, as we noted earlier, the familial authority which women possess is closely linked to the life cycle, and in particular, to their ability to bear offspring, especially male offspring. Improvements in the position and authority of women within the family can thus be seen to come about gradually with increasing age and the birth of children.[57] As Adrian Mayer has observed: "... in all households, the woman's role changes from that of a wife, in a weak position, to that of a mother, in a much stronger one." [8] This point is expressed somewhat more forcefully be Irawati Karve in her description of kinship organization in North India: "It is not rare to see women, who were nothing but meek entities, blossom out into positive personalities in their middle-aged widowhood, or boss over the weak old husband in the latter part of married life." [9] The important point, in terms of understanding the significance of patriarchy for the locus of reproductive decision-making, is that the authority of wives is for the most part closely tied to the life cycle, and thus for much of their reproductive life, or at least during their most fertile years, wives are likely to occupy a subordinate role in this sphere relative to their husband and other family members.

Conclusion

The objective of this paper has been to delineate how patriarchy, and the system of gender relations which it defines, contributes directly or indirectly to higher marital fertility in rural North India. Empirical evidence has been presented to support the hypotheses that patriarchal systems encourage larger family sizes by providing special incentives among women for bearing a minimum number of sons, and by maintaining a system of familial decision-making which relegates women to a subordinate position in key areas such as their own reproduction for much of their married life.

One consequence of patriarchy is thus its promotion of sufficiently high reproductive goals as to postpone or preclude the need for use of contraception among many couples. A second and perhaps more substantial way in which patriarchy leads to higher fertility is through its effect upon contraceptive behaviour. Among the large group of women who reach or exceed their reproductive goals, patriarchy deters innovative and autonomous behaviour by women such as that required to adopt contraception, and encourages acquiescence of wives to other family members who may be less favourably disposed to the idea of fertility limitation.

Several issues which we have raised concerning the relationship between patriarchy and reproductive behaviour require further elaboration. First, while our focus has been on the effects of patriarchy upon the status of women, we at the same time recognize that patriarchal systems also have important implications for the reproductive behaviour of males. In particular, the enhanced economic and social value of sons, and the corresponding lower value of daughters, can be seen to generate strong preferences for sons and larger families among men as well as women.

Second, in our arguments, we have stressed the contribution of patriarchy to *higher*, rather than *unrestricted*, family size preferences and fertility among rural North Indian couples. The available evidence suggests that by the early 1980s, average ideal family size preferences in North India had moved toward a norm of roughly 3.5 children, a product of

preferences for slightly more than two sons and more than one daughter.[61] Average completed family size in North India during the same period, in contrast, ranged between five and six children per family, implying substantial demand and unmet need for family planning services.

Third and relatedly, it has not been our intention to argue that patriarchy is necessarily incompatible with contraceptive and fertility limitation behaviour, only that within mis context, special efforts are likely to be required. The experience of a number of other programmes in the region, such as the Matlab programme in Bangladesh, have convincingly demonstrated that even under extreme patriarchal conditions characterized by very low status of women, large numbers of couples are nonetheless willing to use family planning services.[62] The success of such programmes hinges to a considerable degree on the extent to which the subordinate and constrained position of women in these settings is recognized, and explicitly built into programme design to reduce the barriers to contraceptive adoption-by increasing accessibility through outreach services, recruiting female service providers, actively intervening with the husband and other family members to support the wife's decision to restrict fertility, providing clients a choice of contraceptive methods, and continuing to support them after acceptance when complications arise.[63] Such special efforts, while more intensive and more costly, may be essential to overcome the special barriers to contraceptive use which patriarchy poses for women.

The mechanisms which we have outlined in this paper are not limited solely to patriarchal societies such as rural North India. In many if not most developing societies, a woman's prestige and status are to some degree determined by her reproductive capacities. Similarly, an asymmetrical balance of power within the family whereby women occupy a subordinate position in areas such as reproductive decision-making is characteristic of developing societies in general. Even within the predominantly Islamic belt extending from North Africa to South Asia, extensive variation exists in the extent to which each of these factors operates. However, it is in societies such as rural North India -- characterized by a traditional agrarian economy, a rigid system of stratification on the basis of sex, and an almost complete absence of non-familial roles for women-that these factors are likely to be most in evidence, and their implications for fertility to be most pronounced.

Acknowledgments

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Notes

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8. See, for example Mead T. Cain, "The Economic Activities of Children in a Village in Bangladesh," *Population and Development Review.* Vol. 3, No. 3 (1977), pp.201-227; and Martha A. Chen, *A Quiet Revolution: Women in Transition in Rural Bangladesh* (Cambridge, Mass: Schenkman Publishing Company, 1983).
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15. Cain, cited in Note 5, p.433.
16. Tim Dyson and Mick Moore, "On Kinship Structure, Female Autonomy, and Demographic Behavior in India." *Population and Development Review.* Vol. 9, No. 1 (March 1983), pp.35-60.
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19. As Cain notes, given the frequently considerable differences in ages between marital partners in societies such as rural Bangladesh, the probability of widowhood is very high. See Mead T. Cain, "The Household Life Cycle and Economic Mobility in Rural Bangladesh." *Population and Development Review.* Vol. 4, No. 3 (1978), pp.421-438.
20. Cain, "Women's Status and Fertility..." cited in Note 14.
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22. David G. Mandelbaum, *Society in India: Continuity and Change*. Vol. 1 (Berkeley: University of California Press, 1970),pp.88-89.
23. M. N. Srinivas and E. A. Ramaswamy, *Culture and Human Fertility in India* (Delhi: Oxford University Press, 1977), p. 10.
24. In patriarchal societies where polygamy is practiced, an additional response to infertility may be the taking of a second wife by the husband.
25. For a description of the plight of abandoned or divorced women in rural Bangladesh, see Abdullah and Zeidenstein, cited in Note 6.
26. Abdullah and Zeidenstein, cited in Note. 6, p. 89.
27. William Wiser and Charlotte Wiser, *Behind Mud Walls: 1930-1960* (Berkeley: University of California Press, 1963), p.83.
28. Kingsley Davis, "Institutional Patterns Favoring High Fertility in Underdeveloped Areas." *Eugenics Quarterly*. Vol. 2. No. 1 (1955), p. 37.
29. Hollerbach has termed this form of behavior 'passive decision- making' in which the less powerful spouse fails to act on his/her preferences based largely on the normatively prescribed right of the partner to make such decisions or fear of the partner's ability to apply sanctions for non-compliance. For a more detailed discussing, see Paula E. Hollerbach, "Power in Families, Communication, and Fertility Decision-making," *Population and Environment*. Vol. 3, No. 2 (1980), pp. 146- 173.
30. Fora fuller description of the study and sample population, see B. D. Misra, Ali Ashraf, Ruth Simmons, and George B. Simmons, *Organization for Change - A Systems Analysis of Family Planning in Rural India*. Michigan Papers on South and Southeast Asia, No. 21 (Ann Arbor, Michigan: Center for South and Southeast Asian Studies, 1982).
31. For further details of this study see M.A. Koenig, *Family Relations and Fertility Behavior inRural North India*. Ph.D. Dissertation, University of Michigan, 1981.
32. For a review of available data, see Karen O. Mason and Anuj M. Taj. "Differences between Women's and Men's Reproductive Goals in Developing Countries, *"Population and Development Review*. Vol. 13,No. 4 (1987), pp.611-638.
33. John Cleland, Jane Verrall, and Martin Vaessen, "Preferences for the Sex of Children and their Influence on Reproductive Behaviour," *World Fertility Survey Comparative Studies*. No. 27, 1983; Nilufer R. Ahmed, "Family Size and Sex Preferences Among Women in Rural Bangladesh," *Studies in Family Planning*. Vol. 12, No. 3 (1981), pp. 100-109; Nancy E. Williamson, *Sons or Daughters: A Cross-Cultural Survey of Parental Preferences* (Beverly Hills, Calif.: Sage Publications, 1976).
34. Saad Gadalla, *Is There Hope? Fertility and Family Planning in a Rural Egyptian Community* (Cairo: The American University in Cairo Press, 1978), pp. 100-102.
35. Gadalla, cited in Note 34, p. 114.
36. Susan Cochrane, Nirmala Joshi, and Kalpana Nandwani. "Fertility Attitudes and Behavior in the Nepal Terai." (The World Bank: Population and Human Resources Division Discussion Paper No. 81 -9,1981), pp.30-33.
37. Thomas Poffenberger, *Fertility and Family Life in an Indian Village*. Michigan Papers on South and Southeast Asia, No. 10 (Ann Arbor: Center for South and Southeast Asian Studies, 1975), pp.54-55.
38. Cain, cited in Note 19, p.432.
39. In this sample, 19 percent of the wives, but only 2 percent of the husbands, believed the number of additional children to be 'up to God'. Moreover, the questions were necessarily phrased somewhat differently for husbands and wives. Wives who were pregnant were asked the number of additional children desired *after* the present pregnancy. In contrast, husbands were asked simply about the number of additional children desired. Thus, to the extent that husbands of these pregnant wives were unaware of the wife's current pregnancy, or did not take this into consideration in their response while their wives did, the differences between spouses are underestimated.
40. The relatively low levels of educational attainment among wives, however, may itself represent an additional consequence of patriarchal systems. See Dyson and Moore, cited in Note 16.
41. It should be noted that not all studies carried out in the South Asian region have reported more strongly pro-natalist views among wives. Studies carried out in both urban India and East Pakistan (Bangladesh) have found either small differences, or essentially no differences at all, in the reproductive preferences

of husbands and wives. However, these studies are based upon populations who may be subject to a set of social and cultural conditions which are entirely different from those described in this paper. David Yaukey, William Griffiths, and Beryl J. Roberts, "Couple Concurrence and Empathy on Birth Control Motivation in Dacca, East Pakistan," *American Sociological Review.* Vol. 2, No. 5 (1967), pp. 716-726; and United Nations, *The Mysore Population Study.* Population Studies No. 34 (New York: Department of Economic and Social Affairs), 1961.

42. Shushum Bhatia, T. Osteria, J. Chakraborty and A.S.G. Faruque, "A Survey of Sterilization, Acceptors in a Family Planning Program in Rural Bangladesh," *International Journal of Gynecology and Obstetrics.* Vol. 17, No. 3 (1979), pp.268-273.
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45. For example, a study of urban Mexican women revealed that for a significant minority of women, opposition by the husband was the primary reason behind non-acceptance or discontinuation of contraception. Alan Kellcr, A. R. Rodriguez, and S, Correu, "The Mexican Experience with Postpartum/Postabonion Programs, 1970-1972," *Studies in Family Planning.* Vol. 5, No. 6 (1974), 195-200. A separate study in a semi-rural town outside of Mexico City concluded that the adoption of contraception was impeded by "... women's fear of their husbands, feelings of absolute or relative powerlessness, in perceived conflict with and disapproval of husband and mothers-in-law." Michelle G. Shedlin and P.E. Hollerbach, "Modem and Traditional Fertility Regulation in a Mexican Community: The Process of Decision Making," *Studies in Family Planning.* Vol. 12, Nos 6/7 (1981), pp.278-296.
46. A number of researchers have maintained that male dominance represents more a myth than a reality in peasant societies, and that while women defer to men publicly, in actuality they exercise considerable if not commensurate authority through informal, less visible channels. An examination of our data leaves us with little doubt that the subordinate status of wives relative to their husbands in areas such as reproduction is a real and integral aspects of patriarchal societies such as the one under study. For discussions of the myth of male dominance, see Ernestine Friedl, "The Position of Women: Appearance and Reality," *Anthropological Quarterly,* Vol. 40, No. 3 (1967), pp.97-108; and Susan C. Rogers, "Female Forms of Power and the Myth of Male Dominance: A Model of Female/Male Interaction In Peasant Society," *American Ethnologist* Vol. 2, No. 4 (1975), pp. 727-756.
47. Cain, for example, maintains that the significance of the extended family may be overstated, and that in ;rural Bangladesh extended families represent only a minority of all residential living arrangements. See Cain, cited in Note 14.
48. For a discussion of the changes in family structure in relation to the life cycle, see D. C. Dubey, "Family Life Cycle Hypothesis and Its Importance in Explaining Fertility Behavior in India," *Journal of Family Welfare.* Vol. 14, No. 2 (1967), pp.42-52; and R. Freedman, M.C. Chang, and T.H. Sun, "Household Composition, Extended Kinship and Reproduction in Taiwan: 1973-1980," *Population Studies.* Vol. 36, No. 6 (1982), pp. 395-411.
49. John C. Caldwell, P.H. Reddy, and P. Caldwell, "The Causes of Demographic Change in Rural South India: A Micro Approach," *Population and Development Review.* Vol. 8, No. 4 (1982), p. 701.
50. In rural Bangladesh, for example, groups of patrilineally-related relatives often reside in *baris.* which consist of clusters of separate households sharing a common courtyard.
51. John C. Caldwell. "Toward a Restatement of Demographic Transition Theory." *Population and Development Review* Vol. 2, Nos. 3/4 (1976), pp.321 -366; and Thomas K. Burch and Murray Gendell, "Extended Family Structure and Fertility: Some Conceptual and Methodological" *Journal of Marriage and the Family,* Vol. 32, No. 2 (1970), pp.227-236.
52. John Gulick and Margaret E. Gulick, "Kinship, Contraception, and Family Planning in the Iranian City of Isfahan," in Moni Nag (ed.) *Population and Social Organization* (The Hague: Mouton Publishers, 1975), pp.241-293.
53. Srinivas and Ramaswamy, cited in Note 23, p.10.
54. See Shedlin and Hollerbach, cited in Note 45. See also Bhatia, et al., cited in Notes 42 and 43.

55. As one woman in our study recounted ' Since I live in the village, I could not go outside and get contraception, so I could not do anything [to limit fertility] and had many children "

56. See for example, Irawau Karve, *Kinship Organization in India* (Bombay Asia Publishing House, 1965)

57. S C Dube, *Indian Village* (New York Harper and Row, 1967), Susan C M Scrimshaw, "Stages in Women's Lives and Reproductive Decision-Making in Latin America," *Medical Anthropology,* Vol 2, No 3 (1978), pp 41-58, and Pauline Bart, "Why Women's Status Changes in Middle Age The Turns of the Social Ferns Wheel," *Sociological Symposium,* No 3(1969)pp 1-18

58. Adrian Mayer, *Caste and Kinship in Central India* (Berkeley University of California Press, 1960), p221

59. Irawati Karve, cited in Note 56, p 136

60. Maternal education represents a second avenue through which the decision- making power of women within the family increases In populations such as the one under study, however, this factor remains of secondary importance, given the extremely low rates of school enrollment among females For discussions of the effects of education in general, and female education in particular, upon fertility, see John C Caldwell, "Female Education as a Determinant of the Timing of Fertility Decline," *Population and Development Review,* Vol 6,No 2(1980), pp 225 255, and David G Mandelbaum,//«ma/iF«rti/ify *in India* (Berkeley University of California Press, 1974), pp 51-57

61 Alaka Malwade Basu,' Demand and Its Sociocultural Context," In J K Satia and Shireen J Jejeebhoy (eds), *The Demographic Challenge A Study of Four Large Indian Stales* (Bombay Oxford University Press), p 80

62 For evidence on the Mallab project, see James F Phillips, etal "Determinants of Reproductive Change in a Traditional Society Evidence from Matlab, Bangladesh,' *Studies in Family Planning* Vol 19, No 6(1988), pp 313-334, and Michael A Koenig, etal "Contraceptive Use in Matlab, Bangladesh in 1990 Levels, Trends, and Explanations," *Studies in Family Planning* Vol 23, No 6 (1992), pp 352-364

63 For a description of the centrahty of family planning service providers in a highly patriarchal setting, see Ruth Simmons, et al ' Beyond Supply The Importance of Female Family Planning Workers in Rural Bangladesh," *Studies in Family Planning* Vol 19,No 1 (1988), pp 29-38